

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/MLA 23002744/4943**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: GSM 9255Gat Workshop m/s Loans

of _____

Insured: SNC 7072P

Policy No. _____

Claims No. _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \$ 70k.

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: LTA 814970Veh No: GSM 9255G Yr Regn: 01/11/18

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or CarMake: Toyota Dyne c.c. 2982Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 199948 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFAT351/XOK 211794

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195 R15 YokohamaR: 155 R12

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or no bike

Front

Rear

R/Bal. 6 mm R/Bal. 6/6 mmL/Bal. 6 mm L/Bal. 8/6 mmD.O.A. 24/02/23 D.O.I. 17/4/23

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear O/S.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction 207 13k21/4/23 4/5 \$ 2300 insured MR way (had \$ 3800.60, 62%)

Date/Time, File Pass to?

☐ : Preli. Report1) 21/4 11:00☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 4Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

____ S + RS, ____ SI

Photos

Others

TOTAL

Report Format: MR-TPLump Sum / I.B.I. (\$) 2300

FOCUS AUTO PTE LTD

NO. 1 KAKI BUKIT AVENUE 6 #02-48/50

AUTOBAY @ KAKI BUKIT SINGAPORE 417883

TEL: 6886 9097 FAX: 6844 4625 Email: claims@focusauto.com.sg**HL ASSURANCE PTE LTD**

11 Keppel Road
ABI Plaza
#11-01
Singapore 089057

ATTN : Motor Claim Department
Your Ref No: : **SNC 7072 P**
Claim Type : **THIRD PARTY**
Accident Date : 24/02/2023

Estimate No. : **E23040124**

Date : 17/04/2023

Veh Reg No : **GBH 9255 G**Make / Model : **TOYOTA DYNA 150 SMT**Chassis No. : **JTFAT35YX0K211794**Engine No. : **1KD2830813**

Reg. Date : 01/11/2018

*Not Authorized
Luk moraus
17/4/23
1/5 @ 2300
Take photo After repair
4 days.*

Estimate Repair Cost for Vehicle No. : GBH 9255 G

S/N	Description	Quantity	Unit	Price	Amount
	<u>LIST PRICE</u>			<u>SS</u>	<u>SS</u>
1	Rear Tailgate <i>20/3uf</i>	1	PCS	1237.20	1237.20
2	Rear Tailgate Hinge - RH <i>11</i>	1	PCS	78.20	78.20 ✓
3	Rear Tailgate Hinge Lock - RH <i>3uf</i>	1	PCS	35.40	35.40 ✓
4	Rear Tailgate Stopper - RH <i>NF</i>	1	PCS	48.60	48.60 X
5	Rear Tailgate Emblem (TOYOTA) <i>ner</i>	1	PCS	148.20	148.20
6	Rear Tailgate Emblem (DYNA) <i>ner</i>	1	PCS	18.20	18.20 ✓
7	Rear Tailgate Stopper Bracket - RH <i>3uf</i>	1	PCS	70.10	70.10 ✓
8	Rear Tailgate Lower Member <i>2</i>	1	PCS	495.60	495.60 X
9	Rear Taillamp <i>o/s</i> <i>one</i>	1	PCS	296.90	296.90 ✓
10	Rear Taillamp Bracket - <i>o/s</i> <i>3uf</i>	1	PCS	146.20	146.20 ✓
11	RH Side Gate <i>2</i>	1	PCS	2346.20	2346.20 X
TOTAL PARTS :					4920.80
DISCOUNT 25% :					1230.20
SUB TOTAL :					3690.60

S/N	Description	Quantity	Unit	Price	Amount
	<u>SPECIAL NETT</u>			<u>SS</u>	<u>SS</u>
1	Rear Tailgate Sticker 70KM/H <i>ner</i>				15.00 <i>10 S/W</i>
2	Rear Tailgate Sticker 13 PAX <i>ner</i>				15.00 <i>10 S/W</i>
3	RH Side Sticker <i>11</i>				280.00 X
<i>1se/4</i> 4	Rear Sensor <i>no function</i>				300.00 <i>200 S/W</i>
TOTAL SPECIAL NETT :					610.00

