

ASS. REC. BY:

REF:

PMR/230069961kv

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: SHB 1733G

Policy No.

Claims No. TAX/07/23/2015

Sum Insured:

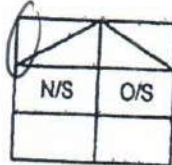
Excess:

(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 Soon:

Consistent? : Yes or No

Est. Repairs:

04

days

Res.: Yes or No

Lump 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

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

Tyre Size:

F:

R:

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

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Date / Time

Action / Instruction

18/7/23 Rep 2850/- Cash

(red 2047.79, 41%)

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

2) 19/7/23-typist

Report Format: TP

Lump Sum H.B.I: (\$ 2850)

Days Of Repair:

4

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation

S + RS. SI

Fees

Others

TOTAL

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	06/07/2023 17:20 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/07/2023 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EUNOS AVE 3 TWDS EUNOS ROAD 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR2428A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOH WEISEN
NRIC No	S8321916E
Email Address	lohw.sen@gmail.com
Mobile Phone No	(Phone) +65-96166334
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	CERATO K3 1.6A
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	1591

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5126050301

DRIVER

Name of Driver	LOH WEISEN
NRIC No	S8321916E
Date Of Birth	19/07/1983
Occupation	Indoor

Date Of Driving Pass	15/10/2004
Driving experience	18 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96166334
Alt. Phone Number	-
Email Address	lohw.sen@gmail.com
Address	BLK 154 YISHUN ST. 11 #11-84
Address complement	-
Postcode	760154
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 - Major/Minor Rd
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	INSURED EMAIL DIRECT TO INCOME.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB1733G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TOH ZHI WAI RAYMOND

NRIC No	S7805309G
Contact Number	(Phone) +65-90068411
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

SKETCH PLAN

VEH NO. SLR2428A
INSURER Income
DATE OF ACC. 6/7/23 @ 13:30

IMPORTANT NOTICE

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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:

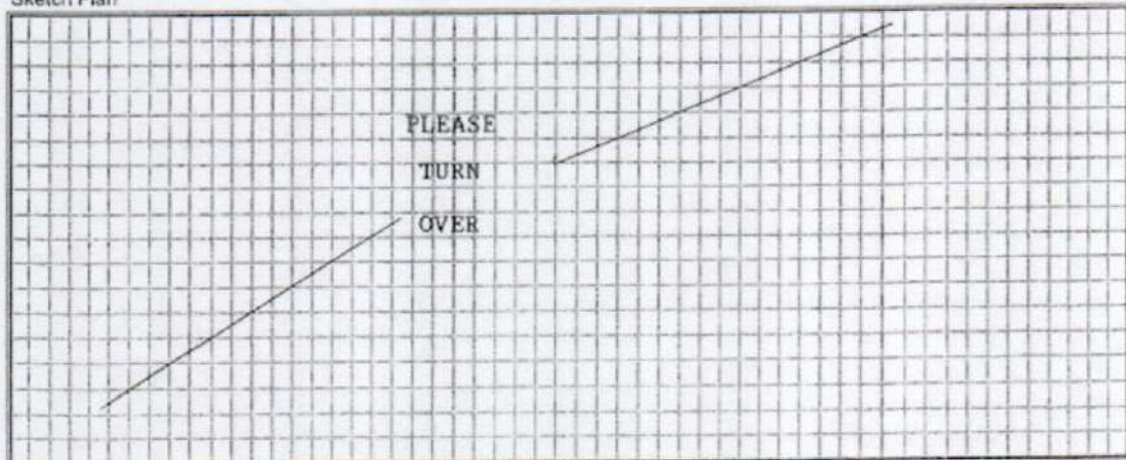
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

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) (45)

Sketch Plan



Describe Circumstance of the Accident

NOTE: PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party (✓) Reporting Only
() Claim OD/ TP at other workshop ()

Sketch Plan

Eunos Road 8

A = SLR2428 A (Aline)
B = 54B1733 G
Toh Zhi Wai Raymond
S 7805309 G
HP-90068411

Eunos Ave 3

I have checked main road traffic that it is clear & I exit Eunos Ave 3 and made a right turn into Eunos Road 8. Suddenly the taxi (B) appeared and collided with my car.

