

ASS. REC. BY:

REF:

TU 123007149KV

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: SHD 2664E

Policy No. D20MFL0006372_02

Claims No. MFL2023D0008069

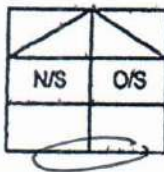
Sum Insured: _____

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: 818K

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 05 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP / 24 HRS

Date: 05/25

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJX 3158P

Yr Regn: 06.10

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

Truck / Trailer or

Make: Toy

c.c. 1497

Colour: M. Silver

A/C: Insured / Std / NI / NA

Sp. Reading: 346713

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR0531449305168620

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F. Wind Force

Greenland

185/60R15

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mm

R/Bal. 8 mm

L/Bal. 9 mm

L/Bal. 8 mm

D.O.A. 9/7/23

D.O.I. 18/7/2023

Survey held at _____

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

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

Date / Time

Action / Instruction

21/8 21/8 @ 4500 Cdn (red 5559.30, 55%)

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. \$

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format: Merimen

Lump Sum H.B.: (\$ 4500

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 17:07 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	09/07/2023 19:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NORTH BRIDGE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX3158P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NEO CHENG SAN
NRIC No	S1729434B
Email Address	WILLIAMLCB@GMAIL.COM
Mobile Phone No	(Phone) +65-91092683
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5118067043-03

DRIVER

Name of Driver	NEO CHENG SAN
NRIC No	S1729434B
Date Of Birth	17/02/1965
Occupation	Outdoor

Date Of Driving Pass	11/07/1967
Driving experience	56 YEARS
Gender	Male
Mobile Number	(Phone) +65-91092683
Alt. Phone Number	-
Email Address	WILLIAMLCB@GMAIL.COM
Address	BLK 706 #03-68
Address complement	JURONG WEST STREET 71
Postcode	640706
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 to Rear
Weather Conditions	Raining
Road Surface	Wet

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	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT AND SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD2664E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	JOVIN
Contact Number	(Phone) +65-87929982
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NEO CHENG SAN
Gender	Male
Phone No	(Phone) +65-91092683
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	58
Injuries Sustained	BACK PAIN
Injured person in which vehicle?	SJX3158P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

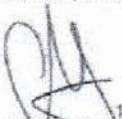
IMPORTANT NOTICE

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:

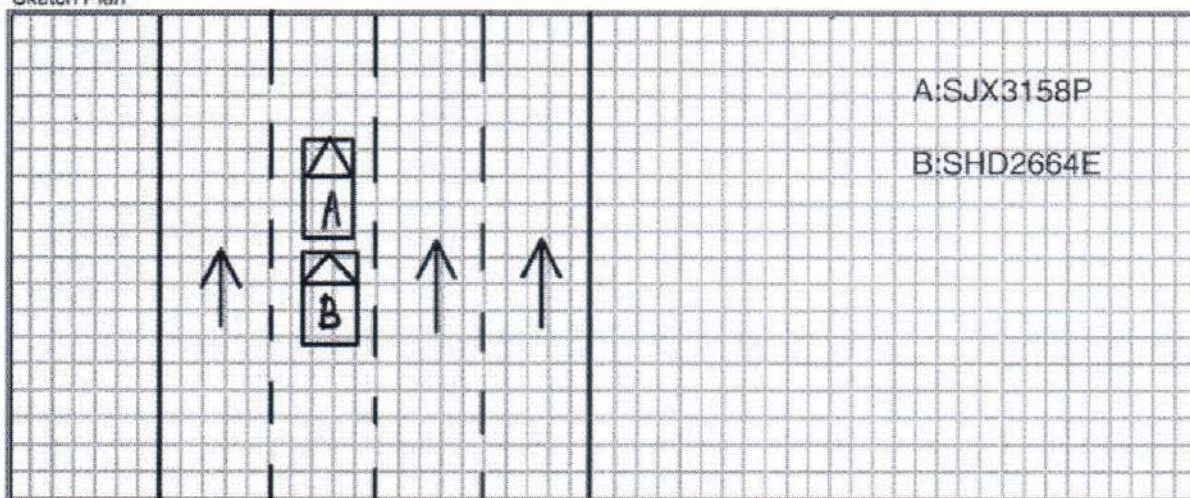
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


 10/07/2023 1715HRS
 Policyholder's Signature / Date & Time

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


 AHMAD SUFIYAN ASSURI
 B MUSTAFFA
 S992991
 Witnessed by Reporting Centre Personnel
 (Name as in NPIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

REFER TO GEARS REPORT
AND POLICE REPORT

Declaration

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



10/07/2023 1715HRS

Policyholder's Signature / Date & Time

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



AHMAD SUFIYAN ASSURI
B MUSTAFFA
S392991

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20230710/7052

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20230710/7052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/07/2023 14:53		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NEO CHENG SAN			Address: 706 JURONG WEST STREET 71 #03-68 SINGAPORE 640706		
ID Type / ID No.: NRIC NO / S1729434B			Contact No.: Home/Office: Mobile: 91092683		
Nationality: SINGAPORE CITIZEN			Email: NEO774444@GMAIL.COM		
Sex: Male	Age: 58	Date of Birth: 17/02/1965	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: PRIVATE HIRER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive No	Date/Time of Accident: 09/07/2023 19:35	Type of Location:
Location: NORTH BRIDGE ROAD				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of
SJX3158P	Car	TOYOTA	VIOS E AUTO	Silver	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJX3158P	NTUC Income Insurance Co-Operative Limited	5118067043-03	01/05/2023	31/05/2024



**SINGAPORE
POLICE FORCE**



T/20230710/7052

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20230710/7052

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NEO CHENG SAN	ID No.	S1729434B
Related Vehicle	SJX3158P (Car)	Contact No.	91092683
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time, I was driving vehicle SJX3158P along North Bridge Road with 1 female passenger.

As the traffic light turn red, I gradually slowed down and came to a stop.

After about 20 seconds later, suddenly, a huge impact slammed into the rear of my vehicle, causing my vehicle to surge forward. I immediately slammed onto my brakes to prevent my vehicle from moving further. I was completely off guard by the said impact which also caused my body to lurch forward and pulled back by my seatbelt. I turned and check with my passenger to see if she is ok. she told me she was feeling ok.

Immediately, I felt pain over my back area.

I alighted to check on my vehicle and realised vehicle SHD2664E had collided onto my vehicle rear, causing damage to my vehicle. My vehicle rear bumper and boot was badly dented. And also my rear light alignment also shifted.

I took some photos and left the scene.

The following morning, I woke up feeling pain over my neck, upper back, lower back and abdominal area. The pain got worse subsequently and I decided to seek medical treatment at Unihealth 24 HR Clinic (Jurong east).

I was given 3 days MC for injuries caused by the accident.

**SINGAPORE
POLICE FORCE**

T/20230710/7052

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

Report No. T/20230710/7052

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
10/07/2023 14:53

Classification Of Case:

NP155

Trust Autowork

Mailing address : Blk 225 #07-579 Ang Mo Kio Ave 1 Singapore 506225
H/p 91082728

Neo Cheng San
Blk 706 Jurong West St 71
#03-68
Singapore 640706

Vehicle No : SJX 3158 P
Make : Toyota Vios
Year : 2010

Not Authorized
C/Sing @ 4500/h
Recovery After Rain
5 days

Qty	Description	Unit Price	Amount
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Estimate Cost Of Repair

1 pc	Rear boot lid		\$755.10 ✓
2 pcs	Rear boot lid hinges	\$85.10	\$170.20 X
1 pc	Rear boot lid inner lock		\$205.20 ✓
1 pc	Rear boot lid emblem " Logo "		\$65.10 ✓
1 pc	Rear boot lid emblem " Vios "		\$55.70 ✓
1 pc	Rear boot lid emblem " Badge "		\$55.10 ✓
1 pc	Rear boot lid outer handle		\$185.70 ✓
1 pc	Rear boot rubber 175.80	87.90	\$219.50 502in
2 pcs	Rear no plate lamp	\$79.40	\$158.80 X
2 pcs	Rear tail-lamp assy 8342.40	\$405.10	\$910.20 ✓
2 pcs	Rear tail-lamp panel	\$165.70	\$331.40 X
1 pc	Rear end panel		\$655.70 ✓
1 pc	Rear end panel inner garnish		\$187.60 ✓
1 pc	Rear spare tyre panel		\$705.10 X
1 pc	Rear spare tyre cover board		\$325.70 ✓
2 pcs	Rear boot floor panel sponge (side)	\$202.10	\$404.20 ✓
1 pc	Rear boot floor panel sponge (centre)		\$272.10 ✓
1 pc	Rear bumper 503.20		\$550.60 ✓
2 pcs	Rear bumper side retainer	MSDIT	\$75.20 X
2 pcs	Rear bumper bracket	MSDIT	\$85.50 X
2 pcs	Rear bumper reflector		\$75.30 X
2 pcs	Rear fender inner trim 332.40	MSDIT	\$408.10 X
1 pc	Rear exhaust silencer		\$971.20 X
			\$8,472.40
			Less 25 %
			\$2,118.10
			\$6,354.30

S. Nett Item

1 pc	Rear reverse sensor
1 pc	Rear no plate
20 pcs	Rear bumper clip

\$2.00	Net	\$200.00 ✓
	Net	\$40.00 ✓
	Net	\$60.00 ✓
		\$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:

SJX 3158 P

balance b/f \$6,654.30

Labour Charges

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

\$1,500.00

700

To putty & spray paint on rear accident affected portion.

\$1,500.00

900

Check/reconnect wiring.

\$45.00

201

To spray anti rust on accident affected portion.

\$120.00

601

Remove/renew exhaust silencer

\$120.00

nn X

Remove/refit rear boot upholstery to facilitate repair

\$120.00

601

Total

\$10,059.30