

ASS. REC. BY:

REF:

1TSB/230017301kv

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: SHC 7077Y

Policy No.

Claims No. S3M04NYE

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:

856k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. 124 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

STM 3718G

Yr Regn:

12, 08

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

Truck / Trailer or

Make:

Toy Cam

c.c

2362

Colour:

h.p. white

AC:

Insured / Std / NI / NA

Sp. Reading

186356

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

NR053BK 4007032168

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

215/55 R17

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

Front

Rear

R/Bal.

P

mm

R/Bal.

9

mm

L/Bal.

P

mm

L/Bal.

P

mm

D.O.A.

8/7/23

D.O.I.

14/7/2023

Survey held at

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

FRt O/S &amp; U/C

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

Date / Time

Action / Instruction

1 Got BZ

31/7/11 Rm @ 8250k Cash (red 9516.74, 53%)

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 3/8/23-typist

Days Of Repair: 5

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS - SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format: TP

Lump Sum A.B.I: (\$ 8250

TOTAL

— Surveyor —



## 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	10/07/2023 14:53 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/07/2023 06:26 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 439A BAKIT BATOK CARPARK EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM3718G
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOH KIANG YONG
NRIC No	S1780484G
Email Address	SIMJOJO28@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96625672
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	CAMRY 2.4 AUTO ABS AIRBAG
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	2362

#### INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG230007541

#### DRIVER

Name of Driver	SOH KIANG YONG
NRIC No	S1780484G
Date Of Birth	15/09/1966
Occupation	Indoor





Date Of Driving Pass .....	17/06/1994
Driving experience .....	29 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-96625672
Alt. Phone Number .....	-
Email Address .....	SIMJOJO28@YAHOO.COM.SG
Address .....	BLK 439C BUKIT BATOK WEST AVE 8 #05-945
Address complement .....	-
Postcode .....	653439
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 - 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) .....	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 .....	Bishan Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005529999
Alt. Police Station Phone No .....	(Fax) +65-65561905
Police Station Address .....	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

SAME AS SKETCH

#### 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 .....	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHC7077Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHUA KOK SEONG
NRIC No	S7829875H
Contact Number	(Phone) +65-96730714
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	SOH KIANG YONG
Gender	-
Phone No	(Phone) +65-96625672
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJM3718G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No



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:

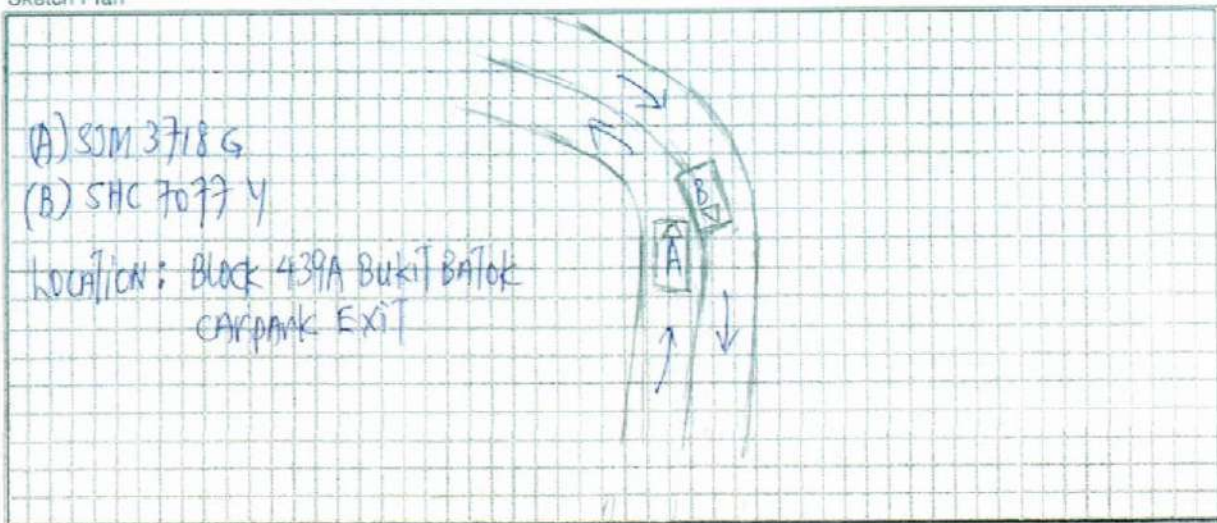
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

  
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 Circumstances of the Accident

\* Refer to police Reported ATTACHED \*

Report / NO: T/20230710/2020

\* DRIVER got INJURED

Remark:- 3rd party claim at: —

**EM SOLUTION PTE LTD**  
 160 Sin Ming Drive  
 #03-18/19 Sin Ming Autocity  
 Singapore 575722  
 Tel: 6456 0226 Fax: 6456 4500  
 Email: emsolution@singnet.com.sg

## Declaration

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









# SINGAPORE POLICE FORCE



T/20230710/2020

1 of 3

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20230710/2020

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/07/2023 11:12	Vide Report No.:	Station Diary No.: 30
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**Informant's Particulars**

Name of Informant: SOH KIANG YONG			Address: APT BLK 439C BUKIT BATOK WEST AVENUE 8 #05-945 SINGAPORE 653439		
ID Type / ID No.: NRIC NO / S1780484G			Contact No.: Home/Office: Mobile: 96625672		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 15/09/1966	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: HAWKER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/07/2023 06:45	Type of Location: Straight Road
Location:  BUKIT BATOK WEST AVENUE 8				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7077Y	TAXI					0
SJM3718G	Car	TOYOTA	CAMRY 2.4 AUTO ABS AIRBAG	White		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM3718G	SHC INSURANCE PTE. LTD.	DMPG23007541	30/06/2023	29/06/2024





**SINGAPORE  
POLICE FORCE**



T/20230710/2020

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

2 of 3

Report No. T/20230710/2020

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	SOH KIANG YONG	ID No.	S1780484G
Related Vehicle	SJM3718G (Car)	Contact No.	96625672
Hospital/Clinic	GLENEAGLES MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/07/2023	Date Discharge	08/07/2023
No. of Days granted Medical Leave	07	Degree of Injury	NIL
<b>Driver</b>			
Name	CHUA KOK SENG	ID No.	S7829875H
Related Vehicle	NIL	Contact No.	96730714
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 8/7/2023 at about 0645hrs, I was driving my vehicle bearing registration number, SJM3718G, exiting from the MSCP of Blk 439C Bukit Batok West Ave 8. After the gantry, while negotiating the bend, heading towards the exit, out of sudden there was a taxi SHC 7077Y driving opposite me. The said taxi driver then hit on the side of my vehicle. Both of us alighted from our vehicle and exchanged particulars.

My vehicle sustained scratches on my front bumper and my vehicle was unable to be driven as the tyre had bent inwards. As such, I had to activate tow truck.

Subsequently, I seek medical attention from Gleneagles Medical Centre and was given 07 days of medical leave. I have an in-car camera installed in my vehicle and it recorded the whole incident.



**SINGAPORE  
POLICE FORCE**



T/20230710/2020

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

3 of 3

Report No. T/20230710/2020

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:  
E /  
SI NORHIDAHYAH BINTE  
AHMAD

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SR STAFF SGT LEE GUANG HUI  
Contact No.: 65476204

Signature Of Informant:

Date/Time:  
10/07/2023 11:12

Classification Of Case:



R030634  
10.7.23 13:08  
SJM3718G  
160-0318



SJM3718G

Toyota : Camry ACV40 GSV40  
4-Wheel Total Alignment

Front : Left

Actual	Before	Specified Range
-1°22'	-1°22'	-1°15' 0°15'
2°52'	2°52'	1°55' 3°25'
-0°43'	-0°43'	-0°05' 0°05'
13°12'	13°12'	11°15' 12°45'
11°50'	11°50'	10°00' 13°00'

Camber  
Caster  
Toe  
SAI  
Included Angle  
Turning Angle Diff.

Front : Right

Actual	Before	Specified Range
-2°48'	-2°48'	-1°15' 0°15'
2°32'	2°32'	1°55' 3°25'
-0°30'	-0°30'	-0°05' 0°05'
14°45'	14°45'	11°15' 12°45'
11°57'	11°57'	10°00' 13°00'

Front

Cross Camber  
Cross Caster  
Cross SAI  
Total Toe  
Cross Turn Diff.

