

ASS. REC. BY:

Steve

REF:

CS/MSG20008198/E3

Eqf3

## 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. 29141713

Claims No. 626865

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 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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: STY566 R Yr Regn: 14/9/10

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

Truck / Trailer or \_\_\_\_\_

Make: Audi A4 C.C. 1984

Colour: Grey A/C: Insured / Std / NI / NA

Sp. Reading: 193363 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: \_\_\_\_\_

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / STD A/Rim or

Tyre Size: F: 245/40 R18

R: R

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

TOYO / YOKO or \_\_\_\_\_

Front

R/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 3/8/20

Survey held at Auburn Auto

Rear

R/Bal. 5 mm

L/Bal. 5 mm

D.O.I. 7/8/20

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

Rear LH

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

Date / Time Action / Instruction

MV- 23,999

PV- 21,786

MV- 1214

Inform Workshop 1K repair 11/08

07/08/20 @ 4.34pm revised to Shawn Ngo via Merimen.

Steve finalised LS \$4400, 5 days (Red \$13503; 75%)

Date/Time, File Pass to?

☐

Preli. Report

1) 13/08 Typist

☐

Final Report

Date/Time, File Return to?

2)

Rep. Form: MER-TP

Lump Sum H.B.T. 4400

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

# AUBURN AUTO PTE LTD

176 Sin Ming Drive #04-18 Sin Ming Autocare, Singapore 575721

Tel : +65 8608 0808

Email: auburnauto.claim@gmail.com

Vehicle No: SJY5616R

Model: Audi A4

QTY	Description	Repairer's Estimate
<b>Spare Parts - List Items</b>		
1	Rear Tailgate ✓ 00	\$ 1,800.00 1656/
1	Rear Taillamp (LH) DR ✓	\$ 1,500.00 680/
1	Rear L/H & R/H head light X NM	\$ 1,500.00 X
1	Rear Tailgate Mechanism X NM	\$ 800.00 X
1	Rear Tailgate Lock X NM	\$ 480.00 X
1	Rear Bumper / DEF	\$ 1,200.00 /
1	Rear Bumper Side Retainers / DR	\$ 428.00 100 /
1	Bumper Sensor (LH) 1pc - SL	\$ 320.00 245 /
1	Rear Bumper Reflectors X NM	\$ 350.00 X
1	Rear Bumper Top Step Garnish X NM	\$ 320.00 X
1	Rear End Panel X R	\$ 1,800.00 X
1	Rear End Panel Inner Garnish X NM	\$ 580.00 X
1	Rear Boot Garnish X NM	\$ 380.00 X
1	Hydraulic Hinge X NM	\$ 200.00 X
2	Rubber Moulding X NM	\$ 120.00 X
1	Number Plate X NM	\$ 120.00 X
1	Rear Reverse Camera X NM	\$ 320.00 X
1	Rear Tailgate "Audi" Emblem / 1pc	\$ 160.00 86 /
1	Rear Tailgate "ALLION" Emblem (A4) / 1pc	\$ 160.00 73 /
1	Rear Tailgate "L6A" Emblem (2.0T) / 1pc	\$ 140.00 60 /
1	Spare tyre top board X NM	\$ 290.00 X
1	Rear Bumper Reinforcement unit (lower Spoiler) / cut	\$ 655.00 600 /

4700  
-10%  
4230

**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:

\$ 13,623.00

c/f: \$

\$ 13,623.00

**Special Nett Items****AMT \$\$**

1	Back bumper clip	✓	nc	\$	150.00	50
1	Rear Reverse Sensor (1 set)	✗	Repaired	\$	620.00	✗
				\$	770.00	50

**S/N. Labour Charges**

1	Remove and refit rear tailgate	\$	300.00	200
2	Remove and refit rear bumper	\$	300.00	200
3	Remove and Refit Rear Panel	\$	800.00	100 ✓
4	Remove, refit and replaced damage lamps and check up rear electrical wiring	\$	150.00	30
5	Remove and refit inner garnishes trim to assist repair	\$	200.00	30
6	Remove and refit rear reverse sensor	\$	240.00	30
7	To apply undercoating on replaced panel	\$	120.00	30
8	To Respray Painting.	\$	1,400.00	600

Steve (LKK) Wil Paul

**GRAND TOTAL**

7/8/20, 12.00pm  
L/S, 5 days  
Ry ATL Ry

\$ 3,510.00 1220

\$ 17,903.00

P-4230  
N-50  
L-1220  
5500

L/S-4400  
=4400

## 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 04/08/2020 13:40  
Date Of Accident 03/08/2020 17:55  
Exact Location Of Accident NORTH BRIDGE ROAD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJY5616R  
**Insured/Policyholder**  
Name Of Registered Owner HEALTHY WHEELZ PTE LTD  
Co Reg No 2XXXXX744K  
Email Address SAMUEL.AUBURNAUTO@GMAIL.COM  
Mobile Phone No (LOCAL) +65-97875558  
Alternative Phone No OFFICE-97875558

### Vehicle Particulars

Manufacturer AUDI  
Model A4  
Exact Purpose for which vehicle was being used at time of accident WORK PURPOSE  
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 THIRD PARTY  
Fleet Policy NO  
Policy Number 5116571231 (TP)  
Cover Note Number

### Driver

Name of Driver SAMUEL LEW HAUR MING  
NRIC No SXXXX269B  
Date Of Birth 09/09/1976  
Occupation OUTDOOR  
Date Of Driving Pass 03/01/1997  
Driving Experience 23 YEARS AND 7 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-98795000  
Fax Number  
Contact Number OTHERS-98795000  
Email Address NOEMAIL

Address 2A GEYLANG SERAI #16-03  
 Postcode 403002  
 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 -  
 -  
 -  
 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? YES  
 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 10 UBI AVENUE 3  
 Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , 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 POLICE REPORT NO. T/20200804/7009 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 11

Vehicle Registration Number SMC1702G  
 Vehicle Make/Model/Colour TOYOTA PRIUS  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver KOH YIAK MONG  
 NRIC/Passport Number SXXXX234F  
 Contact Number 94210102  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name

SAMUEL LEW HAUR MING

Approximate Age

Injuries Sustain

REFER TO POLICE REPORT

Injured person in which vehicle?

SJY5616R

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

**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:

04 AUG 2020

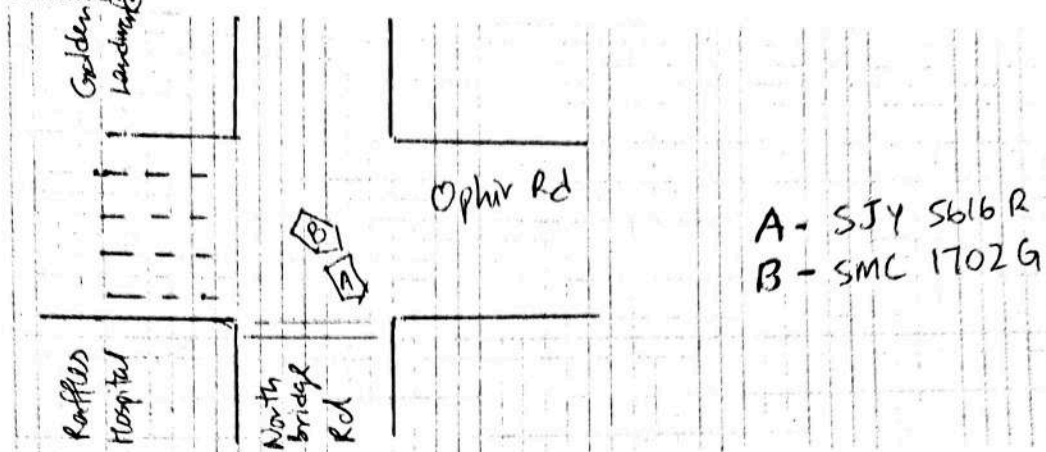
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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

04 AUG 2020

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.:





**SINGAPORE  
POLICE FORCE**



1/20200804/7009

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200804/7009

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/08/2020 12:55	Video Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: SAMUEL LEW HAUR MING			Address: 2A GEYLANG SERAI #16-03 SINGAPORE 403002		
ID Type / ID No.: NRIC NO / S7628269B			Contact No.: Homo/Office: Mobile: 98795000		
Nationality: SINGAPORE CITIZEN			Email: SAMUEL_LEW@YAHOO.COM		
Sex: Male	Age: 43	Date of Birth: 09/09/1976	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PHV Driver			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/08/2020 17:55	Type of Location: X-Junction
Location:  NORTH BRIDGE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJY5616R	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20200804/7009

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20200804/7009

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	SAMUEL LEW HAUR MING	ID No.	S7628269B
Related Vehicle	SJY5616R (Car)	Contact No.	98795000
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	04/08/2020	Date	04/08/2020
No. of Days granted Medical Leave	02	Degree of	Slight

**Brief Details.**

On 03rd of August 2020, I was driving car plate bearing SJY5616R turning right towards north bridge road from Ophir Road when I saw a pedestrian trying to cross the street. I slow down my vehicle so to allow the pedestrian to cross. Suddenly I felt an impact hitting my rear of the vehicle. A car plate bearing SMC1702G bang until my rear. We both came down to see anyone is injured, we exchanged contact and we left the scene to report to each insurance. The next day I was not feeling well and I went to see a doctor and was given 2 days MC.



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20200804/7009

3 of 3

Report No: T/20200804/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
04/08/2020 12:55

Classification Of Case: