

ASS. REC. BY:

REF: C72/

Henrich

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No: _____

at Workshop m/s *1 Hwa Png*

of *5750*

Insured: *683*

Policy No. _____

Claims No. _____

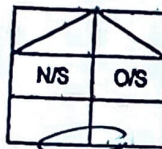
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: *8175k*

IDAC Accident Report: _____ 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: *10/3* Person Contacted: _____

Vehicle: IN / OUT

Veh No: *SME 7807M* Regn: *12, 11*

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

Truck / Trailer or *(M) Sport Car*

Make: *Audi TT* c.c. *280*

Colour: *M. Grey*

Sp. Reading: *79721*

Eng/No: _____

C/No: *TRU2228J7A1901480*

Gen. Cond: *Good* Fair / Poor / Burnt

Steering: *In order* / Jammed / Leaked / Burnt or

Brake: *In order* / Jammed / Leaked / Burnt or

Mod: *N11* / *SRim* / STD A/Rim or

Tyre Size: F: _____

R: *245/35R18*

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

TOYO / YOKO or

Front

R/Bal. *7* mm

L/Bal. *7* mm

D.O.A. *14/6/24*

Rear

R/Bal. *7* mm

L/Bal. *7* mm

D.O.I. *19/6/2024*

Survey held at

Des. of Damages: Fnt / *Rear* / O/S / N/S / UIC / Rooftop or

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech Invs (\$ _____)

☐ : Weekend (\$ _____)

\$ + RS. \$ _____

Others

Report Format :

mp Sum / I.B.I: (\$ _____)

HWA SENG SPRAY PAINTING PTE LTD
 160 Sin Ming Drive
 #05-11 Sin Ming Autocity
 SINGAPORE 575722
 (COMPANY REGISTRATION NO.: 202017045G)
 TEL : 64533100
 FAX : 62669932

Date of Accident: 14/06/2024
 Your Insured
 Vehicle No.: SLV3175B
 Not Withheld
 11 Day &
 Repairing After Paint
 5 days

ESTIMATE REPAIR COSTS TO AUDI TT REG. NO.: SME 7807 M

1pc	Rear Bumper		Bul/cm	\$5	1462.00	✓
1pc	Rear Bumper Lower		cm		663.00	✓
1pc	Rear Bumper Sponge				485.00	✓
2pcs	Rear Bumper Absorber	(\$292.00/pc)			584.00	✓
1pc	Rear Bumper Reinforcement				863.00	✓
2pcs	Rear Parking Sensor	(\$231.00/pc)			462.00	✓
1pc	Rear Bumper Grille		cm		985.00	✓
1pc	Rear Bumper Lower Spoiler		mi		1300.00	✓
1pc	Right Rear Exhaust Shield		pu		213.00	X
2pcs	No. Plate Lamp	(\$135.80/pc)	pu		271.60	X
1pc	O/S Exhaust Pipe Cutter		pu		396.00	X
2pcs	Taillamp	(\$733.00/pc) a/s cm	o/s m		1466.00	✓
1pc	Rear Boot		pu		5537.00	✓
1pc	Upper Lock		pu		285.00	X
1pc	Lower Lock		pu		45.00	X

Less : 10%

15017.60

1501.76

13515.84

LABOUR & MISC CHARGES

Panel Knocking	1300.00	500
Spray Painting	1400.00	660
Wire Checking	100.00	20
Labour to Remove & Install Rear Windscreen	180.00	120
Inner Seal	80.00	30
Sealant & Clip	60.00	40
Labour to Remove Upholstery	200.00	X
Labour to Install Reverse Sensor	100.00	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

TOTAL 16935.84

Acknowledged by Repairer

Signature:

HWA SENG SPRAY PAINTING PTE LTD

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 First Submission	18/06/2024 14:04 (SGT)
Reported by	Actual Driver
Date of Accident	14/06/2024 13:55 (SGT)
Exact Location of Accident	Sengkang E Rd, Singapore
Additional Location Information	Slip road to TPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME7807M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	19E60 PTE LTD
Company Reg No	202227575D
Email Address	farentinong@gmail.com
Mobile Phone No	(Phone) +65-81778748
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	TTRS
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2480

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	2023-V5019426-VND

DRIVER

Name of Driver	NG FARENTINO
NRIC No	S1754121H
Date Of Birth	22/09/1966
Occupation	Indoor

