

10/01/2020

ASS. REC. BY:

REF: CS/AGJ 20001997/ A+ f3

Special Instruction:

SUBV. BY

Achan

ASSIGNMENT (Office)

From (Person): Jny Rakhla

of

AG1

Date/Time: 5.2.2020 10.32A.m

Estimated Cost:

Bill to:

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

To inspect Vehicle No:

SGR 8181E

Insured:

SJM 2583J

at Workshop m/s:

Kt Autoworks

Tel:

68441985

of 23 Kaki Bukit Ave 9 #04-01 (sahh my)

Policy No:

Claim No:

C10005428

Sum Insured:

Excess:

Make of Veh:

D.O.A

29.1.2020

(Client's Record)

CA / REV / REP. / REV 24 HRS

mp

H.O.D. Endorsement:

Date/Time: 5/2/2020 11.19A.m

Person Contacted:

Ronnix

Vehicle IN OUT

Date/Time	Action/Instruction (✓) Estimate
	SGR 8181E - NA / C92 / 6021234 / 54 D.O.A - 08/11/2014
	SJM 2583J - X

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop no: _____
 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. Repair: _____ days Res: Yes or No
 Lum Surv: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SGR8181E** Reg: **2016 Dec.**
 Type: ☒ Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Opel Insignia** S/C: **1598**
 Colour: **White** A/C: Insured / Std / NI / NA
 Sp Reading: **43884** T/Rack: Insured / Std / NI / NA
 Eng No: _____
 G.No: **WOLGSSSESH1015733**
 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: **245/45R18**
 R: **245/45R18**

☒ 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. 05/02/20

*Survey held at **1st Auto.**

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

Front o/s

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

Date / Time: _____ Action / Instruction: **TP Budget Direct.**

MV :
 PV :
 Nett:

Time/Time, File Pres.kit: ☐ : Prel. Report
☐ : Final Report

Date/Time, File Return kit:

3

Days Of Repair:

Resurvey No. of Trip:

Arld Fees: ☐ : Site Insp 15
☐ : Laboratory 15
☐ : Truck 15
☐ : Material 15

Survey Fee:

Transportation

1-4-2019

1-4-2019

1-4-2019

Report Form 4

Image Scan / N/A

Nivitha (LKK Auto)

From: Ivy Ratilla <ivy.r@budgetdirect.com.sg>
Sent: Wednesday, 5 February 2020 10:32 AM
To: Nivitha (LKK Auto)
Cc: 'SUR'; Justin Wong
Subject: FW: FW: Firstauto (KB) - Ronnie Tan/ Ecics insurance/TP Our insured SGR 8181E / DOA 29/01/2020 || C10005428
Attachments: SGR8181E.pdf; SJM2583J.pdf

Hi Team,

We would like to arrange TP survey for SGR8181E. They have chosen Mr. Adrian Ling to survey their client's vehicle.

Workshop information:

1st Autoworks Pte Ltd
23 Kaki Bukit Ave 4
#04-01 (South Wing)
Tel : 68441985

Please confirm. Thank you.

Regards,

Ivy Ratilla
Executive, Claims Admin

T +65 6540 2185
F +65 6725 0853
E ivy.r@budgetdirect.com.sg

**Budget
Direct**
insurance



Customer Care +65 6221 2111
Claims +65 6221 2199
Claims (Int.) +65 6540 2199

190 Clemenceau Avenue, #03-01
Singapore Shopping Centre
Singapore
239924
budgetdirect.com.sg

auto  general

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G) trading as **Budget Direct Insurance**.

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From: Ronnie Tan <ronnie.tan@firstautoworks.com.sg>
Sent: Wednesday, 5 February 2020 9:46 AM
To: Ivy Ratilla <ivy.r@budgetdirect.com.sg>
Cc: Suhaimi <suhaimi@firstautoworks.com.sg>
Subject: re: FW: Firstauto (KB) - Ronnie Tan/ Ecics insurance/TP Our insured SGR 8181E / DOA 29/01/2020 || C10005428

Hi Ms Ivy

Please arrange Adrian Ling LKK Auto Consultants Pte Ltd to survey SGR 8181E.

Thank you

Regard

Ronnie
Tel : 68441985

From: Customer Care <help@budgetdirect.com.sg>
Sent: Tuesday, 4 February 2020 2:25 PM
To: Claims <claims@budgetdirect.com.sg>
Subject: FW: Firstauto (KB) - Ronnie Tan/ Ecics insurance/TP Our insured SGR 8181E / DOA 29/01/2020

Hi team

Pls assist

Thanks
Fiona

From: Ronnie Tan <ronnie.tan@firstautoworks.com.sg>
Sent: Tuesday, February 4, 2020 12:06 PM
To: motorclaim@budgetdirect.com.sg; Customer Care <help@budgetdirect.com.sg>
Cc: albertong@budgetdirect.com.sg; Suhaimi <suhaimi@firstautoworks.com.sg>
Subject: Firstauto (KB) - Ronnie Tan/ Ecics insurance/TP Our insured SGR 8181E / DOA 29/01/2020

Date: 4/02/2020

Notice of accident

Firstauto (KB) - Ronnie Tan/ Ecics insurance/TP Our insured SGR 8181E / DOA 29/01/2020

To: Auto & General Insurance (Singapore) Pte. Ltd.

Dear Sir

We are instructed by CNS ELECTRICAL PTE LTD to notify you of a road traffic accident on 29/01/2020 at about 12.00 pm at BLK 107 EDGEFIELD PLAINS MSCP involving our client's/customer's vehicle registration number SGR 8181E and

vehicle registration number SJM 2583J driven by you at the material time. A copy of the Singapore accident statement/traffic police report filed is enclosed.

As a result of the accident, our client's/customer's vehicle has been damaged. Before our client/we proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client/we shall proceed to repair the vehicle without further reference to you.

Yours faithfully,

Ronnie Tan
1st Autoworks Pte Ltd
23 Kaki Bukit Ave 4
#04-01 (South Wing)

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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	30/01/2020 15:21
Date Of Accident	29/01/2020 12:00
Exact Location Of Accident	BLK 107 EDGEFIELD PLAINS MSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR8181E
Insured/Policyholder	
Name Of Registered Owner	CNS ELECTRICAL PTE LTD
Co Reg No	1XXXXX720H
Email Address	ADMIM@CNSELECTRICAL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62853654

Vehicle Particulars

Manufacturer	OPEL
Model	INSIGNIA-1.6 TURBO (A)
Exact Purpose for which vehicle was being used at time of accident	WORK RELATED
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN070307
Cover Note Number	CN070307

Driver

Name of Driver	GOH CHUEN HUAT
NRIC No	SXXXX558B
Date Of Birth	18/02/1961
Occupation	INDOOR
Date Of Driving Pass	06/01/1984
Driving Experience	36 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97718120
Fax Number	
Contact Number	
Email Address	GOHCH28@SINGNET.COM.SG

Address	1078 EDGEFIELD PLAINS #17-118
Postcode	822107
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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

CAR PARK AT MSCP , EDGEFIELD PLAINS BLK 107 , FOUND DAMAGED , NOTE ON FRONT WINDSCREEN -

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM2583J
Vehicle Make/Model/Colour	NISSIAN QASHAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

IMPORTANT NOTICE

1. Please read attentively the content of this report to ensure compliance with the relevant laws.
2. This form must be completed by the Policyholder and by the Authorized Person.
3. Information provided must be truthful and accurate and must not be false or misleading in any material respect.
4. The issue and acceptance of this form by the insured is required to maintain the validity of the insurance policy.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the interest of the G.A. Records Management Center established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of the report shall be made available upon request by interested parties.
7. By the issuance of this report to the insured, you hereby consent to the archiving of this report at the center and to request of the report being made available thereafter.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent to:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIAS") may/are permitted to collect, use, disclose and/or process my personal data/personal information (set out within form) and any other personal information provided by me or pursuant to my insurer's collection, the "Personal Information" and disclose and/or transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) who have a vehicle 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 claim;
 - (iii) carrying out and/or dealing with my instructions in responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoice, 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 envelope and paid agent), 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 be disclosed by any of the Insurers and/or GIAS to their third party service providers or agents (including their lawyers/law firms), which may be located outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to develop claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third party that assist in evaluating, investigating, controlling or managing fraud;
 - (ii) regulators, law enforcement and government agencies, as lawfully required for the purposes stated; or
 - (iii) for complying with requirements under any regulatory, laws or court order.


 Insured
 (Full Name)
 Date: 2024.05.20


 Insurer
 (Full Name)
 Date: 2024.05.20


 Authorized Person
 (Full Name)
 Date: 2024.05.20

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Parished car at 47 Bldg 107, Edgewater Plaza (necp)
 when returned found vehicle front damaged
 "A note on my front windshield"
 called the other party & she say claim under
 Insurance (No Police Report made).

DECLARATION

I declare the foregoing particulars are true in every respect



[Signature]
 Driver's Signature
 If true under the publication
 Right to know

[Signature]
 Driver's Signature
 If true under the publication
 Right to know

LETTER FROM COMPANY



華成電器貿易私人有限公司
CNS Electrical Pte Ltd

79 Playfair Road #01-02 LHK2 Building Singapore 367996
(T) 6285 1655 Co Reg No: 199201728H
(F) 6285 4554 GST Reg No: M2-0000094-0
(E) admin@cns-electrical.com (W) www.cns-electrical.com

30 January 2020

TO WHOM IT MAY CONCERN

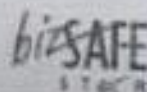
Dear Sirs,

VEHICLE NO. SGR181E
LETTER OF AUTHORISATION

We hereby confirm the driver, Mr Goh Chuen Huat of NRIC no. 51504558-B is authorised to report the accident for motor vehicle SGR181E.

Yours sincerely

Larry Chua
General Manager



Driving License





CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risk Compensation) Act (Chapter 184)
 Motor Vehicles (Third Party Risk Compensation) Rules 1962
 Road Transport Act 1967 (Section 1)
 Motor Vehicles (Third Party Risk Compensation) Rules 1962 (Mandatory)

OPTEL WORKSHOPS

MAJALA
 COMPREHENSIVE
 ORIGINAL

CERTIFICATE NO.	MTC1840000000	Class No.	MM GSTL0000000000
Agency Code	ALPINE INSURANCE AGENCY PTE LTD	Agent No.	8000000000000000
Agency Code	00000000		

1. Make/Model and Registration Number of Vehicle: **WOLFRUM**

2. Name of Policyholder: **CNS ELECTRICAL PTE LTD (NOT DRIVING)**

3. Period of Insurance (from date to date): **28 December 2018 to 28 December 2019**

4. Period of Cancellation (from date to date):
 a) All items covered under the policy, except the policyholder
 b) Any other person who is driving on the Policyholder's name is with his permission.
 Provided that the person driving is restricted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Special Features
 1. 2nd Class Driver

5. Exclusions and Limitations:
 The policy covers, complete and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward, livery, advertising, racing, motorbikes, delivery, truck, construction, the carriage of goods other than samples in connection with any trade or business or use for any purpose inconsistent with the Motor Vehicle.

6. **INSURANCE COVERAGE**

SECTION 1 - THIRD PARTY	USD 100,000
SECTION 2 - THIRD PARTY	USD 1,000,000
SECTION 3 - ALL RISK, ALL RISK ON DRIVING AND 12 YEARS OLD	USD 1,000,000

7. How Business Covered: **NIL**

Signed for and on behalf of ECICS (Pte) Ltd

[Signature]
 Chief Executive Officer

Important Notice:

- Policyholders are hereby warned that it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid insurance under the Act.
- On the sale of a motor vehicle, Policyholders must complete all registration duties, issued in taking the Certificate of Insurance and the Policy to the respective authority. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration must be made to the relevant authority to complete the registration process under the Motor Vehicles (Third Party Risk Compensation) Act (Chapter 184).
- The Certificate of Insurance and the Policy will come to be void if the Motor Vehicle has been sold or transferred.
- The Payment of Third Party Claims, Payment of Claims, Payment of Claims and the Policy must be completed with others as there would be no liability under the Policy and Certificate of Insurance.

STATEMENT FROM OWNER

I am so

Sorry

Please
contact
me

at 96659258

My name is
Sarah.

12pm 29 Jan

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 8 Raffles Quay #18-00 Singapore 048880
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 – 17:00
 UIN: S60550205 / GST Reg. No: M480017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MA2P20013543 Vehicle Registration No: SHR 8181E
 Name (as shown in NRIC): CNS electrical Retail NRIC/FIN/Passport No: _____
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore()
 Contact (Tel): _____ Mobile No: _____
 Email Address: _____
 Date of Accident: 29/1/2020 Time of Accident: 12:00
 Place of Accident: _____
 Insurance Company: (AXA)

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Insurance Company should be AXA instead of AIA

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: