

ASS. REC. BY:

REF: TM1 / CS/TMI24110403/Kvp3

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 Com

of 985E

Insured: MZD06899

Policy No. M2406718

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

9-30am

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 884K

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 1.21 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SNU 3698C Yr Regn: 06, 19

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

Truck / Trailer or Wagon

Make: Peugeot 5008 C.G. 1598

Colour: M. Blue A/C: Insured / Std / NI / NA

Sp. Reading: 112613 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF 3M45G 2WJL 050361

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: 225/55R18

R: _____

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

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 17/11/24 D.O.I. 21/11/2024

Survey held at _____

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

o/s Rear body

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

Date / Time Action / Instruction

30/12/21 by @ 2050h Calw (red 2217, 51%)

Date/Time, File Pass to?

: Prel. Report

Days Of Repair: 3

: Final Report

Resurvey No. of Trlp: _____

Date/Time, File Return to?

Survey Fee:

1)

Transportation

Add Fee: : Site Insp (\$)

S + RS. \$

: Interview (\$)

Fixt

: Tech Invs (\$)

Others

: Weekend (\$)

TOTAL

Report Format :

Lump Sum / I.B.I. (\$) _____

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 willful 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	18/11/2024 14:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/11/2024 12:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO AVE 1 (TOWARDS DIRECTION OF SERAGOON CENTRAL)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU3698C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAY KIAN AUN
NRIC No	SXXXX985E
Email Address	KENNETHTAY73@GMAIL.COM
Mobile Phone No	(Phone) +65-98629535
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Peugeot
Model	5008 ALLURE 1.6 E-THP EAT6
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	1598
Vehicle Fuel	Petrol
First Registration Date	10/06/2019
Chassis no	VF3M45GZWJL052361
Effective Date/Time of Ownership	18/08/2020 05:08 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	V5014079

DRIVER

Name of Driver	TAY KIAN AUN
NRIC No	SXXXX985E
Date Of Birth	15/12/1973
Occupation	Indoor
Driving Pass Date	03/08/1999
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	25 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98629535
Alt. Phone Number	-
Email Address	KENNETHTAY73@GMAIL.COM
Address	BLK 30 UPPER SERANGOON VIEW 07-40 SINGAPORE 534208
Address complement	-
Postcode	-
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
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	CRACE
Gender	Female

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

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH7497M
Vehicle Manufacturer	Fiat
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LAWRENCE LEE YONG CHYE
NRIC No	SXXXX645E
Contact Number	(Phone) +65-90664489
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 willful 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.

[Signature] 18/11/24
1:20pm

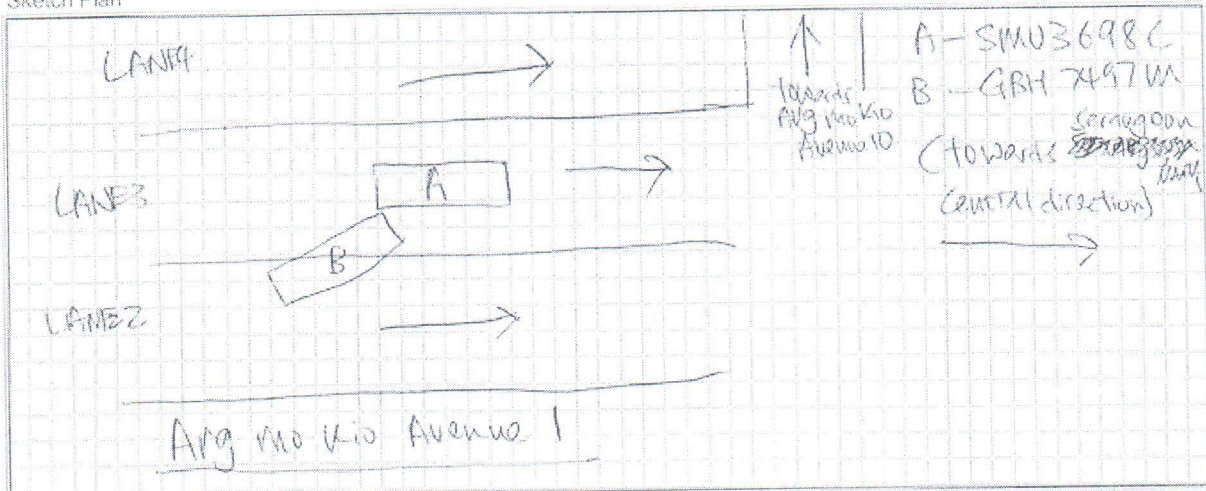
REPORTING CENTRE
110, CROSS STREET
SINGAPORE 059701

