

ASS. REC. BY:

REF:

SPF/ 2300 5896/kny3

C

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

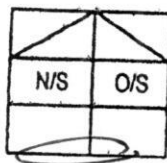
Excess:

(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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5

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:

STM 9032L

Yr Regn:

01, 09

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

Truck / Trailer or

Make:

Toyota

C.C.

1497

Colour

M. Beige

A/C:

Insured / Std / NI / NA

Sp. Reading

219300

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

NR053HY9305096103

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:

mic

195/55R15

Blacklion

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

6

mm

L/Bal.

5

mm

L/Bal.

6

mm

D.O.A.

7/6/23

D.O.A.

12/6/2023

Survey held at

Des. of Damages: Frt / ☒ Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

22/6 11:00 @ 2950h Car (Red. \$1920.38, 39%)

repair range \$2500 - \$3500

Date/Time, File Pass to?



: Prel. Report

1)

Date/Time, File Return to?



: Final Report

2)

Days Of Repair:

5

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

Survey Fee:

Transportation

S + RS. SI

Fees

Others

TOTAL

Report Format :

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

- Surveyor -

## 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	08/06/2023 17:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/06/2023 15:10 (SGT)
Exact Location of Accident	Adam Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM9032L
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIEW FOOK CHEONG
NRIC No	S1342779H
Email Address	simjojo3354@gmail.com
Mobile Phone No	(Phone) +65-81617373
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1496

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00152502203

#### DRIVER

Name of Driver	LIEW FOOK CHEONG
NRIC No	S1342779H
Date Of Birth	28/07/1959
Occupation	Outdoor

Date Of Driving Pass .....	13/11/1979
Driving experience .....	43 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81617373
Alt. Phone Number .....	-
Email Address .....	simjojo3354@gmail.com
Address .....	BLK 50 TELOK BLANGAH DRIVE #06-96
Address complement .....	-
Postcode .....	100050
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 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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	Bukit Timah Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004629999
Alt. Police Station Phone No .....	(Fax) +65-64628933
Police Station Address .....	1 Duke Road Singapore 268914
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Please refer to the police report.

#### 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 .....	GZ 3263T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Government
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**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 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 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

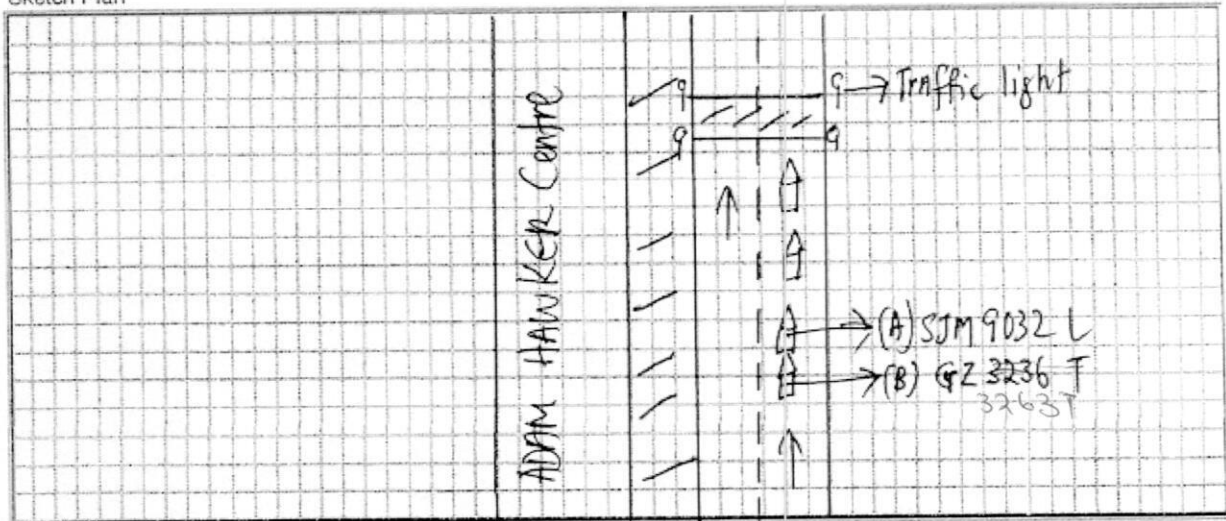
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Cheon  
Policyholder's Signature / Date & Time

Cheon 8/6/23  
Driver's Signature (if driver is not the policyholder) / Date & Time

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

**Sketch Plan**



Describe Circumstance of the Accident

Report/NO: T/20230607/2067

\* police report ATTACHED \*

Email: simjojo3354@gmail.com

Remark: - 3rd party claim at :-

EM SOLUTION PTE LTD

160 Sin Ming Drive

#03-18/19 Sin Ming Autocity

Singapore 575722

Tel: 6456 0226 Fax: 6458 4500

Email: emautosolution@singnet.com.sg

Declaration

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

*Chuan*

Policyholder's Signature / Date & Time

*Chuan* 8/6/23

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

*SOH JIT HOON*

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

SOH JIT HOON

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# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999



T/20230607/2067

1 of 3

Report No. T/20230607/2067

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/06/2023 16:42	Vide Report No.: E/20230607/0083	Station Diary No.: 93
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### Informant's Particulars

Name of Informant: LIEW FOOK CHEONG	Address: APT BLK 50 TELOK BLANGAH DRIVE #06-96 SINGAPORE 100050
ID Type / ID No.: NRIC NO / S1342779H	Contact No.: Home/Office: Mobile: 81617373
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 63 Date of Birth: 28/07/1959	Type of Informant: Driver
Race: Chinese	Language:
Occupation: POOL MAINTAINENCE	Driving Licence Information: Class: 3,4,5 Date of Expiry:

### General Information of the Accident

Type of Accident: Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 07/06/2023 15:10	Type of Location: Straight Road
Location: ADAM ROAD			
Weather: Clear	Road Surface: Dry		
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: HEAD TO REAR BETWEEN MOVING VEHICLE AND STATIONARY VEHICLE			Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ3236T 3263T	POLICE VEHICLE				Slightly Damaged	1
SJM9032L	Car	TOYOTA	VIOS E AUTO	Beige	Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM9032L	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001525 02203	20/07/2022	19/07/2023





**SINGAPORE  
POLICE FORCE**



T/20230607/2067

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Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

Report No. T/20230607/2067

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEW FOOK CHEONG	ID No.	S1342779H
Related Vehicle	NIL	Contact No.	81617373
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 07/06/2023 at about 1512hrs, I was driving my car SJM9032L along Adam Rd, towards Farrer Rd. I was driving on the extreme right lane. My car was stationary as I was waiting for the light to turn green. Subsequently, I felt an impact on the rear of my car. I noticed that a police vehicle GZ3263T had hit the rear of my car, resulting in my bumper being slightly flattened. No one injured because of the collision, nor was there any property damage. I wish to mention that Traffic Police had attended to me, and I was issued a case card which stated the IO in-charge as IO Pan (CN 65476433).



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999



T/20230607/2067

3 of 3

Report No. T/20230607/2067

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:

E /

SCSGT(1) LUEY ZHONG HAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/06/2023 16:42

Officer In Charge Of Case:

TP / DDGVT /

SI NOR FAIZAL BIN YAHYA

Contact No.: 65476198

Classification Of Case:

