

ASS. REC. BY:

REF:

TJ /

Kenneth

## 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:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3-6 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SNF-5600M

Yr Regn:

05, 11

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

Truck / Trailer or

Make:

Porsche Panamera

c.c

3605

Colour

M. Brown

AC:

Insured / Std / NI / NA

Sp. Reading

198958

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WPC-888978BL-004173

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:

255/35ZR21

R:

295/30BR21

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

TOYO / YOKO or

Front

R/Bal.

mm

Rear

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

17/7/24

D.O.I.

30/7/2024

Survey held at

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

) \$ - RS. SI

) P.M.A.S

) Others

Report Format :

Lump Sum / I.B.I.: (\$

TOTAL

# T & B MOTOR REPAIRS SERVICES PTE LTD

160 SIN MING DRIVE #08-03 SIN MING AUTOCITY SINGAPORE 575722

DBS CURRENT A/C : 018-015151-0

Tel No. : 6454 8007

E-Mail : tbmotor@hotmail.sg

Tax Reg. No. : 199001597D Buss. Reg. No. : 199001597D

WITHOUT PREJUDICE

KELVIN GWEE  
9 YISHUN STREET 51  
#08-20 SINGAPORE 767970

Attention : Motor Claim Department

*Not Authorised*  
*Running Motor Party*  
*U Ly &*

Estimate : ES003557

Date : 17/07/2024  
Vehicle Num. : SNF5600M  
Make/Model : PORSCHE PANARAMA  
Chassis/Eng# :  
Accident Date : 17/07/2024  
Claim No. :  
Reference :  
Policy No. : 11450152

S/N	Quantity	Particular	Unit Price	Amount S\$
LIST ITEMS :				
1.	1	REAR BUMPER		CM 4,800.00 ✓
2.	1	REAR BUMPER RETAINER		245.00 X
3.	1	REAR BUMPER REFORCEMENT		1,995.00 ?
4.	1	REAR END PANEL		2,680.70 ?
5.	2	PARKING SENSOR	280.00	1,120.00 24
6.	2	REAR LEFT EXHAUST	3,680.00	7,360.00 4?
7.	2	REAR LEFT EXHAUST TIP	1,150.00	2,300.00 4
8.	2	REAR BUMPER PAT	685.00	1,370.00 ?
List Total S\$ :				21,870.70
10.00% Discount S\$ :				2,187.07
				19,683.63
LABOUR :				
1) TO REMOVE BUMPER, REAR PANEL PULL AND KNOCKING				600 2,600.00
2) TO SPRAY REAR BUMPER AND LOWER SKIRT				500 1,400.00
3) COMPUTER DIAGNOSE & RESET SENSOR PARKING FAULT				350.00 ?
Labour Total S\$ :				4,350.00

SingDollars : Twenty-Four Thousand Thirty-Three & Cents Sixty-Three Only

E. & O.E.

Total S\$ : 24,033.63

for T & B MOTOR REPAIRS SERVICES PTE LTD

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:



## 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	18/07/2024 17:59 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/07/2024 20:28 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TOWARDS SLE BEFORE ANG MO KIO AVENUE 1 EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SNF5600M

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GWEE KELVIN
NRIC No	S8302783E
Email Address	GWEEKELVIN@GMAIL.COM
Mobile Phone No	(Phone) +65-92300741
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Porsche
Model	PANAMERA
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	3605

#### INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Policy Number / Cover Note Number	11450152

#### DRIVER

Name of Driver	GWEE KELVIN
NRIC No	S8302783E
Date Of Birth	17/01/1983
Occupation	Indoor

## SKETCH PLAN

### IMPORTANT NOTICE

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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.

Policyholder's Signature / Date & Time

Sketch Plan

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

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



CTE toward SLE



SNP5600M



SLK 9713S