Policyholder's Signature / Date & Time

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

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

Sketch Plan



vdm2022

Describe Circumstance of the Accident

On 17 Dec at about 12-15pm, I was travelling along Ayer Rajah Ave 1 (towards direction of Serangoon Central). I was in lane no. 4 (extreme left lane) and I signal to filter to the lane on my right (lane no. 3). I check there was no car, it was clear (with my right signal on) and proceeded to filter into the lane next to me. I did it successfully and already travelling on the intended lane (lane no. 3) was full car body in the lane and was proceeding straight. Suddenly, I felt a bang on the right side of the car, mainly at the back of the car, behind the passenger right door, I stopped the car and saw GB1 74A7 in a started position trying to filter lane (from lane no. 2 to lane no. 5). I stopped the car and assessed the damage. Please refer to photographs and videos (both front and back) and it clearly show that I am already fully in my lane when GB1 74A7 filtered lane and banged into the lower right side of my car SUV 5098C. Thank you!

Declaration

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

 18/11/24
1:32 pm

Policyholder's Signature / Date & Time

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

WITNESSED BY:  18/11/24
375 CINDY TELL PERSH
SINGAPORE 570701

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

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

205 Braddell Road
Singapore 579701

Tel: 63837613 Fax: 62815767/65462533 Email:

tanpw@cdge.com.sg; kelvinsukwen@cdge.com.sg; oisunpin@cdge.com.sg; joharibh@sparkcarcare.com; kristytay@sparkcarcare.com

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
TAY KIAN AUN

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	17/11/2024
Vehicle Reg. No.:	SMU3698C	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	PEUGEOT 5008, 1.6 ALLURE 1.6 E-THP EAT6 (A)	Vehicle Reg. Date:	10/06/2019
Vehicle Colour:	BLUE	Gen Condition:	EXCELLENT
Engine No:	10FJCS2475645	Chassis No:	VF3M45GZWJL052361
Odometer:	112452 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	3 ✓		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (BRADDELL)		

*NOT WITHIN
PUNNY AFTER PAINT
11 Day @ 2050/h*

COST OF CLAIMS

	Amount
Parts	2,655.00
Miscellaneous Items	12.00
Labour	1,600.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	4,267.00
+ GST 9.00% (S\$)	384.03
Nett Amount (S\$)	4,651.03

This claim is handled by: ABDUL HAKIM BIN ABDUL HAMID

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 19 Nov 2024)
Parts: M1-SUV PEUGEOT 5008 1.6 ALLURE 1.6 E-THP EAT6 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's (Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SMU3698C)
Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*RH REAR FENDER ARCH	0.00	0.00	*300.00 F ✓
2	1		*RH REAR RIM	0.00	0.00	*830.00 F X
3	1		*REAR BUMPER 1455	0.00	0.00	*1,820.00 F ✓
Sub Total (S\$)						2,950.00
- Add. Disc. on L,N Items 10.00% (S\$)						295.00
Total Parts (S\$)						2,655.00

F=Franchise part.

Report was unsubmitted during this print-out.
 Generated using **Merimen e-Claims IEAS**

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:

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	OD/TP Case (Insurer)	12.00
Sub Total (S\$)			12.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	TO PANEL BEAT REMOVE AND REFIT NECESSARY	New	800.00
2	TO SPRAY PAINT AND PUTTY NECESSARY	New	800.00
Gross Labour Cost (S\$)			1,600.00

400

600

Report was unsubmitted during this print-out.
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< END OF ESTIMATES >