

ASS. REC. BY:

REF:

HSB / 230084021kgp3

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. _____

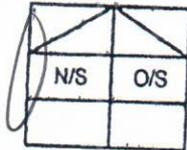
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: \$41k

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 07 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: SLA 496E Yr Regn: 02, 16

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

Truck / Trailer or

Make: NIS Rlyph c.c. 1598

Colour: M. Grey A/C: Insured / Std / NI / NA

Sp. Reading: 88707 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MNTBBAB17-7 0025398

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R16

R: _____

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

TOYO / YOKO or Windforce

Front R/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 26/6/23

D.O.I. 26/6/2023

Survey held at _____

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

MS body

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

Date / Time	Action / Instruction
1	EM NOT ready
5/7/23	Rep & Food Cabin (led \$7088.95, 50%)

Date/Time, File Pass to? : Prell. Report : Final Report

Date/Time, File Return to? _____

Days Of Repair: 7 Resurvey No. of Trip: 2

Add Fee: : Site Insp (\$) : Interview (\$) : Tech Invs (\$) : Weekend (\$)

Survey Fee:
Transportation:
S - RS. SI
Fees
Others
TOTAL

Report Format: Smart Claims Lump Sum / I.B.A. (\$) 7000

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	26/06/2023 11:23 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/06/2023 14:24 (SGT)
Exact Location of Accident	Kallang Rd, Singapore
Additional Location Information	KALLANG ROAD JUNCTION WITH HORNE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA496E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	OH MING XUAN
NRIC No	SXXXX722B
Email Address	omingxuan1993@gmail.com
Mobile Phone No	(Phone) +65-96658673
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
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	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5136225918

DRIVER

Name of Driver	OH MING XUAN
NRIC No	SXXXX722B
Date Of Birth	31/12/1993
Occupation	Indoor

Date Of Driving Pass	06/04/2021
Driving experience	2 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96658673
Alt. Phone Number	-
Email Address	omingxuan1993@gmail.com
Address	APT BLK 308C ANCHORVALE ROAD
Address complement	#12-26
Postcode	543308
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ACCIDENT STATEMENT ATTACHED.

ON 24/06/2023 @ARD1424HRS , I WAS TRAVELLING ALONG KALLANG RD TURNING RIGHT INTO CRAWFORD ST. AS I WAS DRIVING IN LANE 1 ,SUDDENLY , VEH (B) SHA5300B CAME OUT FROM HORNE RD AND COLLIDED INTO MY VEHICLE LEFT 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	SHA5300B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	CHAN JOO KHOON
NRIC No	SXXXX410D
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	OH MING XUAN
Gender	Male
Phone No	(Phone) +65-96658673
Address	APT BLK 308C ANCHORVALE ROAD
Address Complement	#12-26
Post Code	543308
Approximate Age Years Old	30
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	SLA496E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report accurately the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and the Actual Driver.
3. Information provided must be as correct and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind the policy.
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 GIN Records Management Centre established by the General Insurance Association of Singapore (GIAS) 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 insurer, you hereby consent to the archiving of this report at the centre and to copies of the report being made available as stated.

6. 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 ("GIAS") may be permitted to collect, use, disclose and/or process my personal and 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 issued 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 making 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/postal 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 be 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 also be disclosed by any of the Insurers and/or GIAS to their third-party service providers or agents (including their lawyers/law firms), which may be used outside of Singapore, for one or more of the above Purposes.

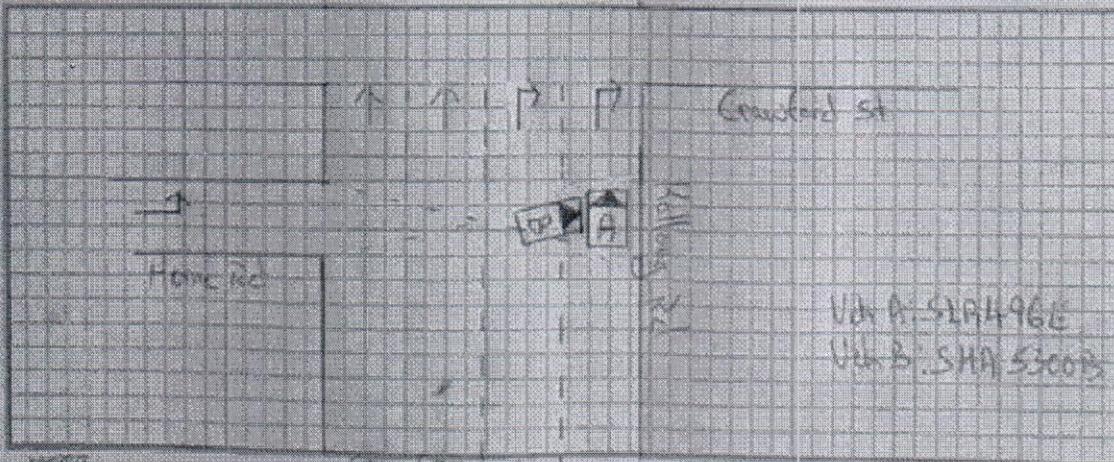


Policyholder's Signature / Date & Time

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 21/6/2023 @ approx 11:24 hrs, I was travelling along
Kallang Rd turning right into Crawford St. As I was
driving in lane 1, suddenly, veh (B) SH953003 came
out from Horse Rd and collided into my vehicle
left side portion.

