

ASS. REC. BY:

FMS 17

CS/MSG24120271/DVP³

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OR / TP / NS / TP RES / OD RES / EVA / NV / MV

To inspect Vehicle No: _____

at Workshop in/s _____

of _____

Insured: GBC 3867G

Policy No. 1003943557

Claims No. 385566

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repair: 3 days Res: Yes or No

Lump Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: 8MV 4579B Yr Regn: 29 Sept 2030

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

Truck / Trailer or

Make: Mazda CX-30 cc 1998

Colour: Grey A/C: Insured / Std / NI / NA

Sp. Reading: 59423 T/Radio: Insured / Std / NI / NA

Eng No: PE 31517780

G/No: JM6DM2W *7AL0100308

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / SRim / STD A/Rim or

Tyre Size: F: 215/60 R17

R: _____

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

TOYO / YOKO or Michelin

Front Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 17/12/24 D.O.A. 18/12/24

Survey held at: Alfred Auto AMIC

Des. of Damages: Fnd / Rear / O/S / N/S / U/C / Rooflap or

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

Date / Time	Action / Instruction
	MSG GBC 3867G
	MV 95K
	LTA 41.1K
02/01/25	To seek approval L/S 2,400/- with 3 days
6/1/25	LS \$2400 (Red 14,474.60, 85%)

Date/Time, File Pass 1/7

Final Report

1

Date/Time, File Return 1/7

2

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S+RS \$

Photos

Others:

TOTAL

Report Format:

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

Add Fee:

Site Insp (\$)

Interview (\$)

Tech. Ins (\$)

Weekend (\$)

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	17/12/2024 14:18 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/12/2024 11:30 (SGT)
Exact Location of Accident	Moulmein Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV4579B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YEO KWEE CHYAN
NRIC No	SXXXX089E
Email Address	VICTORKZZZ@YAHOO.COM
Mobile Phone No	(Phone) +65-96770546
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	CX-30 2.0 AT CLASSIC
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	1998
Vehicle Fuel	Petrol
First Registration Date	30/09/2020
Chassis no	JM6DM2W7AL0100308
Effective Date/Time of Ownership	30/09/2020 11:09 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/00955713/03

DRIVER

Name of Driver	YEO KWEE CHYAN
NRIC No	SXXXX089E
Date Of Birth	26/07/1971
Occupation	Indoor
Driving Pass Date	30/08/1995
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	29 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96770546
Alt. Phone Number	-
Email Address	VICTORKZZZ@YAHOO.COM
Address	BLK 487 YIO CHU KANG ROAD 01-14 SINGAPORE 787059
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	Collision - Head to Rear
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	KWEE ING
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

PLS REFER TO THE SKETCH PLAN BY DRIVER

ATTACHMENT(S)

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

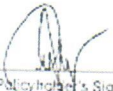
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC3867G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

IMPORTANT NOTICE

SKETCH PLAN

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.

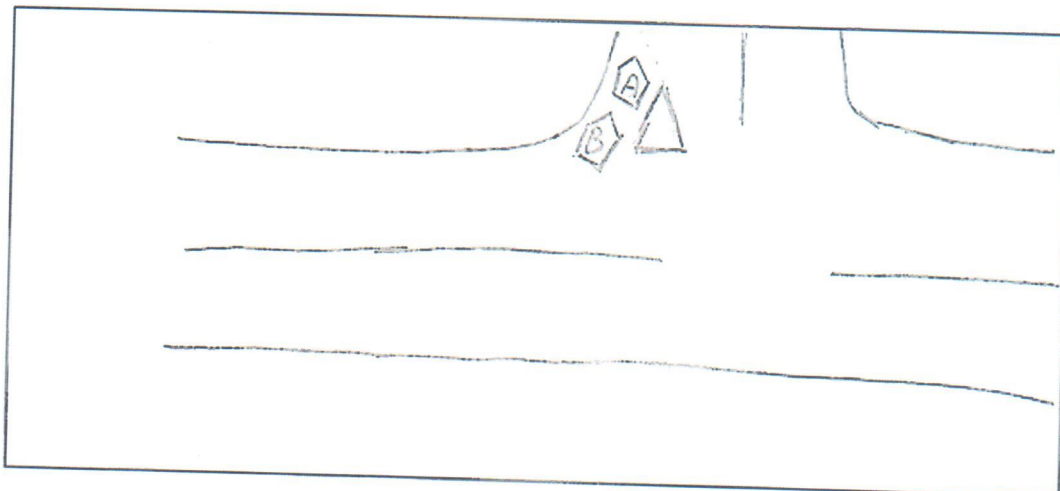
 12/12/2019
Policyholder's Signature / Date & Time

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

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



Sketch Plan



Describe Circumstance of the Accident

Date of Accident : Dec 17, 2024 Time : 11:30 am Location : Moulmein Rd / Jalan Tan Tock Beng