NP168

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID:	779H	
Vehicle Details		
Vehicle No.:	SJM9032L	
Vehicle to be Exported:	No	
Intended Deregistration Date:	10 Jun 2023	
Vehicle Make:	TOYOTA	
Vehicle Model:	VIOS E AUTO	
Primary Colour:	Beige	
Manufacturing Year:	2008	
Engine No.:	1NZX852071	
Chassis No.:	MR053HY9305096103	
Maximum Power Output:	80.0 kW (107 bhp)	
Open Market Value:	\$11,900.00	
Original Registration Date:	20 Jan 2009	
First Registration Date:	20 Jan 2009	
Transfer Count:	1	
Actual ARF Paid:	\$1,409.00	
Intended PARF Rebate Details		
PARF Eligibility:	Forfeited	
PARF Eligibility Expiry Date:	-	
PARF Rebate Amount:	\$0.00	
Intended COE Rebate Details		
COE Expiry Date:	19 Jan 2029	
COE Category:	E - Open Category	
COE Period(Years):	10	
PQP Paid:	\$26,047.00	
COE Rebate Amount:	\$14,605.00	
Total Rebate Amount:	\$14,605.00	

The information contained herein is correct as at 09 Jun 2023

OK

# AUTHORIZE WORKSHOP PTE LTD

160, Sin Ming Drive, #03-19, Sin Ming Autocity, Singapore 575722

Tel: 64560226 Fax: 64584500

Registration No: 201603203R

Not Notarized  
11 May 2023

Resurvey After Repair  
3 days

Mr <b>Liew Fook Cheong</b> Blk 50 Telok Blangah Dr. #06-96 Singapore 100050		<b>ESTIMATE</b> Date : 9th June 2023	
Attn:		Veh No : <b>SJM 9032L</b> Make/Model : <b>Toyota Vios</b> Chassis No : <b>MR053HY9305096103</b> Date of Acc : <b>07.06.23</b> TP Veh No : <b>GZ 3263T</b>	

S/No	Qty	Description	Unit Price	Amount
<b>Materials</b>				
1	1 pc	Rear Boot Lid <b>725.30</b>	\$	771.40 ✓
2	1 pc	Rear Boot Lid Vios Emblem	\$	36.60 ✓
3	1 pc	Rear Boot Lid E Emblem	\$	36.70 ✓
4	1 pc	Rear Boot Lid Toyota Logo	\$	33.70 ✓
5	1 pc	Rear Boot Lid Outer Garnish	\$	102.40 X
6	1 pc	Rear Boot Lid Lock	\$	165.90 ✓
7	1 pc	Rear Boot Lid Hinge L/R	87.1 \$	174.20 X
8	1 pc	Rear Boot Weatherstrip	147.60	✓
9	1 pc	Rear End Panel Top Garnish	\$	96.20 ✓
10	1 pc	Rear End Panel <b>689.20</b>	\$	864.80 ✓
11	1 pc	Rear Bumper	485.05	48.60 ✓
12	2 pcs	Rear Bumper Side Holder L/R	48.60	97.20 ✓
13	2 pcs	Rear Bumper Bracket L/R	39.6	79.20 ✓
14	1 pc	Exhaust End Chrome Pipe	\$	123.80 X
15	2 pcs	Rear Lamp L/R	314.80	629.60 ✓
16	2 pcs	Rear Lamp Lower Bracket L/R	26.30	52.60 X
			\$	3,460.50
			Less 25%	\$ 865.13
			Parts Total	\$ 2,595.38
<b>Special Nett</b>				
1	1 set	Rear Bumper Clips	\$	45.00 ✓
2	1 set	Reverse Sensor	\$	250.00 ✓
3	1 set	Rear License Plate	\$	50.00 X
			Special Nett	\$ 295.00
<b>Labour</b>				
1		To remove & rearrange electrical wirings, check lightings	\$	80.00 201
2		To remove, transfer boot lid components	\$	100.00 501
3		To remove, repair & replace damaged bodyparts, realign bodywork and where consistent to the accident.	\$	800.00 800
4		Putty and respray painting on affected portions.	\$	800.00 6001
5		To remove & renew reverse sensor	\$	100.00 501
6		Rust proofing on affected portions.	\$	100.00 801
			Labour	\$ 1,980.00
			<b>Total Parts &amp; Labour</b>	<b>\$ 4,870.38</b>

for Authorize Workshop Pte Ltd

Note: Parts quoted were based on visual inspection. Should additional parts be found damaged upon dismantling, we will seek your approval before proceeding.

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

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_