

CS/CT120007784/T19f3

ASS. REC. BY:

Taufikh

REF:

CT1

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. DMCVSN15388119044Claims No. SNM20D202602C02

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: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Darren

Vehicle: IN / OUT

Veh No: SLZ8827A Yr Regn: 2014, JuneType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mini One 1.6 c.c. 1598Colour: Pink A/C: Insured / Std / NI / NASp. Reading: 43067 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WMWSR32050T805596Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/55 R16R: 175

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 24/7/2013pmSurvey held at Teamwork GarageDes. of Damages FR / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

03/08/20@9.53am revised to Pauline Tham by email.

02/09/20@11.53am Taufikh finalised with Darren LS \$3050, 3 days. (Red \$4823.06, 61%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 02/09 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)

S + RS. SI

Photos

Others

Report Form:

MER-TP

3050

CHINA TAIPING INSURANCE
 3 Anson Rd
 #16-00 springleat Tower
 Singapore 079909

Vehicle number SLZ8827A
 Make / Model MINI ONE 1.6
 Chassis number WMWSR32050T805596
 Accident date 27 July 2020
 Reference 2007-29

Qty	Particulars	Unit Price - SGD \$
PARTS REPLACEMENT - LIST ITEMS		
1	FRONT BUMPER	720.00 R.p
2	FRONT BUMPER RETAINER	98.00 X
1	FRONT BUMPER REINFORCEMENT	624.00 X
1	FRONT BUMPER TOW COVER	81.00 X
1	TRIM STRIP CHROME	221.00 cm ✓
1	FRONT FOG LAMP RH	312.00 X
1	FOG LAMP COVER RH	62.40 X
1	FRONT GRILLE	392.50 ?
1	FRONT GRILLE CHROME MOULDING (UPPER)	181.60 ?
1	FRONT GRILLE CHROME MOULDING (LOWER)	181.60 ?
1	BONNET	1260.00 bt ✓
1	BONNET EMBLEM	81.60 sel ✓
1	FRONT HEADLAMP RH	792.00 X
1	FRONT HEADLAMP RING RH	79.20 X
		5076.90
	Less 5 %	253.84
	Subtotal	4823.06
	Balance C/F	
PARTS REPLACEMENT - SPECIAL NETT ITEMS		
1 SET	FRONT BUMPER CLIP	50.00 X
1 SET	FRONT GRILLE CLIP	40.00 ?
	3M sticker	7.06 500
	Subtotal	90.00
	Balance C/F	4913.06
LABOUR AND MISCELLANEOUS CHARGES		
	Balance B/F	4913.06
1	CHECK FRONT WIRING AND LIGHTNING SYSTEM	60.00 30.
2	PANEL BEATING ON AFFECTED AREAS	800.00 400
3	SPRAY PAINTING ON AFFECTED AREAS	800.00 400.
4	APPLY ANTI RUST ON AFFECTED AREAS	100.00 30.
5	REMOVE AND RESTICK STICKER ON AFFECTED AREA	400.00 200
	Subtotal	2960.00
	Grand total	7873.06

Tanfer 9744544
 - WP Lampson
 Resurvey after repair.

03 days after 29/7/20
 tanfer@lamps.com

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	27/07/2020 17:19
Date Of Accident	27/07/2020 13:30
Exact Location Of Accident	GAMBAS AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ8827A
Insured/Policyholder	
Name Of Registered Owner	SHARON TAN GEOK CHING
NRIC No	SXXXX792F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92743292
Alternative Phone No	OFFICE-92743292
Vehicle Particulars	
Manufacturer	MINI
Model	ONE 1.6 AT 3DR ABS D/AIRBAG 2WD
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101189838-02
Cover Note Number	
Driver	
Name of Driver	LIN JISHEN, EUGENE
NRIC No	SXXXX728J
Date Of Birth	10/07/1988
Occupation	INDOOR
Date Of Driving Pass	04/03/2019
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90920221
Fax Number	
Contact Number	OFFICE-90920221
Email Address	NOEMAIL

Address BLK 340A SEMBAWANG CLOSE
#15-95
Postcode 751340
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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions RAINING
Road Surface WET

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?
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) 2
Passenger 1
NAME: : -
GENDER: : FEMALE

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 TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1:

Vehicle Registration Number GBE575H
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver HO CHYE HUAT
NRIC/Passport Number SXXXX598I
Contact Number
Address
Postcode
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

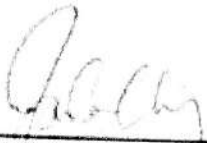
SKETCH PLAN


IMPORTANT NOTICE

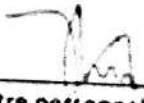
- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder and/or the authorised driver.**
- 3) Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding 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 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.

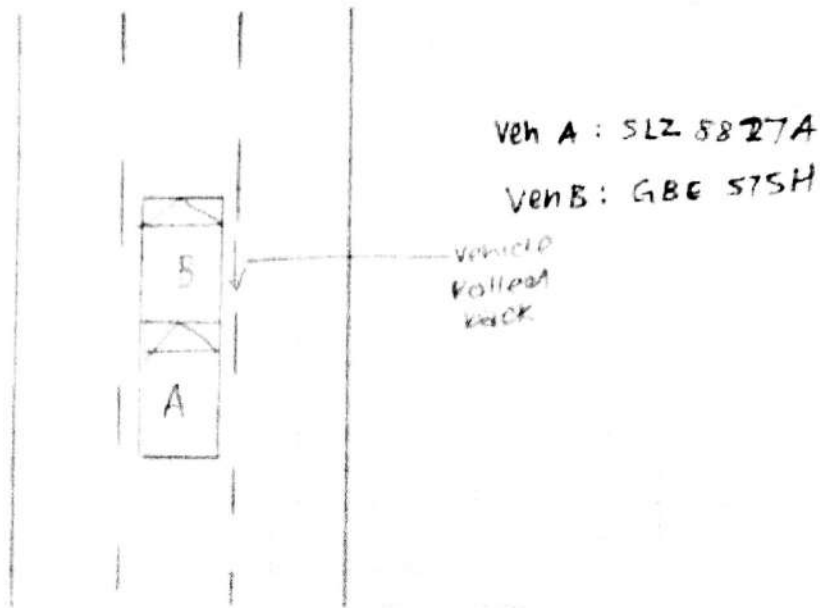

Policy holder's signature
Date / time:


Driver's signature
(If driver is not policy holder)
Date / time:


reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN

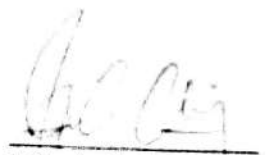



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On the stated date and time, I was travelling along Gampas Ave. I was travelling with a safe distance with veh B (GBE 575H). Suddenly, while I was stationary, his vehicle rolled back and collided onto the front portion of my car.

DECLARATION

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


Policy holder's signature
Date & time:


Driver's signature
(if driver is not policy holder)
Date & time:


reporting centre personnel's Signature
NRIC/FIN No.: