

ASS. REC. BY: Tauph

REF:

CT1

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: _____

Veh No: SLV7063P Yr Regn: 2018, Jan
 Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Honda Shuttle Hybrid c.c. 1496
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 153288 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 617117464
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: NI / SRim / STD A/Rim or
 Tyre Size: F: 195/55R15
 R: _____

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MI / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front Rear
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 26/7/23
 Survey held at EM - A to
 Des. of Damages: Frt / Rear / O/S / N/S / U/G / Rooftop or
 The U/G / Chassis frame / Body Structure affected due to collision.

Bal. or Market Value: 968K
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seer: _____ 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

Date / Time	Action / Instruction

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

1) _____
 Date/Time, File Return to?

2) _____
 Report Format: _____
 Lump Sum / B.B. / C: _____

Days Of Repair: _____
 Resurvey No. of Trip: _____

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

Survey Fee:	
Transportation:	
S + RS: \$ _____ st	
Photos	
Others	
TOTAL	

EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autopteltd@gmail.com

COMPANY / GST REG. NO. : 201316380R

Vehicle Number : SLV 7063P

Date : 25.07.2023

Vehicle Model : HONDA SHUTTLE HYBRID

Chassis : GP71117464

Accident Date : 20.07.2023

TP Ins. **CHINA TAIPING**

Original Reg Date : 11.01.2018

ESTIMATE

1	1 pc	Front Fender RH		ht	576.00
2	1 pc	Front Fender Emblem Hybrid		new	75.00
3	1 pc	Front Fender Inner Shield		X	125.00
4	1 set	Front Fender Inner Shield Clips		X	30.00
5	1 pc	Front Bumper		?	1,150.00
6	1 set	Front Bumper Clips		?	40.00
7	2 pcs	Front Bumper Side Retainers	39.00	RH ?	78.00
8	1 pc	Headlamp Assy RH		?	990.50
9	1 pc	Front Door Wing Mirror RH		wt	620.00
10	1 pc	Front Door Pillar Quarter Glass RH		X	220.00
11	1 pc	Front Shock Absorber RH		X	342.60
12	1 pc	Front Lower Arm RH		?	391.20
13	1 pc	Front Knuckle Arm RH		?	380.00
14	1 pc	Front Wheel Bearing RH		?	192.20
15	1 pc	Rear Door RH		Ry	862.50
16	1 pc	Rear Fender RH		ht	1,010.70
17	1 pc	Rear Fender Glass Moulding RH		new	96.50
18	1 pc	Rear Bumper <i>photo</i>		de	125.60
19	1 set	Rear Bumper Clips		304	40.00
20	2 pcs	Rear Bumper Side Retainers	62.00	RH ?	124.00
21	1 pc	Rear Shock Absorber RH		X	312.50
22	1 pc	Rear Wheel Bearing RH		?	372.00

8,154.30

Less 20%

1,630.86

6,523.44

Special Nett

1	1 pc	Front Door Pillar Quarter Glass Sealant		X	60.00
2	1 pc	Rear Fender Glass Sealant		new	60.00
3	2 pcs	Front and Rear Sport Rim RH	400.00	cut	800.00
4	2 pcs	Front and Rear Tyre RH	300.00	X	600.00

C/F

8,043.44

EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autopteltd@gmail.com

COMPANY / GST REG. NO. : 201316380R

Vehicle No : SLV 7063P

B/F

8,043.44

Labour charge

1	Panel Beating		1,500.00	900
2	Spray painting Pearl		1,700.00	1400
3	Check Wiring		40.00	30
4	Anti rust		150.00	50
5	Remove and install carpet and seat.		120.00	60
6	Remove and install front side quarter glass		100.00	40
7	Remove and install rear fender glass		120.00	60
8	Remove and install front and rear undercarriage		350.00	300? plus
9	To perform computerize wheel alignment.		90.00	✓
10	To reset and erase fault code system		200.00	X
			12,413.44	
			Less 20%	2,482.69
			Lump sum	9,930.75