Driving Pass Date	12/12/1986
Driving experience	37 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81778748
Alt. Phone Number	-
Email Address	farentinong@gmail.com
Address	BLK 19 ANCHORVALE CRESCENT #16-19
Address complement	-
Postcode	544653
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	Collision - Head to Rear
Weather Conditions	After rain
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?	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

Please refer to the 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	SLV3175B
Vehicle Manufacturer	Toyota
Vehicle Model	Sienta
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	SIM CHOON LENG
NRIC No	S7105909Z

SKETCH PLAN

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Actual Driver.
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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.

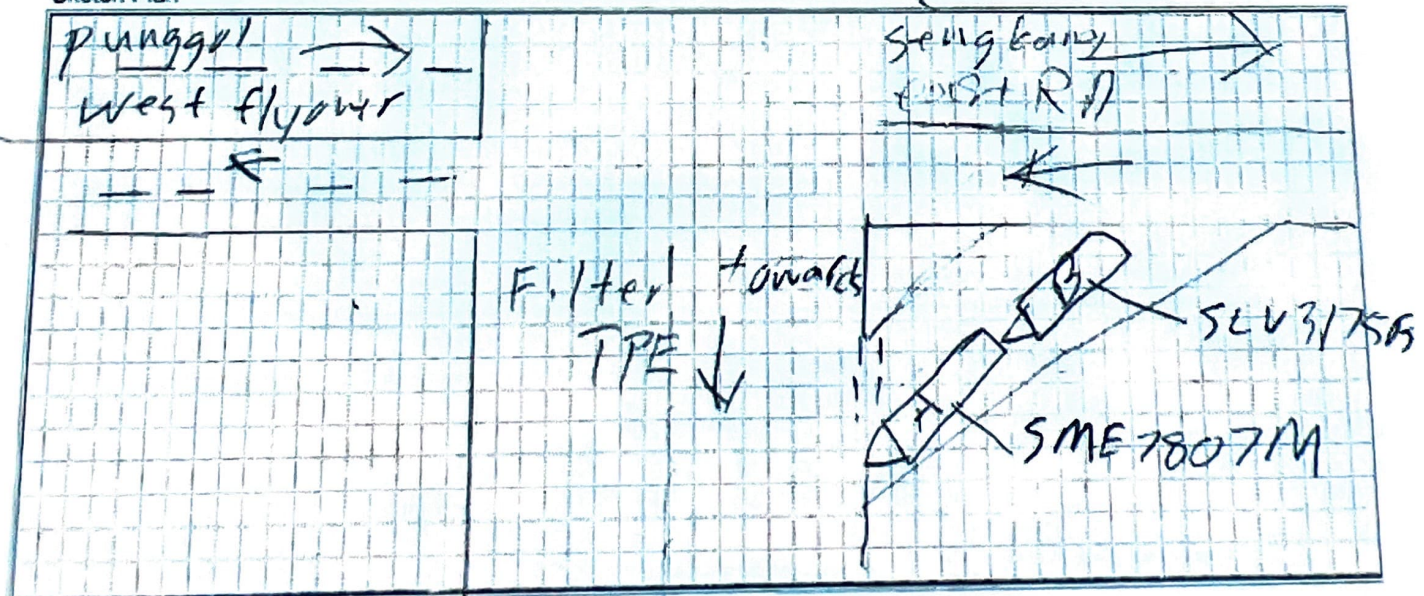
B E
19E60

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) **SOH JIT HOON**

Sketch Plan

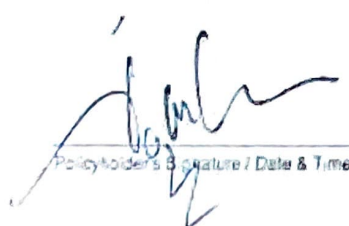


Describe Circumstance of the Accident

I was driving car (A) SME7807M from Sengkang east road
 filter towards TR TPE (SLE). When approaching the give way junction,
 I stopped to give way for oncoming cars, suddenly the car behind
 (SLV 3175B) hit me. At the scene of the accident, there was
 no injury

Declaration

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


 Policyholder's Signature / Date & Time

B E
 19E60


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


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

SOH JIT HOON
 2