Actual	Before	Specified Range
1°26'	1°26'	-0°45' 0°45'
0°20'	0°20'	-0°45' 0°45'
-1°33'	-1°33'	-0°45' 0°45'
-1°12'	-1°12'	-0°09' 0°09'

Rear : Left

Actual	Before	Specified Range
-1°56'	-1°56'	-1°45' -0°15'
0°02'	0°02'	0°05' 0°14'

Camber  
Toe

Rear : Right

Actual	Before	Specified Range
-1°18'	-1°18'	-1°45' -0°15'
0°07'	0°07'	0°05' 0°14'

Rear

Cross Camber  
Total Toe  
Thrust Angle

Actual	Before	Specified Range
-0°38'	-0°38'	-0°45' 0°45'
0°09'	0°09'	0°09' 0°28'
-0°03'	-0°03'	

NOT Authorized  
 11 Days @ 8250/-  
 Recovery After Paving  
 5 days

## Authorize Workshop Pte Ltd

160 Sin Ming Drive, (Sin Ming Autocity), #03-19, Singapore 575722

Tel: 6456 0226 Fax: 6458 4500

Vehicle number: SJM3718G

Vehicle Make & Model: TOYOTA CAMRY

Qty	List Items	Amount \$
1	Front bumper <b>641.20</b>	712.60
1	Front bumper tow cover	42.20 X
1	Front bumper fog lamp - RH	381.65
1	Front bumper fog lamp cover	114.35
1	Front bumper grille - CTR	130.62
1	Front bumper sponge	140.63
1	Front bumper reinforcement	477.65
2	Front bumper side retainers - L/R @ 89.95	179.90
1	Front bumper undercover	181.65
1	Front bonnet	1,490.65 X
1	Front fender - RH <b>856.30</b>	991.35
1	Front fender stay	89.50
1	Front fender inner shield <b>184.50</b>	241.63
1	Front fender wheel housing	581.90 X
1	Front headlamp assy - RH <b>X2</b>	2,855.90 X2
1	Front headlamp side garnish	65.50
1	Front grille assy	615.90
1	Front support panel	1,150.60
1	Front shock absorber - RH <b>455.60</b>	561.90
1	Front shock absorber top mount	191.60
1	Front lower arm <b>435</b>	760.60
1	Front lower arm ball joint	260.90 X
1	Front knuckle arm	541.60
1	Front wheel bearing	196.60
1	Front anti roll bar link	143.20 X
1	Engine mounting - RH	311.50 X
1	Air con condenser	1,410.95 X
1	Wiper tank	231.60
1	Wiper tank motor	141.55
1	No. plate ganish	110.25 X
Sub-total		15,306.43
Less 25%		3,826.61
Total List		11,479.82

e 2478.60

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:



Vehicle number: SJM3718G

Vehicle Make & Model: TOYOTA CAMRY

Special Nett Items

1 set Front bumper clip  
1 set Front fender inner shield clip  
1 Front sport wheel - RH  
1 Front tyre - RH  
1 set Front no. plate

<i>MC</i>	45.00	<i>—</i>
<i>MC</i>	60.00	<i>—</i>
<i>MC</i>	550.00	<i>280.00</i>
<i>MC</i>	280.00	<i>X</i>
<i>MC</i>	60.00	<i>X</i>
Total Special Nett		995.00

Labour charges

To check front electrical wiring  
To remove, refix front undercarriage  
To check wheel alignment  
To respray undercoating  
To remove, refix A/C condenser & refill A/C gas  
To respray painting and etc  
Panel beating, cut, weld remove & replacing above parts

	50.00	<i>201</i>
	300.00	<i>200</i>
	120.00	<i>601</i>
	100.00	<i>301</i>
<i>MC</i>	180.00	<i>X</i>
	1,200.00	<i>800</i>
	1,200.00	<i>600</i>
Total Labour		3,150.00

ESTIMATE PARTS AND LABOUR GRAND TOTAL \$ 15,624.82

17,766.74

11003.05

8252.29

8095

10347.28

82501

LRK Auto Consultants hereby notify  
the Reparer of the following:

- To remedy before/after spray painting
- To display damaged part(s) during warranty
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification is allowed
- Supplementary items must be returned and is subject to final approval from Insurance Company

Acknowledged by Reparer  
Signature  
Date