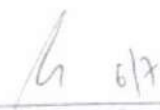
After exchanging our particulars, we left the scene. I made a call to the driver of B to propose private settlement (2.46pm). It is only at this moment, I was told that there were 2 passengers in his car during the accident.

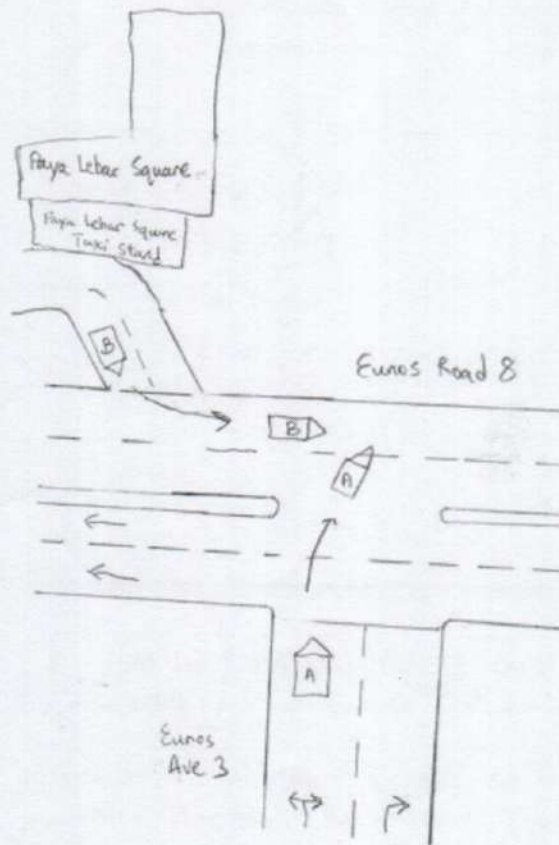
Declaration

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


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) (YS)



SERVE YOU MOTOR PTE LTD

BLOCK 5033 ANG MO KIO INDUSTRIAL PARK 2

#01-265, SINGAPORE 569536

TEL. NO: 64810555 / FAX NO. 64831654

Email: elainesyms@gmail.com

Ins: FIRST CAPITAL INSURANCE LIMITED

Owner: LOH WEISEN

Vehicle No. : SLR 2428 A KIA/CERATO K3 1.6A

Accident Date : 6/7/2023

Quotation No. : 24280607

Date: 10/07/2023

S/N	Qty	Item	Amount
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LIST ITEMS

1	1	Front bumper	Bur \$696.00 ✓
2	1	Front LH bumper side retainer	DIT \$63.00 ✓
3	1	Front LH head lamp assy 1675	WT \$1,975.32 ✓
4	1	Front (LH) fender	Bur \$385.00 ✓
5	1	Front (LH) fender Garnish	DIT \$118.00 ✓
7	1set	Front bumper clip	M \$55.00 ✓
8	1	Front LH fender Dust Cover	Prepared \$283.00 X
			\$3,575.32
Less 10%			\$357.53
			\$3,217.79

SPECIAL NETT ITEMS

1	1	Front (LH) sport rim	Bur \$250.00 X
			\$250.00

LABOUR & MISC CHARGES

1		To dismantle / renew the accident damaged portion. To panel beating, reshape, straighten, orientate and align repair / replacement parts.	\$650.00 400
2		Supply spray paint material and necessary items to respray on :- Damage Portion	\$750.00 440
3		Check wiring	\$30.00 20

\$1,430.00

Total Parts and Labour Cost of Repair**\$4,897.79**

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:

Not Withheld
C/LRy @ 2850h
Resurvey After Repair
4 days