

ASS. REC. BY:

REF:

AS / 23006027/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 Rpt:

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:

10/23

Vehicle: IN / OUT

Person Contacted:

Veh No:

SKL 1934E Yr Regn: 10, 13

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

Truck / Trailer or

Make:

Volkswagen Golf C.C. 1395

Colour

M.P. White A/C: Insured / Std / NI / NA

Sp. Reading

172405 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WVWZZZ AU 8 EW 033324

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 205/55R16

R:

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

Front

R/Bal.

8 mm

Rear

R/Bal.

8 mm

L/Bal.

8 mm

L/Bal.

8 mm

D.O.A.

10/6/23

D.O.I.

13/6/2023

Survey held at

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

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

Date / Time

Action / Instruction

1 Est not ready, LTA @ 5359.00
Body Valve @ 2500

21/6 11 Rm @ 3800 Curb (Red. @ 1988.10, 3470)

Date/Time, File Pass to?

☐

Prel. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Days Of Repair:

5

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS. SI

Fees

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

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	11/06/2023 19:36 (SGT)
Reported by	Actual Driver
Date of Accident	10/06/2023 11:11 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE (AYE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL1934E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YEO SU-MING
NRIC No	S1375841G
Email Address	YSUMING@GMAIL.COM
Mobile Phone No	(Phone) +65-94768306
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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	1400

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5062083902-09

DRIVER

Name of Driver	WONG KHAI PHANG
NRIC No	S8726976J
Date Of Birth	31/08/1987
Occupation	Indoor

Date Of Driving Pass	31/03/2007
Driving experience	16 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92728752
Alt. Phone Number	-
Email Address	KHAIPHANG@GMAIL.COM
Address	20 IRRAWADDY ROAD #20-01
Address complement	-
Postcode	329550
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Chain 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	3
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	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	SCY6006C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHAMMAD HAFIDZ BIN RAHMAT
NRIC No	S8803887H
Contact Number	(Phone) +65-91021999
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMX1029G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	OOI JIAROU
NRIC No	S8856636Z
Contact Number	(Phone) +65-94247196
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	UNKNOWN
Gender	Male

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WONG KHAI PHANG
Gender	Male
Phone No	(Phone) +65-92728752
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	35
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SKL1934E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstance of the Accident

REFER TO POLICE REPORT

Declaration

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

11/06/2023
19:30

Policyholder's Signature / Date & Time

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

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

Lim Kai Chuan
S994220



**SINGAPORE
POLICE FORCE**



E/20230610/7024

1 of 1

POLICE REPORT (NP299)

Report No. E/20230610/7024

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 10/06/2023 16:28	Vide Report No.	Station Diary No.
Name Of Informant WONG KHAI PHANG	Address 20 IRRAWADDY ROAD #20-01 SINGAPORE 329550	
ID Type / ID No. NRIC NO / S8726976J	Contact No. Home/Office:	Mobile: 92728752
Nationality SINGAPORE CITIZEN	Email Address khaiphang@gmail.com	
Occupation Other specialist medical practitioners (medical)	Sex Male	Age 35
Institution/School Name	Language English	Date of Birth 31/08/1987
Date/Time Of Incident 10/06/2023 11:10 - 10/06/2023 11:15	Location Of Incident 20 IRRAWADDY ROAD #20-01 SINGAPORE 329550	Race Chinese

Brief details.

Road traffic accident near Balestier exit of CTE at 1111hrs on 10/06/2023
Chain collision involving 4 cars, I'm the driver of the second car. Car in front of me SCY6006C stopped, braked to avoid collision. My car SKL1394E came to a stop without colliding with car in front. However I was hit from behind by another car SMX1029G, and due to the impact my car moved forward and hit the car in front

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/06/2023 16:28
Officer In-Charge Of Case:	Classification Of Case:

ESTIMATE RC AUTO

160 Sin Ming Drive #06-20 Sin Ming Autocity Singapore 575722
Tel : 97619383 Email: rcauto5555@gmail.com
Reg. No. 53199168K

Not Authorised
21km @ 3800d
Resurvey After Repair
5day

SKL 1934 E

Date : 16.06.2023

Quantity	Description/Particular	Unit Price	Amount	
	REAR BOOTLID		By 1550	00 ✓
	REAR BOOLID EMBLEM(GOLF)		nd 55	00 ✓
	REAR BUMPER		By 1020	00 ✓
	REAR BUMPER BEAM		By 480	00 ✓
	REAR BOOLTID LOCK		nd 225	00 ✓
	REAR BOOTLID HANDLE		in 450	00 X
	FRONT BUMPER		By 890	00 ✓
	REAR BOOTLID EMBLEM(TSI)		in 39	00 ✓
		TOTAL	4709	00
		LESS 10	4238	10
2 PCS	REVERSE SENSOR@250		in 500	00 X
	SPRAY PAINTING ON AFFECTED PARTS		800	00 ✓
	TO RENEW ABOVE PARTS		100	00 8d
	TO REINSTATE WINDSCREEN		150	00 1201
	Panel Beating		800	00 600d
			5788	10

Received the above goods in good order and condition for RC AUTO

Received by

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:

Authorised Signature