FOCUS AUTO PTE LTD

NO. 1 KAKI BUKIT AVENUE 6 #02-48/50

AUTOBAY @ KAKI BUKIT SINGAPORE 417883

TEL: 6886 9097 FAX: 6844 4625 Email: claims@focusauto.com.sg

HL ASSURANCE PTE LTD

11 Keppel Road
ABI Plaza
#11-01
Singapore 089057

ATTN : Motor Claim Department
Your Ref No: : **SNC 7072 P**
Claim Type : THIRD PARTY
Accident Date : 24/02/2023

Estimate No. : E23040124

Date : 17/04/2023

Veh Reg No : **GBH 9255 G**

Make / Model : TOYOTA DYNA 150
5MT

Chassis No. : JTFAT35YX0K211794

Engine No. : 1KD2830813

Reg. Date : 01/11/2018

Estimate Repair Cost for Vehicle No. : GBH 9255 G

S/N	Description	Quantity	Unit	Price S\$	Amount S\$
<u>LABOUR CHARGES</u>					
1	Panel Beating Work				920.00 600
2	Check Wiring				60.00 20
3	Rust Proofing				60.00 30
4	To Remove & Replace Rear Sensor				80.00 40
5	To Spray Painting				680.00 520
TOTAL LABOUR :					1800.00
GRAND TOTAL :					6100.60

FOR FOCUS AUTO PTE LTD

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:


Jenny Koh
Claims Executive
8139 9800

P-1952.20
252
T464.15
220
1210
2894.15
282
2315



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	25/02/2023 13:03 (SGT)
Reported by	Driver
Date of Accident	24/02/2023 09:00 (SGT)
Exact Location of Accident	Thomson Rd, Singapore
Additional Location Information	THOMSON ROAD TOWARDS SLE.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9255G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CH M& E GROUP
Company Reg No	201410840D
Email Address	CH7673@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-62580565
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1500

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210122919

DRIVER

Name of Driver	KOH THIAM YONG
NRIC No	S1414369F
Date Of Birth	11/06/1960
Occupation	Outdoor



Date Of Driving Pass	09/07/1981
Driving experience	41 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98774647
Alt. Phone Number	-
Email Address	CH7673@YAHOO.COM.SG
Address	BLK 456 ANG MO KIO AVE 10 #10-1552
Address complement	-
Postcode	560456
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.T/20230224/7060.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNC7072P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHAMMAD HAFIZ BIN MOHAMED TAHIR
Contact Number	(Phone) +65-87206889
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KOH THIAM YONG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBH9255G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN**IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No. 7, RCR 3824, 3067

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature _____
Date & Time: _____

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20230224/7060

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20230224/7060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/02/2023 18:02		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH THIAM YONG			Address: 456 ANG MO KIO AVENUE 10 #10-1552 SINGAPORE 560456		
ID Type / ID No.: NRIC NO / S1414369F			Contact No.: Home/Office: Mobile: 98774647		
Nationality: SINGAPORE CITIZEN			Email: claims@focusauto.com.sg		
Sex: Male	Age: 62	Date of Birth: 11/06/1960	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: DRIVER		Driving Licence Information: Class: Date of Expiry:			

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/02/2023 09:00	Type of Location: SLIP ROAD
Location: THOMSON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBH9255G	Lorry					0
SNC7072P	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Driver			
Name	KOH THIAM YONG	ID No.	S1414369F
Related Vehicle	GBH9255G (Lorry)	Contact No.	98774647
Hospital/Clinic	TECK GHEE CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	24/02/2023	Date	24/02/2023
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	MUHAMMAD HAFIZ BIN MOHAMED TAHIR	ID No.	S8807949C
Related Vehicle	SNC7072P (Car)	Contact No.	87206889
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

ON 24/02/2023 AT ABOUT 0900HRS, I WAS STATIONARY AT THE SLIP ROAD OF THOMSON ROAD TOWARDS SLE WAITING TO EXIT.

OUT OF A SUDDEN, I FELT AN IMPACT FROM BEHIND.

VEHICLE B HAD BANGED ONTO MY REAR PORTION.

BOTH OF US ALIGHTED TO EXCHANGED PARTICULARS AND LEFT THE SCENE.

AFTER WHICH, I FELT UNWELL AND CONSULTED THE DOCTOR WHEREBY I WAS GIVEN 3 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20230224/7060

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20230224/7060

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
24/02/2023 18:02

Classification Of Case: