

ASS. REC. BY:

REF:

CS/CTI19000601/ASD3ⁿ²

Special Instruction:

Surveyor:

Menhen

Adnan

ASSIGNMENT (Office)

From (Person):

ong chin Kiat

of

CTI

Date/Time:

10/01/2019 2:12pm

Estimated Cost:

Bill to:

OD (TP) WS/TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SLM 4753Z

Insured:

GX7120G

at Workshop m/s

First Autoworks

Tel:

68441985

of

23 kaki Bukit Ave 4 # 04-01

Policy No:

DMCVSN30517818000

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

03/01/2019

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

2:31pm @ 10/1/19

Person Contacted:

Subcimi

Vehicle IN (OUT)

Date/Time

Action/Instruction

(✓)

Estimate

SLM 4753Z - X

GX 7120G - X.

08/03/15

Combined P/P \$ 5,076.00 / 4 days with Adrian

P \$ 4,932.00 Red. 49%

REF:

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: _____

SLM4253Z Yr Regn: 2017, March

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

Truck / Trailer or

Make: _____

Opel - Astra

C.C

999.

Colour

Brown

A/C: Insured / Std / NI / NA

Sp. Reading

27346

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

WOLBE8EA9H8040311

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt orModi: Nil / ☒ S/Rim / STD A/Rim or

Tyre Size:

F:

225/45 R17

R:

225/45 R17

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

TOYO / YOKO or

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

11/10/19

Survey held at

First Autowork

Des. of Damages: Frt / Rear / ☒ O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

TP claim.

RECEIVED 08 MAR 2019

Date/Time: File Pass to?

1)

08/03/19
Typ: 4

Date/Time: File Return to?

2)



Preli. Report



Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation

Add Fee:



Site Insp (\$)



Interview (\$)



Tech Invs (\$)



Weekend (\$)

) \$ + RS. \$

) Photos

) Others

Report Format :

Lump Sum / I.B.I: (\$ 5,076.00 p/p)

TOTAL

220

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	10 Jan 2019 14:07		10 Jan 2019 14:12 Assign				New Assignment Cancel Case

[Main](#)
[Reference](#)
[Claim Details](#)
[Documents](#)
[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	VINJOE ENGINEERING & CONSTRUCTION PTE LTD, Co. Reg. No.: 200009827D		
Main Claimant:	SEOW KHEE CHAO, ID: S1688672F		
Vehicle Reg. No.:	SLM4753Z	Date of Loss:	03/01/2019 14:00 - :59 [21 Months and 3 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP	Policy/Cover Note No.:	DMCVSN30517818000 (TP, Fire & Theft) Coverage: 31/07/2018 - 30/07/2019
Vehicle Reg. No. (Insured):	GX7120G	Policy No. (Claimant):	DMPPHQ18-001740
		Excess:	S\$0.00
Repairer:	First Autoworks Pte Ltd (HQ) 23 KAKI BUKIT AVE 4 #04-01 SOUTH WING, 415933 Kaki Bukit - Tel:		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Ong Chin Kiat]		
Claimant's Insurer:	EQ Insurance Company Ltd (HQ) - Tel: 6223 9433		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 21/01/2019]		

ASSOCIATED MAIL RECEIVED

[View All](#)
[Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS

[View All](#)
[Search Tasks](#)
[Create New Task](#)
[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

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 Authorised 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 Report	04/01/2019 12:33
Date Of Accident	03/01/2019 14:20
Exact Location Of Accident	UPPER ALJUNIED RD JUNCTION OF LICHT AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM4753Z
Insured/Policyholder	
Name Of Registered Owner	SEOW KHEE CHAO
NRIC No	S1688672F
Email Address	LUXFEROUS66@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96734940
Alternative Phone No	OFFICE-96734940

Vehicle Particulars

Manufacturer	OPEL
Model	OPEL / ASTRA 1.0 HATCHBACK 999CC
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-001740
Cover Note Number	