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRC/IO copy)

Massive Trading & Auto

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

*Not Authorized
11pm @ 700ch
Resurvey After Painting
7days*

Oh Ming Xuan
Blk 308C Anchorvale Road
#12-26
Singapore 543308

Vehicle N : SLA 496 E
Make : Nissan Sylphy
Year : 2016

Qty	Description	Unit Price	Amount
<u>Estimate cost of repair</u>			
1 pc	Rear n/s fender - <i>1389.50</i>	<i>AT</i> \$1,587.60	<i>✓</i>
1 pc	Rear windscreen moulding -	<i>MC</i> \$95.20	<i>✓</i>
1 pc	Rear bumper - <i>photo</i>	<i>my car</i> \$599.20	<i>✓</i>
1 pc	Rear n/s bumper side retainer -	<i>DIT</i> \$65.10	<i>✓</i>
1 pc	Rear n/s door -	<i>AT/warp</i> \$1,136.20	<i>✓</i>
1 pc	Rear n/s door rubber - <i>photo</i>	<i>SM</i> \$155.60	<i>X</i>
1 pc	Rear n/s door inner trim board - <i>reuse</i>	<i>SM</i> \$987.40	<i>X</i>
1 pc	Rear n/s door outer chrome protector - <i>170</i>	<i>Red</i> \$205.10	<i>✓</i>
1 pc	Rear n/s door glass regulator - <i>reuse</i>	<i>SM</i> \$195.10	<i>X</i>
1 pc	Rear n/s door glass regulator motor - <i>reuse</i>	<i>SM</i> \$487.50	<i>X</i>
1 pc	Front n/s door -	<i>AT/warp</i> \$1,136.20	<i>✓</i>
1 pc	Front n/s door rubber - <i>photo</i>	<i>Red/WT</i> \$155.60	<i>508in 77.80in</i>
1 pc	Front n/s door inner trim board - <i>photo 641</i>	<i>my car</i> \$987.40	<i>✓</i>
1 pc	Front n/s door outer chrome protector - <i>170</i>	<i>Red</i> \$205.10	<i>✓</i>
1 pc	Front n/s door inner lock - <i>photo 389.70</i>	<i>Red</i> \$455.60	<i>✓</i>
1 pc	Front n/s door glass regulator - <i>photo</i>	<i>DIT</i> \$195.10	<i>✓</i>
1 pc	Front n/s door glass regulator motor - <i>photo</i>	<i>TM</i> \$487.50	<i>✓</i>
2 pcs	Front n/s door hinge - <i>photo</i>	<i>lowe AT</i> \$95.20	<i>✓</i>
1 pc	Front n/s fender -	<i>AT</i> \$692.30	<i>✓</i>
1 pc	Front n/s fender innershield	<i>SM</i> \$115.70	<i>X</i>
1 pc	Rear n/s shock absorber - <i>photo</i>	<i>SM</i> \$255.60	<i>X</i>
1 pc	Rear n/s hub - <i>photo</i>	<i>AT</i> \$487.50	<i>✓</i>
1 pc	Rear n/s hub bearing - <i>photo</i>	<i>MC</i> \$187.50	<i>✓</i>
			\$11,065.50
		Less 10 %	\$1,106.55
			\$9,958.95

Labour Charges

Remove/renew the above parts including knocking, welding & cutting.

balance c/f $\frac{\$1,500.00}{\$11,458.95}$ *1000l*

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:

SLA 496 E

balance b/f \$11,458.95

S Nett Item

20 pcs Clip
1 pc Rear windscreen sealant

nu 2.00 \$40.00 *—*
nu \$30.00 *✓*

Labour Charges

To putty & spray paint on rear accident affected portion. \$1,500.00 *1100l*
Check/reconnect wiring. \$40.00 *20l*
To spray anti rust on accident affected portion. \$180.00 *120l*
Remove/renew both front & rear n/s doors mechanism to new door.. \$180.00 *120l*
Remove/renew rear n/s undercarriages. \$280.00 *60l*
Check and realign wheel alignment. \$80.00 *60l*
Remove/refit rear windscreen to facilitate repair. \$120.00 *✓*
Remove/refit roof lining to facilitate repair on rear n/s fender. \$180.00 *100l*

Total \$14,088.95