

ASS. REC. BY: Taufiq

REF: CS/171 23007109/Trp3

2025 Jan.

### 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.

N/S	O/S
	<input checked="" type="checkbox"/>

Bal. or Market Value: \$22k.

IDAC Accident Report \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS WP'

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SJV 3172H Yr Regn: 21.0, Jan

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

Make: Toyota Vios c.c. 1497

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: 353187 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: MR053H99305132356

Gen. Cond:  Good / Fair / Poor / Burnt

Steering:  Inorder / Jammed / Leaked / Burnt or

Brake:  Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/65R15  
R: \_\_\_\_\_

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

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm

D.O.A. \_\_\_\_\_ D.O.I. 15/7/23

Survey held at My Car Court/rents.

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

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

Date / Time	Action / Instruction

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

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trlp: \_\_\_\_\_

Date/Time, File Return to?

2) \_\_\_\_\_

Rep. Format: \_\_\_\_\_  
Lump Sum / B.E. (F) \_\_\_\_\_

Add Fee:

- : Site Insp (\$ \_\_\_\_\_)
- : Interview (\$ \_\_\_\_\_)
- : Tech. Invs (\$ \_\_\_\_\_)
- : Wsel-end (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_ \$ + RS \_\_\_\_\_ \$

Photos \_\_\_\_\_

Others \_\_\_\_\_

TRYPAL

**MY CAR CONSULTANT PTE LTD**  
**60 JALAN LAM HUAT CARROS CENTRE**  
**#05-68 (S737869)**

<b>TO</b>	: CHINA TAIPING	<b>DATE</b>	: 13-Jul-23
<b>ATTENTION</b>	: MOTOR CLAIMS DEPT	<b>JOB TYPE</b>	: T/P CLAIM
<b><u>VEHICLE DETAILS</u></b>			
:		<b>VEHICLE NO</b>	: SJV3172H
:		<b>MODEL</b>	: TOYOTA VIOS
<b>THIRD PARTY REQUESTOR / CONTACT</b> : DAUD/93911482			

**QUOTATION SUMMARY**

**CLAIM DETAIL : PARTS**

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	BOOT LID	1	\$ 659.00	\$ <i>bt</i> 659.00
2	BOOT LID OUTER MOULDING	1	\$ 259.00	\$ <i>X</i> 259.00
3	BOOT LID TOP LOCK	1	\$ 231.00	\$ <i>bt</i> 231.00
4	BOOT LID LOWER LOCK	1	\$ 35.00	\$ <i>X</i> 35.00
5	BOOT LID WEATHER STRIP	1	\$ 180.00	\$ <i>aut</i> 180.00
6	BOOT LID HINGE	2	\$ 70.00	\$ <i>Ry</i> 140.00
7	BOOT LID LOGO	1	\$ 60.00	\$ <i>wt</i> 60.00
8	REAR BUMPER	1	\$ 591.00	\$ <i>de</i> 591.00
9	REAR BUMPER REFLECTOR	2	\$ 90.00	\$ <i>RHX</i> 180.00
10	REAR BUMPER SIDE RETAINER (FRONT)	2	\$ 98.00	\$ <i>X</i> 196.00
11	REAR BUMPER SIDE RETAINER (REAR)	2	\$ 55.00	\$ <i>de</i> 110.00
12	TAIL LAMP	2	\$ 450.00	\$ <i>RH?</i> 900.00
13	TAIL LAMP PANEL	2	\$ 276.20	\$ <i>Ry</i> 552.40
14	REAR FENDER INNER COWLING	2	\$ 61.10	\$ <i>X</i> 122.20
15	REAR FENDER INNER TRIM	2	\$ 321.00	\$ <i>X</i> 642.00
16	REAR END PANEL	1	\$ 620.00	\$ <i>?</i> 620.00
17	REAR END PANEL TOP GARNISH	1	\$ 230.00	\$ <i>?</i> 230.00
18	REAR FLOOR PANEL	1	\$ 987.90	\$ <i>X</i> 987.90
19	REAR FLOOR PANEL TOP BOARD	1	\$ 135.00	\$ <i>de</i> 135.00
20	REAR FLOOR PANEL TOP SPONGE (SIDE)	2	\$ 221.10	\$ <i>?</i> 442.20
21	REAR FLOOR PANEL TOP SPONGE (INNER)	1	\$ 298.10	\$ <i>?</i> 298.10
22	REAR SPARE TYRE BOLT	1	\$ 48.00	\$ <i>X</i> 48.00

*LHout-*

*LH-014-*

**TOTAL PRICE**      \$      7,618.80

LESS 25% \$ 1,904.70  
**SUB TOTAL PRICE \$ 5,714.10**

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	REAR NUMBER PLATE	1	\$ 50.00	\$ X 50.00
2	REAR BUMPER CLIPS	10	\$ 6.50	\$ 30 net 65.00
3	BOOT LID SEALANT	1	\$ 80.00	\$ X 80.00
4	BOOT LID OUTER MOULDING CLIP	4	\$ 6.50	\$ X 26.00
5	REAR FENDER INNER COWLING CLIPS	18	\$ 6.50	\$ X 117.00
6	REAR FENDER INNER TRIM CLIPS	18	\$ 6.50	\$ X 117.00
7	TAIL LAMP CLIPS	4	\$ 8.00	\$ X 32.00
8	TAIL LAMP PANEL SEALANT	2	\$ 80.00	\$ X 160.00
9	REAR END PANEL TOP GARNISH CLIPS	6	\$ 6.50	\$ X 39.00
10	REAR END PANEL INSULATION SEAL	1	\$ 120.00	\$ X 120.00
11	REAR FLOOR PANEL INSULATION SEAL	1	\$ 150.00	\$ X 150.00
13	REVERSE SENSOR	1	\$ 220.00	\$ 200 net 220.00

**TOTAL \$ 1,176.00**

**CLAIM DETAILS: LABOUR AND SPRAY PAINTING**

S/N	JOB DESCRIPTION	PRICE	ADJUSTED COST	APPROVED
1	TO PANEL BEAT, WELD, CUT, KNOCK, GRAZE, ADJUST, REPLACE NEW PARTS	\$ 1,400.00	600	
2	TO PUTTY, SPRAY PAINT, POLISH, WAX ADJACENT PANELS	\$ 1,400.00	600	
3	TUFF COAT	\$ 250.00	30	
4	WIRING/ BULB CHECKING	\$ 80.00	30	
5	REMOVE AND REFIX CUSHION SEAT/ UPHOLSTRY AND ROOF LINNING TO FACILITATE REPAIR	\$ 180.00	60	
6	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING	\$ 80.00	30	
7	TRANSFER BOOT LID MECHANISM	\$ 80.00	60	
8	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS, RESET MEMORIES TO SPECIFICATION ETC.	\$ 180.00	X	

**TOTAL \$ 3,650.00**

**ESTIMATE REPORT**

TOTAL PARTS COST : \$ 6,890.10  
TOTAL LABOUR COST : \$ 3,650.00  
TOTAL REPAIR COST : \$ 10,540.10

Taufhin 97495749  
WP 13/7/23 @ 12:30 PM  
US Resury After repair  
taufhin C / khauto.com  
@ 5 days

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:

# 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	12/07/2023 10:03 (SGT)
Reported by	Actual Driver
Date of Accident	10/07/2023 21:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BOON LAY WAY TRAFFIC LIGHT (SAFRA)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SJV3172H

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ORANGE EXPRESS
Company Reg No	53388547K
Email Address	reporting@mycar.sg
Mobile Phone No	(Phone) +65-88781686
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1497

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125274594-01

### DRIVER

Name of Driver	LEE HAN QING, GARRY
NRIC No	S8814428G
Date Of Birth	25/04/1988
Occupation	Outdoor

Date Of Driving Pass	17/11/2011
Driving experience	11 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88781686
Alt. Phone Number	-
Email Address	reporting@mycar.sg
Address	BLK 60 GILSTEAD ROAD #03-11
Address complement	-
Postcode	309104
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 - 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?	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	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

ATTACHED 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

Vehicle Registration Number	PC5890J
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Bus
NRIC No	AHMAD RABANI BIN OTHMAN
Contact Number	S1487269H
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	LEE HAN QING, GARRY
Gender	Male
Phone No	(Phone) +65-88781686
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJV3172H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

**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.

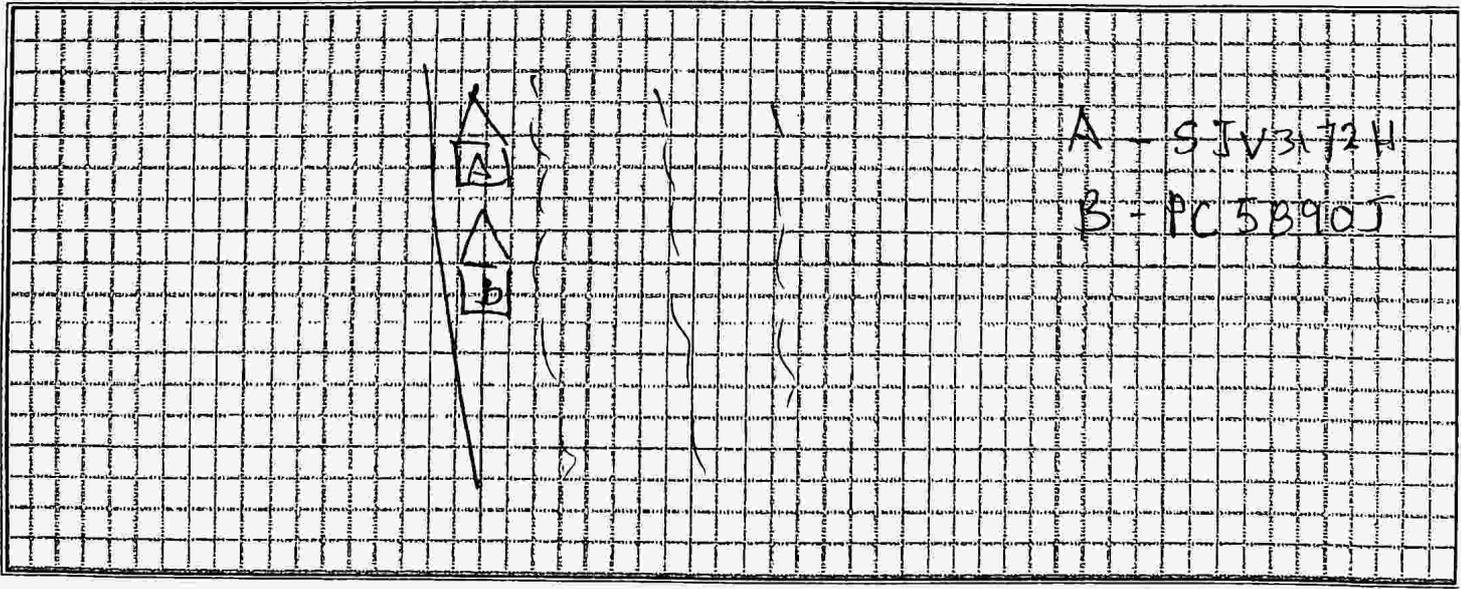
**ORANGE EXPRESS**  
UEN: 53388547K

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)

**Sketch Plan**



**Describe Circumstance of the Accident**

*Refer police report*

**Declaration**

We declare the foregoing particulars are true in every respect.

**ORANGE EXPRESS**  
UEN: 53388547K

\_\_\_\_\_  
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)



**SINGAPORE  
POLICE FORCE**



T/20230711/2005

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/20230711/2005

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/07/2023 01:21	Vide Report No.:	Station Diary No.: 18
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**Informant's Particulars**

Name of Informant: LEE HAN QING, GARRY		Address: BLK 60 GILSTEAD ROAD #03-11 SINGAPORE 309104	
ID Type / ID No.: NRIC NO / S8814428G		Contact No.: Home/Office: Mobile: 88781686	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 35	Date of Birth: 25/04/1988	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/07/2023 21:45	Type of Location: Straight Road
Location: BOON LAY WAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Others			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC5890J	Van				Slightly Damaged	1
SJV3172H	Car				Seriously Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20230711/2005

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

2 of 3

Report No. T/20230711/2005

**CONTINUATION OF REPORT**

Driver			
Name	LEE HAN QING, GARRY	ID No.	S8814428G
Related Vehicle	SJV3172H (Car)	Contact No.	88781686
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	08	Degree of Injury	Slight

**Brief Details.**

On 10/07/2023 at about 2145hrs, I was driving my vehicle bearing plate number SJV3172H along Boon Lay Way, as the traffic light turned red, while waiting for the traffic light at Boon Lay Way, all of the sudden, a vehicle bearing plate number PC5890J bumped into my rear of my vehicle which caused my head to hit the steering wheel. My vehicle rear was damaged and was unable to drive. I suffered injuries on my head as there was a sharp pain, my neck, my back and numbness on my left arm. I went to Mount Alvernia and had gotten 8 days of MC from 10 July 2023 to 17 July 2023 and had gotten a referral note from the emergency department. The doctor mentioned that it was better for me to do a MRI scan for a check. I wish to state that there were no traffic and no rain at that point of time.

Vehicle bearing plate number PC5890J particulars:

Name: Ahmad Rabani Bin Othman

NRIC: S1487269H



**SINGAPORE  
POLICE FORCE**



T/20230711/2005

3 of 3

Report No. T/20230711/2005

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 LIM DING YUE IVIE	<i>2</i>
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436	

Signature Of Informant:	<i>[Handwritten Signature]</i>
Date/Time: 11/07/2023 01:21	
Classification Of Case:	

NP168