

22/03/2002

ASS. REC. BY:

REF: CS/AG1 20002942/AGf3

Special Instruction:

Surveyor: Advan

ASSIGNMENT (Office)

From (Person): Iry Raulin

of

AG1

Date/Time: 20.2.2020 3:41pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKG 7472H

Insured:

SLS 4244 U

at Workshop m/s

Aa Antoluhon

Tel:

68441184

of 13 Kali Bukit Rd 4, #03-29

Policy No:

Claim No: C10005628

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 18.2.2020

CA / REV / REP. / REV 24 HRS

mp

21.2.2020

H.O.D. Endorsement:

Date/Time: 20.2.2020 3:45pm

Person Contacted:

Shu Win

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SKG 7472H - X
	SLS 4244 U - CS5/ASM 20002852/R14f3 DOA - 17/02/2020
	LS \$5000, 5 days (Red \$11929.55, 70%)

ASS. REC. BY:

REF: AGI

ASSIGNMENT

From:

Date: 21/21/2020

Veh No:

SK67472H

Yr Regn:

2009 March

Estimated Cost:

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

Truck / Trailer or

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

To inspect Vehicle No:

SKG 7472H

Make:

Mercedes Benz E200 c.c. 1796

at Workshop m/s

Ace Autolubon

Colour:

Grey

A/C: Insured / Std / NI / NA

of

13 Kaki Bukit Rd 4 #03-29

Sp. Reading

182943

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

WDB2110412340281

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh:

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

(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. Repairs:

5

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

21/02/20

Survey held at

Ace Autolubon

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 Budget Direct

COE Expiry 28/02/25.

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair:

5

1/19/05 Typist

☐

Final Report

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

\$ + RS. \$

☐

Interview (\$

Photos

☐

Tech. Invs (\$

Others

☐

Weekend (\$

TOTAL

Rep. Format:

TP

Lump Sum / H.R. (\$

5000

Nivitha (LKK Auto)

From: Ivy Ratilla <ivy.r@budgetdirect.com.sg>
Sent: Thursday, 20 February 2020 3:21 PM
To: Nivitha (LKK Auto)
Cc: 'SUR'; Loganathan Agoram
Subject: FW: SKG 7472 H || C10005628
Attachments: SKG7472H.pdf; SLS4244U.pdf

Hi Team,

We would like to request TP PRS for SKG7472H. TP has request Mr. Adrian Ling to survey their client's vehicle.

Workshop information:
ACE AUTOLUTION PTE LTD
13 KAKI BUKIT ROAD 4,
#03-29 BARTLEY BIZ CENTRE
SINGAPORE 417807
Tel : 6844 1184 / 9657 2134

Please confirm. Thank you.

Regards,

Ivy Ratilla
Executive, Claims Admin

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



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

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From: Ace Autolution <admin@aceauto.com.sg>
Sent: Thursday, 20 February 2020 2:50 PM
To: Ivy Ratilla <ivy.r@budgetdirect.com.sg>
Cc: Claims <claims@budgetdirect.com.sg>; Loganathan Agoram <loganathan.a@budgetdirect.com.sg>
Subject: Re: SKG 7472 H || C10005628

Dear Sir / Madam ,

We would like to choose Adrian Ling @ LKK Auto Consultant Pte Ltd .

Thank you .

Regards ,
Jenny / Shu Wen
ACE AUTOLUTION PTE LTD
13 KAKI BUKIT ROAD 4 ,
#03-29 BARTLEY BIZ CENTRE
SINGAPORE 417807
Tel : 6844 1184 / 9657 2134

From: Ace Autolution <admin@aceauto.com.sg>
Sent: Thursday, 20 February 2020 10:20 AM
To: Claims <claims@budgetdirect.com.sg>
Subject: SKG 7472 H

Dear Sir/Madam ,

Please take noted the attached file for your reference

Thank you.

Regards ,

Jenny / Shu Wen

ACE AUTOLUTION PTE LTD

13 KAKI BUKIT ROAD 4,

#03-29 BARTLEY BIZ CENTRE

SINGAPORE 417807

Tel : 6844 1184 / 9657 2134

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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	19/02/2020 17:35
Date Of Accident	18/02/2020 13:45
Exact Location Of Accident	ALONG PIE TWRDS PAYA LEBAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG7472H
Insured/Policyholder	
Name Of Registered Owner	ONG CHEE LENG (WANG ZILING)
NRIC No	SXXXX858H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90022877
Alternative Phone No	OTHERS-90022877

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200 NGT

Exact Purpose for which vehicle was being used at time of accident

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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107652545
Cover Note Number	

Driver

Name of Driver	LEE SENG CHAI
NRIC No	SXXXX475D
Date Of Birth	22/08/1961
Occupation	OUTDOOR
Date Of Driving Pass	10/10/1981
Driving Experience	38 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90022877
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 689D #09-118 WOODLANDS DRIVE 75
Postcode	734689
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 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

REFER ATTACHED;

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER/DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS4244U
Vehicle Make/Model/Colour	MAZDA3 SEDAN 1.5 AT EU6
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG HAN LI
NRIC/Passport Number	SXXXX515D
Contact Number	96544088
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

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 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. 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 upon application by interested parties.
7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile 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 parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

IDAC KAKI BUKIT (YAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: yackb@vicom.com.sg

19 FEB 2020

4

Vehicle A: ST67472
Vehicle B: 6L54294


Vehicle A: SF67472H
Vehicle B: GL54244U

On 18 Feb 2020 at around 1:45pm, I was travelling along PIE toward paya
lebar road. I slow down to a stop and check for on-coming vehicle, suddenly
I felt a impact from the rear of my vehicle. When I got off my vehicle
I realise vehicle B (5LS4244U) collided of my vehicle.

I wish to add that, I have in-car camera video footage of that
accident.

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

are true in every respect.



Driver's Signature
(If driver is not the policyholder)

Date & Time

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vac@idac.com.sg

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

19 FEB