

ASS. REC. BY:

REF:

C11/23006032/Kp

C

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No:

at Workshop m/s

of

Insured: GBF 9287A

Policy No.

Claims No. SNM23D204177

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:

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:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: F1000

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

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

1/ CTA note @ 399.00
 Got B7
 18/6 L/Rmp @ 20000 Cntr

19/6/23 Re-confirmed lump sum \$1800 with Elise (red 2585.10, 58%)

Date/Time, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

2) 19/6/23-typist

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation

S + RS. SI

: Parking

: Others

TOTAL

Report Format: Ezclaims

Lump Sum / T.B.T (\$ 1800

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	12/06/2023 16:45 (SGT)
Reported by	Actual Driver
Date of Accident	10/06/2023 16:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP1448X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NIGHT9SKY CAR HIRE
Company Reg No	5XXXX669C
Email Address	night9sky.carrental@gmail.com
Mobile Phone No	(Phone) +65-82234462
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5116546756-03

DRIVER

Name of Driver	JAZZ SOH AILIAN
NRIC No	SXXXX865G
Date Of Birth	06/12/1981
Occupation	Indoor

Date Of Driving Pass	06/05/2005
Driving experience	18 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-86210713
Alt. Phone Number	-
Email Address	night9sky.carrental@gmail.com
Address	404 DUNEARN ROAD #02-06
Address complement	-
Postcode	289609
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Change/cross lane
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	SARAH GOH XIN HUI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED.

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	VIDEO FOOTAGE WILL BE SEND VIA EMAIL

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF9287A
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HARJIT SINGH
Passport No/FIN	GXXXX059T
Contact Number	(Phone) +65-81052913
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	JAZZ SOH AILIAN
Gender	Female
Phone No	(Phone) +65-86210713
Address	404 DUNEARN ROAD #02-06
Address Complement	-
Post Code	289609
Approximate Age Years Old	41
Injuries Sustained	SLIGHT DEGREE OF INJURY - OBTAINED 3 DAYS MC
Injured person in which vehicle?	SKP1448X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SARAH GOH XIN HUI
Gender	Female
Phone No	(Phone) +65-86210713
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT DEGREE OF INJURY - OBTAINED 3 DAYS MC
Injured person in which vehicle?	SKP1448X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 Authorized Person.
3. Information provided must be as truthful and accurate as possible. Any willful misstatement 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 be permitted to collect, use, disclose and/or process my personal data/personal information set out in (i) (ii) (iii) and (iv) 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/independent body (such as the police), for the purposes 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 queries by me;
 - (iv) administering my claims (including the sending 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 records 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, settling or managing fraud;
 - (ii) to regulators, law enforcement and government agencies as a credible source for the purposes stated, or
 - (iii) for complying with requirements under any regulations, laws or other orders.

NIGHT9SKY CAR HIRE
Reg. No: 53342669C

Policyholder's Signature
Date & Time:

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

Authorized Person's Signature

Joelle Tan
Amk Auto Point Pte

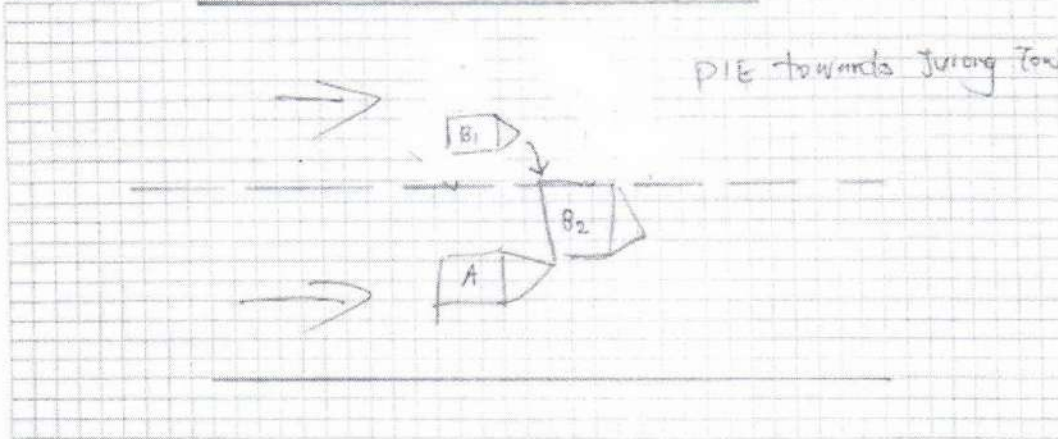
DIARY Sketch Plan Form 1

SKETCH PLAN #2

11-22/1440/1

B1: 98F9287A (BEFORE ACCIDENT)
B2: 98F9287A (AFTER ACCIDENT)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report Refer. T/20230612/2049

DECLARATION

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

NIGHT9SKY CAR HIRE

Reg. No: 533426600

Policyholder's Signature

Date & Time:

2023/06/12/14:40

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/IN No:

Joelle Tan

AME AUTOPoint P/L



**SINGAPORE
POLICE FORCE**



T/20230512/2049

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No. T/20230512/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/06/2023 15:37	Video Report No.:	Station Diary No.: 67
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Informant's Particulars

Name of Informant: JAZZ SOH AILIAN		Address: 404 DUNEARN ROAD #02-06 SINGAPORE 289609	
ID Type / ID No.: NRIC NO / S8137865G		Contact No.: Home/Office: Mobile: 86210713	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 41	Date of Birth: 06/12/1981	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: Unemployed		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/06/2023 16:50	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF9287A	Lorry				Slightly Damaged	0
SKP1448X	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230612/2049

2 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20230612/2049

CONTINUATION OF REPORT

Driver			
Name	HARJIT SINGH	ID No.	G8321059T
Related Vehicle	GBF9287A (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	JAZZ SOH AILIAN	ID No.	S8137865G
Related Vehicle	SKP1448X (Car)	Contact No.	86210713
Hospital/Clinic	UNIHEALTH 24-HR CLINIC	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	12/06/2023	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	SARAH GOH XIN HUI	ID No.	T1130580B
Related Vehicle	SKP1448X (Car)	Contact No.	86210713
Hospital/Clinic	UNIHEALTH 24-HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/06/2023	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

While driving my rented vehicle(SK1448X) along PIE towards the exit to Jurong Town Hall Road, a lorry (GBF9287A) suddenly drove into my lane from the left causing my to collide my vehicle's front left bumper to his rear right bumper. We then drove up front a little and stopped at the side of the road. I and the lorry driver then came out to make a check and no ambulance is required. I am here to lodge this report for claiming purposes.



**SINGAPORE
POLICE FORCE**



T/20230812/2049

3 of 3

Report No. T/20230812/2049

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

E /

SGT 1 Lee Zhong Jun

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/06/2023 15:37

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No. : 65476436

Classification Of Case:

NP168

GUAN HIN MOTOR WORKSHOP

NO 10 ANG MO KIO INDUSTRIAL PARK 2A

#02-03 AMK AUTOPOINT 568047

Tel No. : 64837111 Fax No. : 64837221

E-Mail : guanhinmotor@yahoo.com

Buss. Reg. No. : 06035200X PAYNOW

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

3 ANSON ROAD #16-00

SPRINGLEAF TOWER SINGAPORE 079909

Attention : Motor Claim Department

Contact : 63896111 Fax No. : 62247175

Estimate : ES000982

Date : 15/06/2023

Vehicle Num. : SKP 1448 X

Make/Model : TOYOTA ALTIS 1.6 A-2008

Chassis/Eng# : MR053ZEE106113164/3ZZ4780798

Accident Date : 10/06/2023

Claim No. :

Reference :

Policy No. : (25/07/2008)

*Not Withheld
11 Rm @ 2000/hr max
Presumy After Painting
4 days*

S/N	Quantity	Particular	Unit Price	Amount S\$
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1.	1	LIST ITEMS :		
2.	1	FRONT BUMPER		
3.	1	LH HEAD LAMP		
4.	1	FRONT LH FENDER		
5.	1	FRONT BUMPER RETAINER		
6.	1	FENDER INNER SHIELD L/H		
7.	1	CLIP		
8.	1	BONNET		
9.	1	FOG LAMP		
10.	1	ENGINE LOWER COVER		

FR	489.60	✓
FR	489.60	✓
FR	766.10	✓
FR	60.00	✓
FR	90.00	X
FR	50.00	X
FR	788.60	X
FR	120.00	X
FR	231.20	X

List Total S\$:

3,085.10

LABOUR :

REMOVE & FIX BACK AS ABOVE PARTS

500.00

SPRAY PAINTING

800.00

Labour Total S\$:

1,300.00

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:

E. & O.E

Total S\$:

4,385.10

for GUAN HIN MOTOR WORKSHOP