

ASS. REC. BY:

REF:

HSB / 23002848/KAP3

C

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

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.

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

PCT 8741U

Yr Regn:

11, 17

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

Truck / Trailer or

Make:

Honda

Wagon

c.c

1496

Colour

M. Gray

A/C:

Insured / Std / NI / NA

Sp. Reading

126706

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

GBF

1048296

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

185/65R13

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

19/3/23

Rear

R/Bal.

7

mm

L/Bal.

7

mm

D.O.I.

21/3/2023

Survey held at

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

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

Date / Time

Action / Instruction

24/3

2700

Cubor

(Red. \$ 7654.80, 74%)

Data/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

31/3/23

Data/Time, File Return to?

Days Of Repair:

5

Resurvey No. of Trlp:

1

Survey Fee:

Transportation

S - RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

TP

Lump Sum / I.B.I. (\$

2700



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 | 20/03/2023 18:49 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 19/03/2023 22:40 (SGT) |
| Exact Location of Accident | Geylang Rd, Singapore |
| Additional Location Information | GEYLANG ROAD TOWARDS LAVENDER |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLT8741U |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------------|
| Is company? | No |
| Name Of Registered Owner | LEE KIAN SHING (LI JIANXUN) |
| NRIC No | SXXXX931D |
| Email Address | charles_les@yahoo.com |
| Mobile Phone No | (Phone) +65-98794980 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Freed |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private hire |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 1500 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5125050610-01 |

DRIVER

| | |
|----------------|------------------------------|
| Name of Driver | LEE KIAN SHING (LI JIANXUN) |
| NRIC No | SXXXX931D |
| Date Of Birth | 11/11/1973 |
| Occupation | Outdoor |

| | |
|--|--------------------------------|
| Date Of Driving Pass | 24/01/1996 |
| Driving experience | 27 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98794980 |
| Alt. Phone Number | - |
| Email Address | charles_les@yahoo.com |
| Address | APT BLK 433B SENGKANG WEST WAY |
| Address complement | #10-531 |
| Postcode | 792433 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| 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 on collision |
| 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) | 2 |
| 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 | - |

PASSENGER 1

| | |
|--------|---------|
| Name | UNKNOWN |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

ON 19/03/2023 @ARD2040HRS, I WAS TRAVELLING ALONG GEYLANG RD TOWARDS LAVENDER. SUDDENLY, THERE WAS A TAXI TURN OUT FROM GEYLANG LOR 11 AND COLLIDED INTO MY VEHICLE RIGHT SIDE PORTION.

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | KIV |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHC7247Z |
| Vehicle Manufacturer | - |

| | |
|---|--------------|
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | LIM KIM KHOO |
| NRIC No | SXXXX708Z |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|--------------------------------|
| Name of injured person | LEE KIAN SHING (LI JIAXUN) |
| Gender | Male |
| Phone No | (Phone) +65-98794980 |
| Address | APT BLK 433B SENGKANG WEST WAY |
| Address Complement | #10-531 |
| Post Code | 792433 |
| Approximate Age Years Old | - |
| Injuries Sustained | NECK AND BACK |
| Injured person in which vehicle? | SLT8741U |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

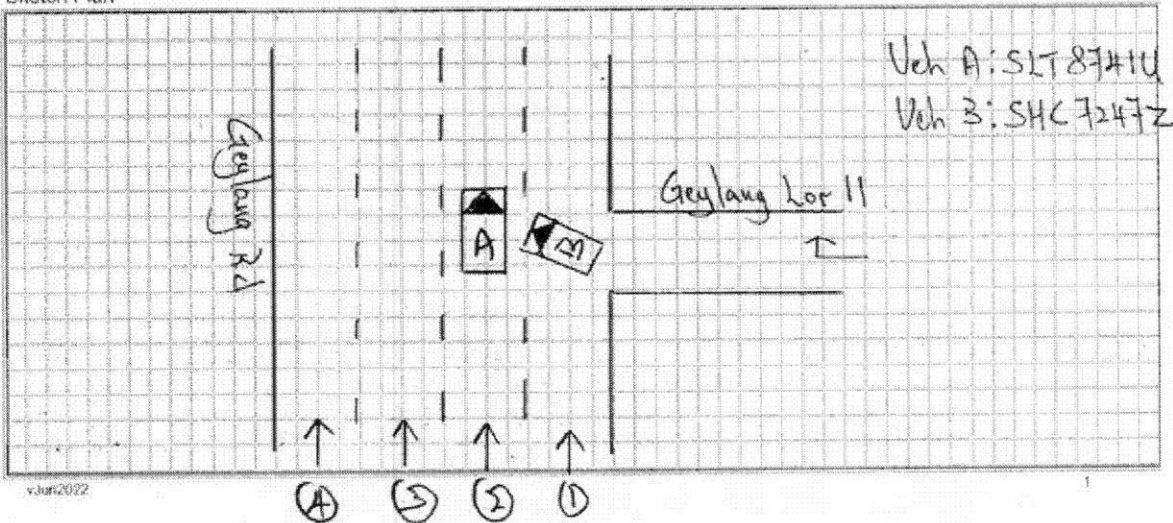
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

On 19/3/2023 @ ard 2040hrs, I was travelling along Geylang Rd towards havelock. Suddenly, there was a taxi turn out from geylang hor II and collided into my vehicle right side portion.

Declaration

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

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

v3Jun2022



Massive Trading & Auto

Blk 5038 #01-405 Ang Mo Kio Industrial Pk 2 Singapore 569541
H/p 91082728

Lee Kian Shing
Blk 433B Sengkang West Way
#10-531 Singapore 792433

Vehicle No : SLT 8741 U
Make : Honda Freed
Year : 2017

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:

| Qty | Description | Unit Price | Amount |
|-----|-------------|------------|--------|
|-----|-------------|------------|--------|

Estimate cost of repair

| | |
|------|---|
| 1 pc | Rear o/s sliding door assy |
| 1 pc | Rear o/s sliding door weatherstrip with auto sensor wire socket |
| 1 pc | Rear o/s door inner trim board |
| 1 pc | Rear o/s door glass regulator motor |
| 1 pc | Rear o/s door pillar weatherstrip |
| 1 pc | Rear o/s sliding door glass frame black sticker |
| 1 pc | Rear o/s fender |
| 1 pc | Rear bumper - colour code |
| 1 pc | Rear o/s bumper side retainer |
| 1 pc | O/S rocker panel |
| 1 pc | Rear o/s shock absorber |
| 1 pc | Rear axle |
| 1 pc | Rear o/s hub |
| 1 pc | Rear o/s hub bearing |

} 287.10

| | | |
|-----------|------------|---|
| But/warp | \$1,507.10 | ✓ |
| in | \$624.70 | x |
| in | \$520.50 | x |
| in | \$420.00 | ✓ |
| in | \$245.60 | ✓ |
| in | \$75.90 | ✓ |
| in | \$925.60 | x |
| in | \$1,196.50 | ✓ |
| in | \$55.70 | x |
| in | \$655.70 | x |
| in | \$387.50 | x |
| in | \$1,623.20 | x |
| in | \$399.80 | ✓ |
| in | \$155.70 | ✓ |
| | \$8,793.50 | |
| less 20 % | \$1,758.70 | |
| | \$7,034.80 | |

S Nett

| | |
|------|-------------------|
| 1 pc | Rear n/s tyre rim |
|------|-------------------|

net \$480.00 280.10

Labour Charges

Remove/renew the above parts. Knock out & straighten n/s door centre pillar etc

\$1,200.00 500

To putty & spray paint on accident affected portion.

\$1,000.00 600

Check/reconnect wiring.

\$40.00 20

Remove/refit rear o/s door glass, mechanism, inner lock, trim board to new door.

\$120.00 60

balance c/f \$9,874.80

SLT 8741 U

balance b/f \$9,874.80

Labour charges

Remove/renew rear o/s undercarriages.

\$400.00

bol

Check and realign wheel alignment.

\$80.00

bol

\$10,354.80