Tanpin 97415744

'up' 20/7/23 @ 9:15 pm

US Resurvey after repair

tanpin @ khantec.com

7-8 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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	735E
Vehicle Details	
Vehicle No.:	SLV7063P
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Jul 2023
Vehicle Make:	HONDA
Vehicle Model:	SHUTTLE HYBRID 1.5 AUTO
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	LEB6321534
Chassis No.:	GP71117464
Maximum Power Output:	101.0 kW (135.bhp)
Open Market Value:	\$23,922.00
Original Registration Date:	11 Jan 2018
First Registration Date:	11 Jan 2018
Transfer Count:	2
Actual ARF Paid:	\$5,491.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	10 Jan 2028
PARF Rebate Amount:	\$3,843.00
Intended COE Rebate Details	
COE Expiry Date:	10 Jan 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$45,289.00
COE Rebate Amount:	\$20,209.00
Total Rebate Amount:	\$24,052.00

The information contained herein is correct as at 24 Jul 2023

OK

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 24/07/2023 17:15 (SGT)
Reported by Actual Driver
Date of Accident 20/07/2023 14:30 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV7063P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner DRIVEWORKS SINGAPORE
Company Reg No 53309735E
Email Address redzzarahman@gmail.com
Mobile Phone No (Phone) +65-83113331
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
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 Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number M0029636

DRIVER

Name of Driver CHUANG YEOW CHONG
NRIC No S1408119D
Date Of Birth 30/04/1960
Occupation Outdoor

Date Of Driving Pass 23/01/2009
 Driving experience 14 YEARS AND 6 MONTHS
 Gender Male
 Mobile Number (Phone) +65-88554496
 Alt. Phone Number -
 Email Address redzzarahman@gmail.com
 Address BLK 114 BUKIT BATOK WEST AVE 6 #07-188
 Address complement -
 Postcode 650114
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Authorised driver
 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 Side Swipe
 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? Yes
 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 LINA
 Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Hong Kah North Neighbourhood Police Post
 Police Station Phone No (Phone) +65-18005679999
 Alt. Police Station Phone No (Fax) +65-65652508
 Police Station Address Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

Please refer to the 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	SKQ5621E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MAG
NRIC No	S8032871J
Contact Number	(Phone) +65-90285262
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	LINA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV7063P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	CHUANG YEOW CHONG
Gender	Male
Phone No	(Phone) +65-88554496
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV7063P
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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wful 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. The 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.

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.

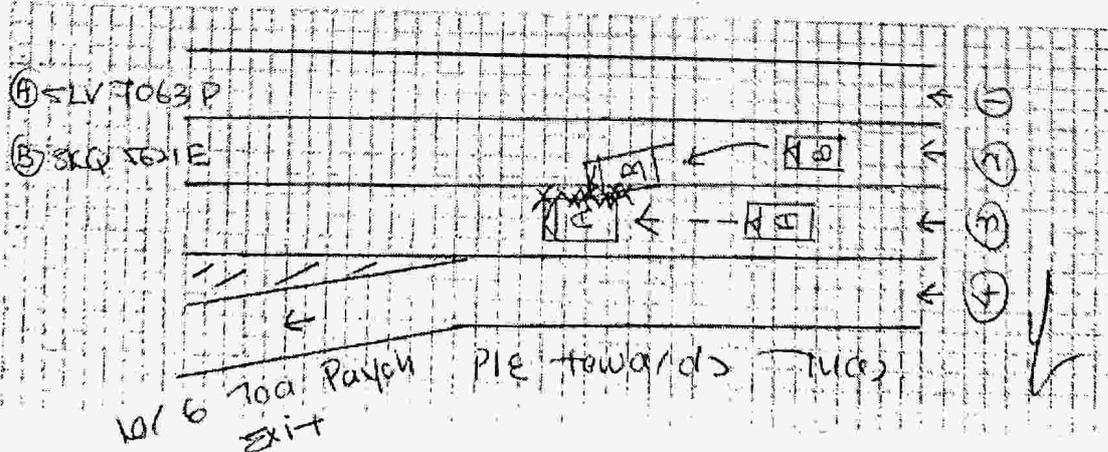


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel *SOH JIT HOON*

Sketch Plan



Describe Circumstances of the Accident

Please refer to police report no T/20230720/2113

Note: Damage of my vehicle from right hand side front to rear portion and under carriage.

y

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

y 24/07/23

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

[Handwritten Signature]