My Vehicle A SMV 4579 B Vehicle B GBC 3867 G Vehicle C :

1 (Leo Kwee Chyan) Vehicle A (SMV 4579 B) was driving along Moulmein Road and turning into Jalan Tan Tock Beng. While waiting at the give-way mark, to allow vehicles turning into Jalan Tan Tock Beng. Vehicle B (GBC 3867 G) driven by Mr. Musgala (NRIC Sxxx 444D) rear-ended by car. Causing damages to my bumper and rear door.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident Report to :

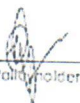
My Workshop :

Workshop Email Address :

☒ Note : Please take note that your insurer have a 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information

Declaration

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

 17/12/24
Policyholder's Signature / Date & Time
1.19 pm

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


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

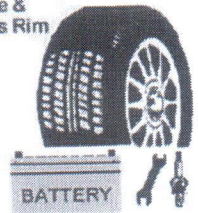


ALFRED AUTO

Services & Supplies

Blk 5035 Ang Mo Kio Ave 3 # 01-351 Industrial Park 2 Singapore 569538
Tel: 6483 4586 Fax: 6483 4882 Reg. No. 391089/00-E
Email: alfredauto@hotmail.com

Tyre &
Sports Rim



Reference No.: 17122024

[WITHOUT PREJUDICE SAVE AS TO COSTS]

Date: 17.12.2024

Yeo Kwee Chyan

Blk 487 Yio Chu Kang Road #01-14

Singapore 787059.

Mazda CX-30 2.0 AT Classic

Estimate Repair Cost for Vehicle Reg. No: SMV 4579 B

1 Pc. Rear Boot		2,038.00	X
1 Pc. Rear Boot Lock		498.00	X
1 Pc. Rear Boot CX-30 Emblem		210.00	X
1 Pc. Rear Skyactiv G Emblem		199.00	X
1 Pc. Rear Boot Weather Slip		450.00	X
1 Pc. Rear Bumper		1,830.00	✓ 1373.00
1 Pc. Rear Bumper Beam		460.00	✓
1 Pc. Rear Bumper Reinforcement		1,280.00	✓ 746.00
1 Pc. Rear Bumper Side Retainer		298.00	X
1 Pc. Rear Bumper Sponge		485.00	X
2 Pcs. Rear Bumper Reflector		410.00	X
2 Pcs. Rear Bumper Towing Cover	N/S custom	@ 205.00	
10 Pcs. Rear Bumper Clips		@ 69.00	✓
2 Pcs. Rear Exhaust Chrome		@ 8.00	30/- SH
1 Pc. Rear Exhaust		@ 490.00	980.00 X
1 Pc. Rear End Panel		2,980.00	X
4 Pcs. Rear Parking Sensor		998.60	X
		1,240.00	X

Total (Panels / Parts): 14,574.60 (SGD)

LABOR CHARGES

To remove & refit wire, and check wiring.	120.00	30/-
To remove & refit interior garnish, sideboard.	180.00	44
To knocking, straightening, repair & renew all accident affected area.	1,000.00	500/-
To respray painting on all accident affected area.	1,000.00	400/-

Total (Labor Charges): 2,300.00 (SGD)

SH 30.00 =
list 2648.00
200 2118.40
lab 930.00
3078.40
4524.00

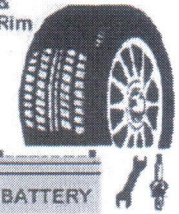


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Services & Supplies

Blk 5035 Ang Mo Kio Ave 3 # 01-351 Industrial Park 2 Singapore 569538
Tel: 6483 4586 Fax: 6483 4882 Reg. No. 391089/00-E
Email: alfredauto@hotmail.com

Tyre &
Sports Rim



TOTAL COST SUMMARY

PANELS / PARTS	14,574.60
LABOR CHARGES	2,300.00

Grand Total: 16,874.60 (SGD)

We shall be glad if you can forward the payment at your early convenience.

ACKNOWLEDGED BY	DATE	ALFRED AUTO SERVICES & SUPPLIES
		<i>Alfred Quah</i>

Note: Full payment must be completed 7 days from the invoice date. There will be an interest of 1.5% imposed per month on overdue invoice. Thank you.

Payment Method

1. PAYNOW via UEN 39108900E
2. Bank Wire Transfer - (SGD Account)

Beneficiary/Company Name	Alfred Auto Services & Supplies
UEN no.	39108900E
Beneficiary's Bank Name	OCBC Bank
Account No.	620-453233-001
Bank Code	7339
Branch Code	620
Swift Code	OCBCSGSG

Note: Full payment must be completed 7 days from the invoice date. There will be an interest of 1.5% imposed per month on overdue invoice. Thank you.

18/12/2024 @ 1030hrs
LKK Auto
2/5 hrs 3 dg.
I yr

Page 2 of 2

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: