

ASS. REC. BY:

REF:

791

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:

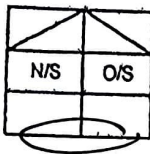
Excess:

(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 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:

Person Contacted:

Vehicle: IN / OUT

Veh No:

PTV 2598A Yr Regn: 01, 19

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

Truck / Trailer or

Make:

Honda Civic C.C. 1597

Colour:

M.P. White A/C: Insured / Std / NI / NA

Sp. Reading

111232

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MRHFC5650J7002348

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

215/55R16

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

TOYO / XOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

21/7/24

D.O.I.

1/8/2024

Survey held at

Des. of Damages: Frit / 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?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

) \$ - RS. \$

) F.R. \$

) Others

TOTAL

Report Format :

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

源摩哆廠

GUAN MOTOR WORKS

Business Regn. No. 081026001

176 Sin Ming Drive #02-03 Sin Ming Autocare Singapore 575721 Tel: 6453 6111 Fax: 6453 8292 H/P: 9742 6003

REPAIR ESTIMATE SJV2598U

No.	Qty	Nett Items	
1	1	Rear bumper	\$ <i>Am</i> 617.20 ✓
2	1	Rear bumper lower black spoiler	\$ <i>DIY</i> 112.60 ✓
3	2	Rear bumper reverse sensor	\$ <i>Am</i> 519.00 ✓
4	2	Rear bumper side retainer	\$ <i>Am</i> 39.00 X
5	1	Rear bumper inner reinforcement	\$ 295.50 7
6	1 set	Rear bumper clips	\$ <i>Am</i> 40.00 ✓
7	2	Taillamp	<i>NIJ</i> \$ 633.00 <i>Am</i> ✓
8	1	Rear boot lid	\$ 760.00 7
9	2	Rear boot side lamp	\$ <i>DIY</i> 337.00 <i>Am</i> ✓
10	1	Rear boot outer cover/garnish	\$ 121.80 7
11	1	Rear boot centre 'H' logo	\$ <i>Am</i> 19.80 ✓
12	1	Rear boot LH 'CIVIC' emblem	\$ <i>Am</i> 24.50 ✓
13	1	Rear boot RH 'I-VTEC' emblem	\$ <i>Am</i> 30.80 ✓
14	1	Rear boot reverse camera	<i>Am</i> \$ <i>Am</i> 385.00 X
15	1	Rear boot top lock	\$ 145.00 7
16	1 set	Rear boot inner trim clips	\$ <i>Am</i> 50.00 ✓
17	1	Rear end panel	\$ 395.00 7
Total :			\$ 4,525.20

Special Nett Items		
18	1 set	Rear end panel sealant
19	1	Rear number plate
		\$ 60.00 7
		\$ 50.00
Total :		\$ 110.00

Labour		
1	Labour Charges for remove/refit, cutting/welding and replacement of damages.	
2	To putty and spray Spray Paintings charges.	
3	To remove, refit rear boot lid fittings.	
4	To remove, refit reverses sensors & reverse camera.	
5	To remove, refit rear upholstery & attachments.	
6	To supply and apply anti rust treatment	
		\$ 800.00 7
		\$ 1,000.00 <i>70d</i>
		\$ 80.00 <i>5d</i>
		\$ 120.00 <i>8d</i>
		\$ 120.00 <i>5d</i>
		\$ 80.00 7
Total :		\$ 2,200.00

Total Parts and Labour : \$ 6,835.20

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 the insurance company

Acknowledged:

Not Authorised
LI Pay &
Payment After Repair
4-5 days

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	26/07/2024 13:48 (SGT)
Reported by	Actual Driver
Date of Accident	21/07/2024 20:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER CHANGI ROAD EAST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV2598U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOO HUI SHAN JOANNA
NRIC No	S8401358G
Email Address	JACKCHENQINYAO@GMAIL.COM
Mobile Phone No	(Phone) +65-81254154
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1597

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG24001158

DRIVER

Name of Driver	CHEN QINYAO
NRIC No	S8306539G
Date Of Birth	25/02/1983
Occupation	Indoor

Date
Experience

Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode

Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

27/10/2005
18 YEARS AND 9 MONTHS
Male
(Phone) +65-81254154
-
JACKCHENQINYAO@GMAIL.COM
520C TAMPINES CENTRAL 8 #14-59
-
523520
No
Spouse
No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Clear
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? No
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 4
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
Gender TAN ZHI-EN JONAS
Male

PASSENGER 2

Name
Gender TAN HUEI-EN ZOIEY
Female

PASSENGER 3

Name
Gender TAN YI PING JACINTA
Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
Police Station Name Bishan Neighbourhood Police Centre
Police Station Phone No (Phone) +65-18005529999
Alt. Police Station Phone No (Fax) +65-65561905
Police Station Address 20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER SKETCH PLAN

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

Yes
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP3358T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
Contact Number	-
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	TAN ZHI EN JONAS
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	6 DAYS MC
Injured person in which vehicle?	SJV2598U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	TAN HUEI EN ZOIEY
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	1 DAY MC
Injured person in which vehicle?	SJV2598U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 3

Name of injured person	CHEN QINYAO
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJV2598U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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:

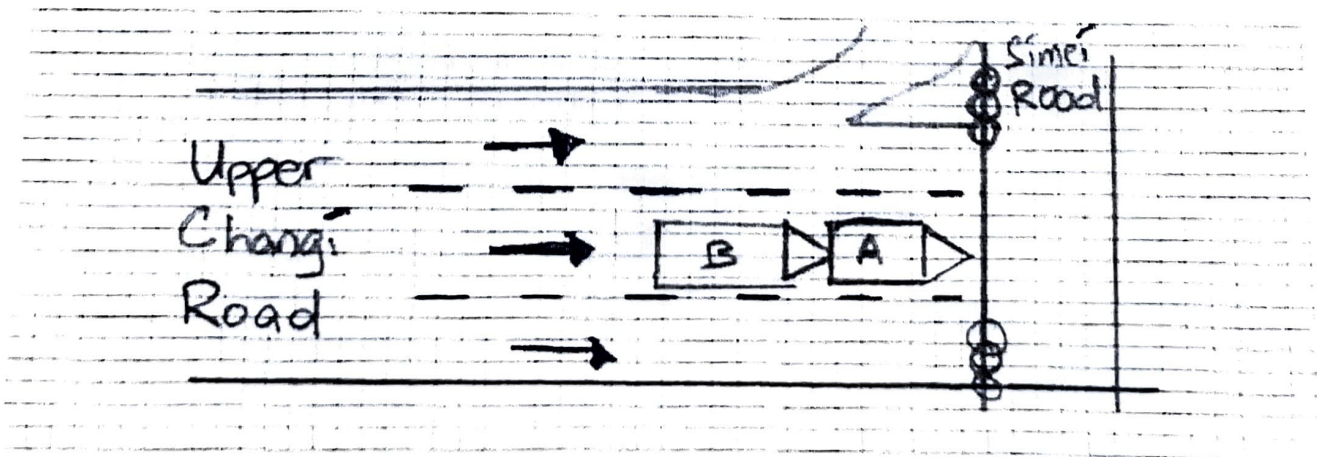
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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]
Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan



A - SV2598U

B - YP3358T