Witnessed by Reporting Centre Personnel SOH JIT HOON



Traffic Police
AMENDMENT

Traffic Police Department
Charge Office
10 Ubi Avenue 3
S408865

NP168 No:	<u>T/20230720/2113</u>	Name:	<u>Chuang Yeow Chong</u>
Accident Date/Time:	<u>20/07/2023 @ 1430hrs</u>	Address:	<u>Blk 114 Bukit Batok West Avenue 6 #07-188 S(650114)</u>
Vehicle(s) Involved:	<u>V1) SLV7063P</u> <u>V2) SKQ5621E</u>	NRIC No:	<u>S1408119D</u>
		Telephone No:	<u>88554496</u>
		Date:	<u>24/07/2023</u>

Dear Sir/Madam

I wish to amend/add as follows:

- | |
|---|
| 1) I was approaching Lor 6 Toa Payoh exit (exit 16) and driving on Lane 3 of 3 lanes when V2 cut into my lane from Lane 2 and crashed into my vehicle's rear right area (V1). |
| 2) My vehicle sustained a big dent above the rear right tire. There are also scratches along the entire right side of V1. |
| |
| |
| |


Yours faithfully


Sgt Tanas
Ng An Shi


**SINGAPORE
POLICE FORCE**


T/20230720/2113

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

1 of 3

Report No. T/20230720/2113

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2023 20:11	Vide Report No.: E/20230720/0085	Station Diary No.: 72
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Informant's Particulars

Name of Informant: CHUANG YEOW CHONG		Address: APT BLK 114 BUKIT BATOK WEST AVENUE 6 #07-188 SINGAPORE 650114	
ID Type / ID No.: NRIC NO / S1408119D		Contact No.: Home/Office: Mobile: 88554496	
Nationality: SINGAPORE CITIZEN		Email: jchng8855@gmail.com	
Sex: Male	Age: 63	Date of Birth: 30/04/1960	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: Grab Driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/07/2023 14:30	Type of Location: Highway
Location: PAN-ISLAND EXPRESSWAY				
Weather: Cloudy		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKQ5621E	Car				Slightly Damaged	0
SLV7063P	Car				Slightly Damaged	1

Details of Person Involved

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


**SINGAPORE
POLICE FORCE**


T/20230720/2113

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

2 of 3

Report No. T/20230720/2113

CONTINUATION OF REPORT

Driver			
Name	CHUANG YEOW CHONG	ID No.	S1408119D
Related Vehicle	SLV7063P (Car)	Contact No.	88554496
Hospital/Clinic	CHUA MEDICAL CENTRE PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/07/2023	Date Discharge	20/07/2023
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	Mag	ID No.	S8032871J
Related Vehicle	NIL	Contact No.	90285262
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 20th July 2023 approximately 1430hrs, I was driving my vehicle bearing the car registration plate of SLV7063P along PIE nearby Exit 16 with a passenger (Lina, 85057058) on the most left lane. Upon nearing Exit 16, one white colored vehicle left side bearing the car registration plate of SKQ5621E collided onto my vehicle side nearing to my rear right tires.

We both stopped after the accident. When I was checking my passenger, she informed that she is currently 4 months pregnant and felt sharp pain on the stomach area and proceeded to lie down at my vehicle seat. I proceeded to call ambulance and the police immediately.

Shortly after, Traffic police and ambulance arrived and conveyed female passenger to Tan Tock Seng Hospital. Also, I exchanged details with the white colored vehicle driver. After reaching home, I felt discomfort on both of my shoulder and waist therefore proceeding to Chua Medical Clinic and Surgery Pte Ltd. I was given 7 days MC due to neck contusion as a result of road traffic accident.

I would like to state that I was driving straight on the most left lane and did not veer in any directions. Also, I do not have an in-car camera. I was also instructed by Traffic Police to lodge a Road Traffic Accident report.



**SINGAPORE
POLICE FORCE**



T/20230720/2113

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

3 of 3
Report No. T/20230720/2113

CONTINUATION OF REPORT

Signature of Officer Recording The Report: J/ SCSGT(1) GOH JUN YUNG <i>J</i>
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SR STAFF SGT Ahmad Syafiq Bin Harris Contact No.: 65476201

Signature Of Informant: <i>J</i>
Date/Time: 20/07/2023 20:11
Classification Of Case:

NP168