Driver

Name of Driver	SEOW KHEE CHAO
NRIC No	S1688672F
Date Of Birth	20/12/1965
Occupation	INDOOR
Date Of Driving Pass	12/07/1990
Driving Experience	28 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96734940
Fax Number	
Contact Number	OFFICE-96734940
Email Address	LUXFEROUS66@GMAIL.COM

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I was driving along Upper ALJUNIED RD ,was on the right lane. Upon approaching LICH I AVE, I slowed down due to turn right. As I was about to turn right, a vehicle from LICH I AVE dashed out to turn right. As a result, the vehicle hit directly onto my vehicle right portion. Refer to video footage.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX7120G
Vehicle Make/Model/Colour	NISSAN/ P/UP D/CAB
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEE KIM SOON
NRIC/Passport Number	S7270439H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

IMPORTANT NOTICE

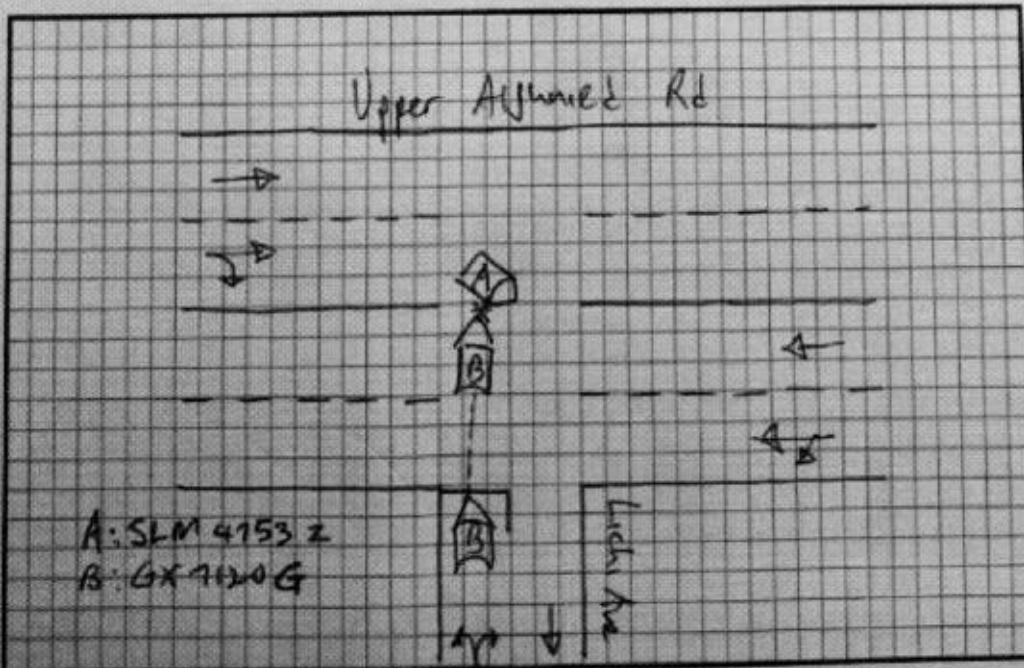
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The 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 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/are 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.

VERIFIED BY AJAX MARS
REPORTING OFFICER

AIZAM BIN ATAN

Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2

ACCIDENT STATEMENT (2000 characters)

I was driving along Upper ALJUNIED RD ,was on the right lane. Upon approaching LICH I AVE,I slowed down due to turn right. As I was about to turn right,a vehicle from LICH I AVE dashed out to turn right. As a result,the vehicle hit directly onto my vehicle right portion. Refer to video footage.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
AIZAM BIN ATAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

4 January 2019 at 11:30 AM

Date/Time:

4 January 2019 at 11:30 AM

FIRST AUTOWORKS

Repair Estimate

Date : 08/01/2019

Reference: SLM 4753Z

To Whom It May Concern

Make: Opel
Astra

Dear Sir,

RE: VEHICLE : SLM 4753Z
CHASSIS NO. W0LBE8EA9H8040311
ENGINE NO.: B1163237GT2X0590

TIP chimney
Shirley

Name of insured : Seow Khee Chao
Date of accident.: 03/01/2019

We append hereunder the estimated cost of repairs to be carried out to the above vehicle.

Parts

No.	Qty	Part Description	Price (SGD)
1	1	FRT BUMPER <i>new</i>	1,900.00 +
2	1	FRT BUMPER SIDE RETAINER RH	60.00 +
3	1	FRT BUMPER SIDE BRACKET RH	70.00 +
4	1	FRT BUMPER CLIP SET	50.00 +
5	1	RH HEADLAMP	920.00 +
6	1	FRT FENDER RH <i>Dented</i>	740.00 +
7	1	RH WING MIRROR <i>new</i>	720.00 +
8	1	FRT RH DOOR <i>Dented</i>	2,100.00 +
9	1	FRT RH DOOR UPPER HINGES <i>new</i>	80.00 +
10	1	FRT RH DOOR LOWER HINGES <i>new</i>	80.00 +

Parts Total: 6,720.00
Less 10%: 672.00
Total : 6,048.00

Labour

No.	Labour Description	Price (SGD)
1	To dismantle / renew the accident damaged portion, to panel beating, reshape, straighten, orientate and align repair / replacement parts.	2000.00 <i>1300</i>
2	Carry out spray painting on accident affected area. (Frt bumper, RHF Fender, RHF door & rh wing mirror)	1800.00 <i>1100</i>
3	To disconnect wire harness of electrical component to facilitate repairs, reconnect and check electrical function after repair	40.00 +
4	Transfer of internal mechanism from old door panel to new door panel	120.00 <i>80</i>

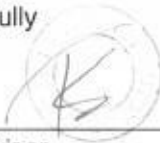
Labour Total : 3,960.00

2520.

Total : \$10,008.00
Gst (7%) : \$700.56
GRAND TOTAL: \$10,708.56

NB: THIS IS ONLY AN ESTIMATE AND SHOULD ADDITIONAL WORK BE FOUND NECESSARY TO BE CARRIED OUT IN THE COURSE OF REPAIRS, EXTRA MATERIALS AND LABOUR COST WILL BE CHARGED ACCORDINGLY WHICH HOWEVER, Y WILL BE INFORMED PRIOR TO ACTION TAKEN. **PARTS PRICES ARE SUBJECT TO CHANGES.**

Yours faithfully



Service Advisor
Ronnie Tan
DID: 6844 1985 Fax: 6844 5185

Adnan Lj
P/P 11/01/19.

04 Pags.

total: 5076. (P/P)

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:

1st Autoworks Pte Ltd

23 Kaki Bukit Ave 4, #04-01 (South Wing) Singapore 415933 Tel: 68441985 Fax: 68445185

TAX INVOICE

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #16-00 Springleaf Tower
Singapore 079909

GST Ref. No: M2-0111811-1

Vehicle No: SLM 4753Z
Chasis No :W0LB8EA9H8040311
Engine No: B1163237GT2X0590

Invoice No:

Invoice Date:

DESCRIPTION	AMOUNT SGD
-------------	---------------

Parts

No.	Qty.	Description	Price (SGD)
1	1	FRT FENDER RH	740.00
2	1	FRT RH DOOR	2,100.00

Total: 2840.00
Less 10%: 284.00
Parts Total : 2556.00

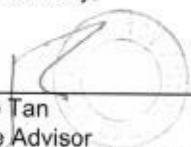
Labour

No.	Description	Price (SGD)
1	To dismantle / renew the accident damaged portion, to panel beating, reshape, straighten, orientate & align repair / replacement parts	1,300.00
2	Carry out spray painting on affect area frt portion (RH frt Door & RH frt fender)	1,100.00
3	To disconnect front wire harness of electrical component to facilitate repair, reconnect & check electrical function after repair	40.00
4	Transfer of internal mechanism from old door panel to new door panel	80.00

Labour Total : 2520.00

Sub Total : \$5,076.00
GST (7%) \$355.32
Grand Total: \$5,431.32

Yours Faithfully,


Ronnie Tan
Service Advisor
Tel: 68441985 Fax: 68445185

E & O E

- ALL CHEQUE PAYMENTS SHOULD BE CROSSED AND MADE PAYABLE TO "1ST AUTOWORKS PTE LTD".
- PLEASE INDICATE THE INVOICE NO. ON THE REVERSE SIDE.

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/CTI19000601/ASD3N2

Date: 11/03/2019

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMCVSN30517818000	
Claimant Vehicle No :	SLM4753Z	Insured Vehicle No :	GX7120G	
Date of Loss:	03/01/2019	Nature of Claim:	TP	Claim No: N/A

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SLM4753Z	Engine No:	B1163237GT2X0590
Make & Model:	OPEL ASTRA, 999cc HB (A)	Chassis No:	W0LBE8EA9H8040311
Reg. Date:	31/03/2017 (Man. Year: 2017)	Odometer:	27346 km
Colour:	Brown		
Engine Capacity:	999 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	225/45R17	Rear Tyre Size:	225/45R17
Front Left Side:	Bridgestone 6 mm	Rear Left Side:	Bridgestone 6 mm
Front Right Side:	Bridgestone 6 mm	Rear Right Side:	Bridgestone 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	6,048.00	2,556.00	3,492.00	57.74
Miscellaneous Items	0.00	0.00	0.00	
Labour	3,960.00	2,520.00	1,440.00	36.36
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (\$\$)	10,008.00	5,076.00	4,932.00	49.28
+ GST 7.00/7.00% (\$\$)	700.56	355.32	345.24	49.28
Nett Amount (\$\$)	10,708.56	5,431.32	5,277.24	49.28

INSPECTION

Date of Assignment:	10/01/2019	
Date Inspected:	11/01/2019	Inspected At: 1st Autoworks Pte Ltd (HQ) 23 Kaki Bukit Ave 4, #04-01 Singapore 415933
Estimated Period of Repair:	4.0 days	

Adjuster: ADRIAN LING

Manager: Hiew May Fung

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 11 Mar 2019)
Parts: 144	OPEL ASTRA 999cc HB (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SLM4753Z)	
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 *.

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRT BUMPER	Not Necessary	1,900.00 FL	*- FL
2	1		*FRT BUMPER SIDE RETAINER RH	Not Necessary	60.00 FL	*- FL
3	1		*FRT BUMPER SIDE BRACKET RH	Not Necessary	70.00 FL	*- FL
4	1		*SET FRT BUMPER CLIP	Not Necessary	50.00 FL	*- FL
5	1		*RH HEADLAMP	Not Necessary	920.00 FL	*- FL
6	1		*FRT FENDER RH	Dented	740.00 FL	*740.00 FL
7	1		*RH WING MIRROR	Not Necessary	720.00 FL	*- FL
8	1		*FRT RH DOOR	Dented	2,100.00 FL	*2,100.00 FL
9	1		*FRT RH DOOR UPPER HINGES	Not Necessary	80.00 FL	*- FL
10	1		*FRT RH DOOR LOWER HINGES	Not Necessary	80.00 FL	*- FL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	6,720.00	2,840.00
- List Item Discount on L Items 10.00/10.00% (S\$)	672.00	284.00
Total Parts (S\$)	6,048.00	2,556.00

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	TO DISMANTLE/RENEW THE ACCIDENT DAMAGED PORTION,TO PANEL BEATING,RESHAPE,STRAIGHTEN,ORIENTATE AND ALIGN REPAIR/REPLACEMENT PARTS	New	2,000.00	1,300.00
2	CARRY OUT SPRAY PAINTING ON ACCIDENT AFFECTED AREA,(FRT BUMPER,RHF FENDER,RHF DOOR & RH WING MIRROR)	New	1,800.00	1,100.00
3	TO DISCONNECT WIRE HARNESS OF ELECTRICAL COMPONENT TO FACILITATE REPAIRS,RECONNECT AND CHECK ELECTRICAL FUNCTION AFTER REPAIR	New	40.00	40.00
4	TRANSFER OF INTERNAL MECHANISM FROM OLD DOOR PANEL TO NEW DOOR PANEL	New	120.00	80.00
Gross Labour Cost (\$\$)			3,960.00	2,520.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >