

ASS. REC. BY:

Steve

REF:

CS/CT/20008060/evf3

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMM6038E

Yr Regn:

5/7/19

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

Truck / Trailer or

Make:

Toyota C-HR

c.c.

1797

Colour:

Silk

A/C:

Insured / Std / NI / NA

Sp. Reading

97676

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

ZYX 102135966

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/60R17

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

1/8/20

D.O.I.

5/8/20

Survey held at

BW Workshop

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

Front RH

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

Date / Time

Action / Instruction

MV-95K

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 13/8/20-Typist

Report Format: Merimen

Lump Sum / LB.L: \$3723.12

Days Of Repair: 3

Resurvey No. of Trip: 2

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

BW WORKSHOP SERVICES PTE LTD

291 KAKI BUKIT AVE 1 SHUN LI

INDUSTRIAL PARK

Singapore 416080

6289 8800

workshop_admin@bw.com.sg

GST Registration No. : 201504834E

Company Registration No. 201504834E



Steve (LKK)

8322 8813

Stevechen@lkkauto.com

W.L. P.L.

5/8/20, 11.00pm

3 days

P/P

Ry BOL sm

Estimates**ADDRESS**

NTUC INCOME INSURANCE

CO-OPERATIVE LIMITED

ESTIMATES NO. 1203**DATE 03/08/2020****VIN NUMBER**

SMM6038E /ZYX102135966

MAKE & MODEL

TOYOTA CHR HYBRID 1.8

MILEAGE

-

ACTIVITY	QTY	RATE	AMOUNT
FRONT BUMPER / CRV	1	1,658.00	1,658.00
FRONT BUMPER SIDE RETAINER RH & LH / DR	2	150.00	300.00
FRONT FENDER RH / DD	1	1,174.00	1,174.00
FRONT FENDER RETAINER RH ?	1	150.00	150.00
HEADLAMP BRACKET RH ?	1	120.00	120.00
			Subtotal: 3,402.00
REAR BUMPER CLIPS - S/N	4	10.00	40.00
			Subtotal: 40.00
TO REMOVE, CUT OUT DAMAGED PARTS, PANEL BEATING, WELDING, ALIGH, REFIT AND TO RENEW AFFECTED PARTS.	4	200.00	400 800.00
TO PUTTY AND RESPRAY ON AFFECTED PORTIONS.	3	200.00	400 600.00
TO FOCUS HEADLAMPS . TO CHECK WIRING AND LIGHTING OPERATION	1	80.00	30 80.00
TO CONDUCT FRONT WHEEL ALIGNMENT TEST	1	80.00	X 80.00
			Subtotal: 1,560.00

SUBTOTAL

5,002.00

GST TOTAL

0.00

TOTAL**SGD 5,002.00****NETS & Cash only.****Our Bank Details:-****Name of Bank : UOB****Account Name : BW Workshop Services Pte Ltd****Account Number :356-305-177-7**

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:**

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.

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Report	03/08/2020 14:47
Date Of Accident	01/08/2020 19:00
Exact Location Of Accident	BLK 330 CLEMENTI AVE 2 CARPARK DRIVEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM6038E
Insured/Policyholder	
Name Of Registered Owner	VENTURE CARS PTE. LTD.
Co Reg No	200921343K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67458800
Vehicle Particulars	
Manufacturer	TOYOTA
Model	C-HR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRE 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5112271230
Cover Note Number	DRIVO CLASSIC
Driver	
Name of Driver	ONG GUO HUA JOHNATHAN
NRIC No	S8233844F
Date Of Birth	08/10/1982
Occupation	INDOOR
Date Of Driving Pass	14/03/2003
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86986451
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 892 #02-04
TAMPINES AVE 8
Postcode 520892
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle -
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) 2
Passenger 1
NAME: : CINDY LAM
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 sketch plan

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: FILES SIZE TOO BIG TO BE UPLOADED
Was there any audio recorded? NO

Details of Witness 1

Name CINDY LAM
Phone Number 96737879
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBE9273U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver TOH CHENG SHEOW
NRIC/Passport Number S1278123G

Contact Number

Address

98433530

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE

Report No: MT

D.O.A: 01/08/2020

Time: 19:00 hrs

Report Date & Start Time: 01/08/2020 / 14:43

Vehicle No: SMM16038E Reporting Type:

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.



03/08/20 / 14:43

Policyholder's Signature / Date & Time

[Signature]

03/08/20 / 14:43

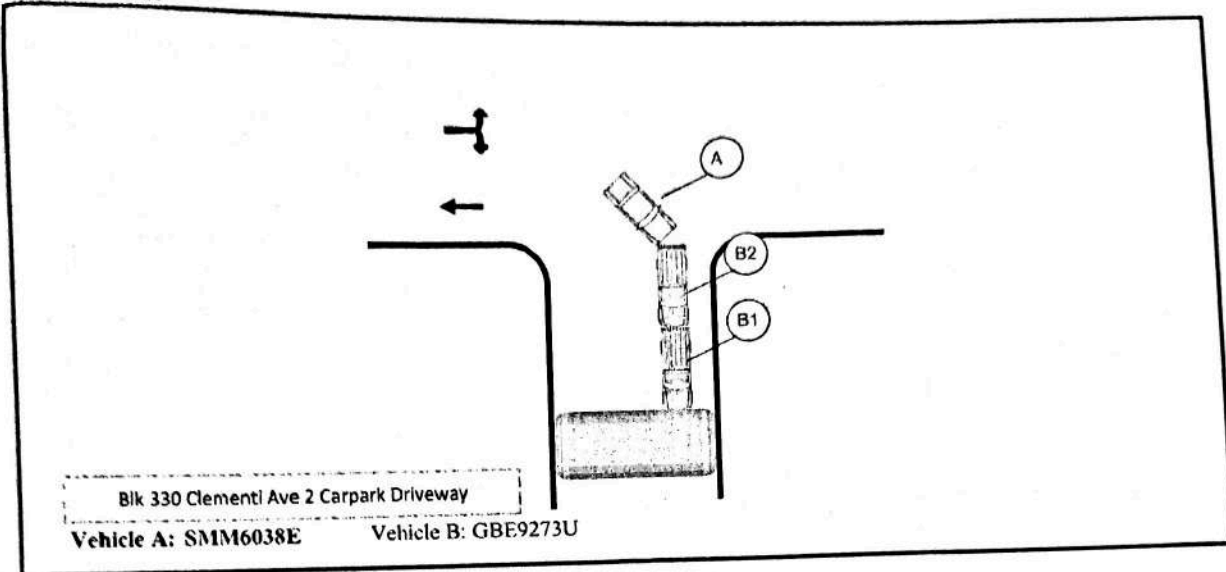
Driver's Signature (if driver is not the policyholder) / Date & Time

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was making a right turn and I noticed that vehicle B had stopped before the raised road hump. Upon seeing this, I stopped at once to keep a distance away from vehicle B. Suddenly, vehicle B started to reverse. Upon seeing the reverse light from vehicle B, I sounded my horn. However, vehicle B still reversed abruptly. This resulted in the rear area of vehicle B to hit into the front right area of my vehicle A.

Declaration

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

Policyholder's Signature / Date & Time

03 AUG 2020

03/08/20 / 14:43

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

03/08/20 / 14:43

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel