

ASS. REC. BY:

REF:

EQ 123004051/KY

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:

days

Res.: Yes or No

Lum Sum:

T.B.L %

20%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMV 4237

Yr Regn:

09, 20

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

Truck / Trailer or

Make:

NIS Perera

c.c

1198

Colour

M.P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

52837

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JN14BAC278 0000592

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size:

F:

195/60R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

10/4/23

D.O.I.

20/4/2023

Survey held at

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

O/S Frt

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

Date / Time

Action / Instruction

17/5 11 Pm @ 18500 Cntr 23/5/23 @ 03 days (Red #4, 222.05/70%)

Date/Time, File Pass to?

24/05/2023

1)

Date/Time, File Return to?

2)



: Prel. Report



: Final Report

Days Of Repair:

63

Resurvey No. of Trlp:

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. (\$

45 \$1800.00

Date: 18/4/2023

Vehicle No: SMV423T

Model: NISSAN SERENA 1.2L HIGHWAY STAR

Chassis: JN1EBAC27Z0000592

Reg.Year: 2020

Third Party Insurer: EQ INSURANCE

Third Party Veh No: GBF7299D

Date of Accident: 10/4/2023

Estimator: SIMON KOH

Surveyor:

NOT Withheld

Accident by rain

3 days

1/1 Rm @ 1850/h

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT DOOR ASSY RH	1	\$ 1,680.00	\$ 1,680.00
2	FRONT DOOR LOWER PROTECTOR RH	1	\$ 735.00	\$ 735.00
3	FRONT FENDER PROTECTOR RH	1	\$ 252.00	\$ 252.00
4	E-POWER EMBLEM	1	\$ 157.50	\$ 157.50
5	SIDE MIRROR ASSY RH	1	\$ 2,100.00	\$ 2,100.00
SUB TOTAL				\$ 4,924.50
LESS 10%				-\$ 492.45
PARTS TOTAL				\$ 4,432.05

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1				\$ -
2				\$ -
S/N TOTAL				\$ -

LABOUR CHARGES:

LABOUR TO REMOVE, REPLACE/REPAIR, REALIGN AND REFIX THE LISTED ACCIDENT AFFECTED DAMAGED PARTS \$ 600.00

LABOUR TO REMOVE, TRANSFER AND REFIX FRONT RH DOOR INNER MECHANISM FROM DAMAGED DOOR ASSY TO NEW DOOR ASSY \$ 120.00

LABOUR TO PUTTY, RESPRAY AND POLISH FRONT RH DOOR, FRONT RH FENDER, FRONT RH DOOR PROTECTOR, FRONT RH FENDER PROTECTOR AND OTHER ACCIDENT AFFECTED AREA \$ 800.00

TO TUFF KOTE AND UNDERSEAL MATERIALS \$ 120.00

LABOUR TOTAL \$ 1,640.00

Simon

TOTAL \$ 6,072.05

Head office

6 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011

Signature:

Date:



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	795H
Vehicle Details	
Vehicle No.:	SMV423T
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Apr 2023
Vehicle Make:	NISSAN
Vehicle Model:	SERENA 1.2L HIGHWAY STAR PREMIUM E-POWER
Primary Colour:	White
Secondary Colour:	Black
Manufacturing Year:	2020
Engine No.:	HR12186182K
Chassis No.:	JN1EBAC27Z0000592
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$29,949.00
Original Registration Date:	14 Sep 2020
First Registration Date:	14 Sep 2020
Transfer Count:	0
Actual ARF Paid:	\$23,929.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Sep 2030
PARF Rebate Amount:	\$17,946.00
Intended COE Rebate Details	
COE Expiry Date:	13 Sep 2030
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$35,001.00
COE Rebate Amount:	\$25,906.00
Total Rebate Amount:	\$43,852.00

The information contained herein is correct as at 19 Apr 2023

OK

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before repair work commencing
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- This survey is on a "Without Prejudice" basis
- No financial modification is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Agreed & accepted by Repairer

Signature: _____

Date: _____

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	11/04/2023 17:24 (SGT)
Reported by	Actual Driver
Date of Accident	10/04/2023 14:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LORONG 6 TOA PAYOH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV423T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA LE YEE WIKI
NRIC No	SXXXX795H
Email Address	KEVIN.KUSUMO@YAHOO.COM
Mobile Phone No	(Phone) +65-94236976
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	SERENA 1.2L HIGHWAY STAR PREMIUM E-POWER
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1198

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ22-006682

DRIVER

Name of Driver	KEVIN KUSUMO
NRIC No	SXXXX626A
Date Of Birth	30/11/1987
Occupation	Outdoor

Date Of Driving Pass	12/09/2012
Driving experience	10 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94236976
Alt. Phone Number	-
Email Address	KEVIN.KUSUMO@YAHOO.COM
Address	BLK 63 UPPER SERANGOON VIEW #07-21
Address complement	-
Postcode	534014
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collided into Property
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	XIONG XIN
Gender	Male

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 THE ATTACHED SKETCH PLAN BY DRIVER.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF7299D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ERWANDY BIN HAMID
NRIC No	SXXXX346H
Contact Number	(Phone) +65-88545571
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

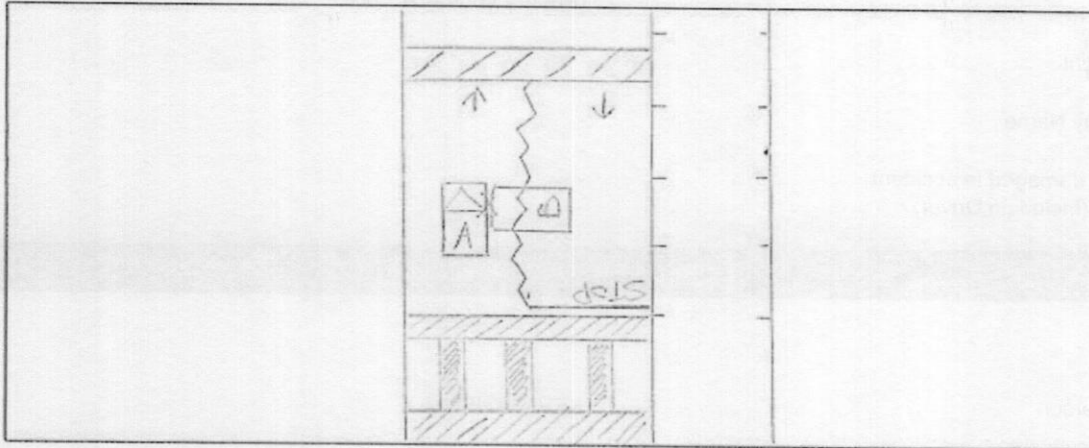
INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KEVIN KUSUMO
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK, BACK & SHOULDER PAIN
Injured person in which vehicle?	SMV423T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

Date of accident: 10/04/2023 Time: 11:40 Location: Laing 6 Toa Payoh
 My Vehicle A: Smv433T Vehicle B: BBF799D Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Police Report : T/2023 0411/7049.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop : Optima Works Pte Ltd

Email address : Joseph@optima.sg

& myself : _____
 Email address : _____

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time: _____

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

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

SKETCH PLANIMPORTANT 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.:

GIA/IC SketchPlanForm_V3



SINGAPORE POLICE FORCE



T/20230411/7049

1 of 3

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

Report No. T/20230411/7049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2023 15:10	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KEVIN KUSUMO			Address: 63 UPPER SERANGOON VIEW #07-21 SINGAPORE 534014		
ID Type / ID No.: NRIC NO / S8784626A			Contact No.: Home/Office: Mobile: 94236976		
Nationality: INDONESIAN			Email: KEVIN.KUSUMO@YAHOO.COM		
Sex: Male	Age: 35	Date of Birth: 30/11/1987	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Graphic designer			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/04/2023 14:40	Type of Location: Car Park
Location: LORONG 6 TOA PAYOH				
Weather: Cloudy		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF7299D	Van					0
SMV423T	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230411/7049

2 of 3

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

Report No. T/20230411/7049

CONTINUATION OF REPORT

Driver				
Name	ERWANDY BIN HAMID		ID No.	S7933346H
Related Vehicle	GBF7299D (Van)		Contact No.	88545571
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Driver				
Name	KEVIN KUSUMO		ID No.	S8784626A
Related Vehicle	SMV423T (Car)		Contact No.	94236976
Hospital/Clinic	THOMSON MEDICAL CENTRE		Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	11/04/2023		Date	11/04/2023
No. of Days granted Medical Leave	03		Degree of	Slight

Brief Details.

On 10/04/2023 at 1442hrs, I was driving vehicle bearing registration number SMV423T in car park no TPTP16, TPTP61 behind hdb hub. My car has 1 passenger, my employee.

I drive out from my parking lot, going straight, all of sudden I felt an impact from the driver side of the car (along a car park lot no 51 - 55.) I realised that a van bearing registration number GBF7299D hit into my car side portion causing dents. I realised the van was just come out from his parking lot, and I suspect he didn't check both sides of the road before proceeding.

We then alighted, took photos of the accident and exchange particulars with the driver.

Due to the impact of the accident on the driver side, I felt unwell so decided to seek medical attention from doctor.

After the consultation with the doctor, I received 3 days MC. I am lodging report for insurance purposes.

I have videos from car dash cam and more photos that I took in the place of accident.



**SINGAPORE
POLICE FORCE**



T/20230411/7049

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

3 of 3

Report No. T/20230411/7049

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

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

Date/Time:
11/04/2023 15:10

Classification Of Case: