

12/1/20

ASS. REC. BY:

REF:

CS/AG120005556/KyP3

Special Instructions

Surveyor:

ASSIGNMENT (Office)

From (Person):

Ivy Ratilla

of

AGL

Date/Time:

5/5/2020

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SMH 8267Z

Insured:

SKV 7174P

at Workshop m/s

Kum Chow Motor

Tel:

64563715

of

160 21M #05-08

Policy No:

Claim No:

C10006266

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

2/5/2020

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time

5/5

Person Contacted:

Mdm Lim

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SMH 8267Z - X

SKV 7174P - X

ASS. REC. BY:

REF:

AGZ/20003541/Ky

C

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:

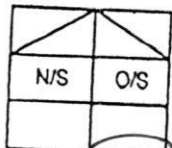
Excess:

(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:

07

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:

SMH82672

Yr Regn:

02, 19

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

Truck / Trailer or

Make:

Tuy

Vias

c.c

1498

Colour

M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading

9.87

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MR 2B23F-3501163P80

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:

195/50R16

R:

BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/TOYO/YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

2/5/20

D.O.I.

5/5/2020

Survey held at

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

Rear o/s

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

Date / Time

Action / Instruction

Est not ready

12/5 C/Lmp @ 42000

Date/Time, File Pass to?



: Prell. Report

1)

Date/Time, File Return to?



: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

TOTAL

Report Format :

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

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	04/05/2020 17:34
Date Of Accident	02/05/2020 11:25
Exact Location Of Accident	YEW TEE SQUARE MULTI-STOREY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH8267Z
Insured/Policyholder	
Name Of Registered Owner	LEE CHER CHIANG
NRIC No	SXXXX088E
Email Address	CSHKAT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94593409
Alternative Phone No	OFFICE-91297897

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29141084 AT2
Cover Note Number	

Driver

Name of Driver	CHIA SOCK HOON (XIE SUFEN)
NRIC No	SXXXX739B
Date Of Birth	27/04/1978
Occupation	INDOOR
Date Of Driving Pass	17/12/2011
Driving Experience	8 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91297897
Fax Number	
Contact Number	OFFICE-91297897
Email Address	CSHKAT@GMAIL.COM

Address	APT BLK 686B CHOA CHU KANG CRESCENT #07-226 SINGAPORE
Postcode	682686
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 - CROSS JUNCTION
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?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

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	SKV7174P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA CHOON MENG
NRIC/Passport Number	SXXXX034I
Contact Number	97545131
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 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:

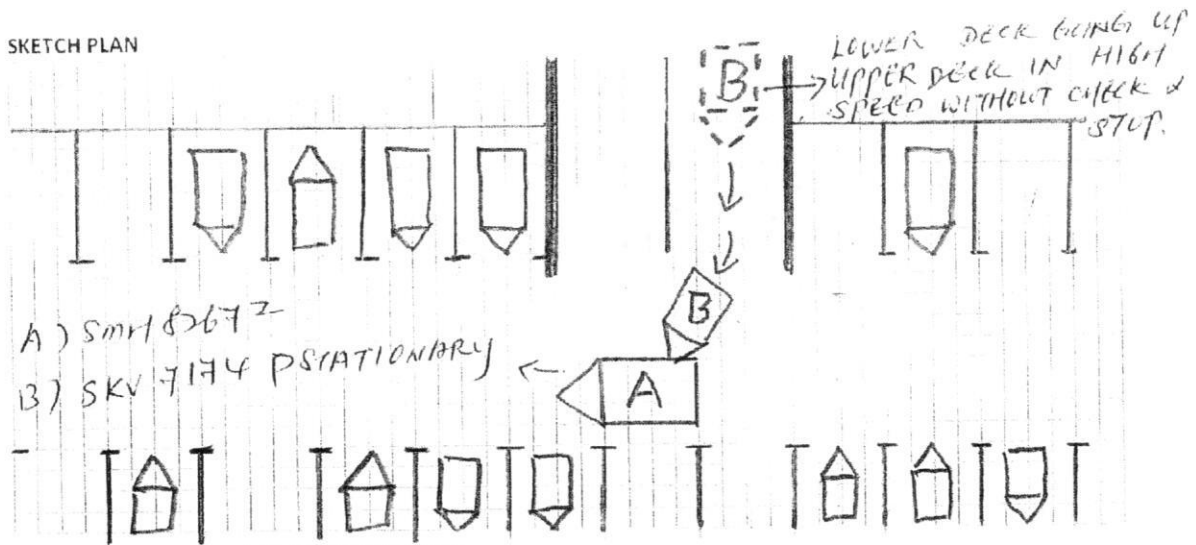


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above date & time, I (SMY 8267 Z) was stationary at Yew Tee Square multi-storey car park waiting for car park lot.

I stop and check blind spot before prepare park my car.

Suddenly, vehicle B (SKV 7174 P) from lower deck going up upper deck in high speed without check and stopping.

As a result, vehicle B hit onto the right rear portion of my vehicle.

After the accident, driver of vehicle B admitted that it was his fault and repair cost he can't afford and intend to claim against his motor insurance.

DECLARATION

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

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.:

Annex D

NOTICE OF REPORTING

This is to confirm that Chia Sock Hoon, NRIC/FIN
S7812739B, has reported to the Police a non-injury traffic accident which
occurred at Yew Tee Square MSCP

on 25/20 at 1100 am/pm involving the following vehicles:

V1) SMH 82672
V2) SKV 7174P

2 If this accident was reported to the Police within 24 hours of its
occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act,
Cap 276.

Rank/Name of Issuing Officer: SGT(2) Kee Leng

Date: 2/5/2020 Time: 1519 hrs

S/D Ref: 54.

Police Post/Unit: Choa Chu Kang NPC

CHOA CHU KANG NPC
20 CHOA CHU KANG ST 52 #01
SINGAPORE 689286
TEL : 1800-7059999
FAX : 67673651

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

KUM CHEW MOTOR WORKSHOP

60, SIN MING DRIVE #05-08
SIN MING AUTOCITY, SINGAPORE 575722.
Tel No. : 64536256/64563715 Fax No. : 64557754
E-Mail : kumchew1@singnet.com.sg
GST Reg.No. : M90367665T Buss. Reg. No. : 52865130K

M/S BUDGET DIRECT INSURANCE
190, CLEMENCEAU AVE, #03-01
SINGAPORE SHOPPING CENTRE, SINGAPORE 239924.

Attention : Motor Claim Department
Contact : 62212111

Estimate : ES004901

Date : 05/05/2020
Vehicle Num. : SMH 8267 Z
Make/Model : TOYOTA VIOS 1.5 (A)-2019
Chassis/Eng# : MR2B23F3501163980
Accident Date : 02/05/2020
Claim No. :
Reference : KC/TP8267/2005-02
Policy No. :

*Not Authorized
L1Sng @ 4200h
Penalty After Point*

S/N Quantity Particular *7 days* Unit Price Amount S\$

1.	1 PC	REAR BUMPER
2.	1 PC	REAR BUMPER BRACKET - RH
3.	1 PC	REAR BUMPER REFLECTOR - RH
4.	1 PC	REAR BUMPER RETAINER (BIG) - R/H
5.	1 PC	REAR BUMPER RETAINER (SMALL) - R/H
6.	1 PC	REAR BUMPER REINFORCEMENT <i>301.60</i>
7.	8 PCS	REAR BUMPER CLIPS
8.	1 PC	REAR END PANEL
9.	1 PC	REAR FENDER - RH
10.	1 PC	REAR FENDER DUST COVER - R/H
11.	1 PC	REAR FENDER AIR VALVE - R/H
12.	1 PC	REAR FENDER INNER GARNISH - RH <i>314.10</i>
13.	1 PC	REAR LAMP - RH
14.	1 PC	REAR LAMP PANEL - R/H
15.	1 PC	REAR LID REFLECTOR - R/H
16.	1 PC	SPARE TYRE PANEL (FENDER)
17.	1 PC	SPARE TYRE PANEL - R/H
18.	1 PC	SPARE TYRE PANEL INSULATOR
19.	1 PC	REAR WINDSCREEN INNER SEAL
20.	1 PC	REAR SILENCER

List TotalS\$:
25.00% Discount S\$:

<i>Bur</i>	432.18	✓
<i>mg cm /</i>	67.80	✓
<i>Scn</i>	107.37	✓
<i>Dit</i>	141.75	✓
<i>Drt</i>	47.60	✓
<i>Am</i>	343.75	✓
<i>12.30</i>	98.40	✓
<i>Bz</i>	581.70	✓
<i>Bur</i>	669.07	✓
<i>cm</i>	177.28	✓
<i>Red</i>	87.45	✓
<i>Reform</i>	331.50	✓
<i>cm</i>	334.32	✓
<i>Bz</i>	146.57	✓
<i>Sm</i>	273.16	X
<i>R</i>	539.93	X
<i>Bz</i>	364.75	X
<i>na</i>	282.87	X
<i>nu</i>	46.40	✓
<i>R</i>	332.13	X
	5,405.98	
	1,351.50	
	4,054.48	

1.	1 PC	SPECIAL NETT ITEMS : WINDSCREEN SEALANT
		Special Nett Total S\$:

nu 35.00 ✓
35.00

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:

CONTINUE / ...

KUM CHEW MOTOR WORKSHOP

160, SIN MING DRIVE #05-08
 SIN MING AUTOCITY, SINGAPORE 575722.
 Tel No. : 64536256/64563715 Fax No. : 64557754
 E-Mail : kumchew1@singnet.com.sg
 GST Reg.No. : M90367665T Buss. Reg. No. : 52865130K

M/S BUDGET DIRECT INSURANCE
 190, CLEMENCEAU AVE , #03-01
 SINGAPORE SHOPPING CENTRE, SINGAPORE 239924.

Attention : Motor Claim Department
 Contact : 62212111

Estimate : ES004901

Date : 05/05/2020
 Vehicle Num. : SMH 8267 Z
 Make/Model : TOYOTA VIOS 1.5 (A)-2019
 Chassis/Eng# : MR2B23F3501163980
 Accident Date : 02/05/2020
 Claim No. :
 Reference : KC/TP8267/2005-02
 Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
		LABOUR :		
		TO ANTI-RUST REAR AFFECTED AREAS.	80.00	600
		TO CHECK WIRING FUNCTIONS & RE-WIRING.	65.00	200
		TO PULL, KNOCK, REPAIR ON ACCIDENT PORTION & REPLACE THE ABOVE PART.	1,200.00	1100
		TO SPRAY & PAINT ON ACCIDENT PORTION.	1,500.00	900
		TO DISMANTLE & FIX REAR WINDSCREEN.	150.00	120
		Labour Total S\$:		2,995.00

SingDollars : Seven Thousand Eighty-Four & Cents Forty-Eight Only

Total S\$: 7,084.48

KUM CHEW MOTOR WORKSHOP