

CS/AG/20008673/TITJ3

ASS. REC. BY: Tanplu

REF:

AGI

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: \$80K

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: SME 8707L Yr Regn: 2018, oct.

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

Truck / Trailer or

Make: Honda Fit Hybrid 1.5 c.c. 1496

Colour: Black A/C: ☐ Insured / ☐ Std / ☐ NI / ☐ NA

Sp. Reading: _____ T/Radio: ☐ Insured / ☐ Std / ☐ NI / ☐ NA

Eng/No: _____

C/No: GP53416047

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: 185/60 R15

R: 17"

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

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. _____

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.I. 19/8/20

Survey held at MBM wheelpower

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 By Aug week

Date/Time, File Pass to?

☐ : Preli. Report

☐ : Final Report

1) _____
Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

Survey Fee: _____

Transportation: _____
\$ + RS _____ SI

Photos _____

Rep. Form: _____

Lump Sum / L.B. / C: _____

MBM WHEELPOWER PTE LTD

Your Ref: SMD4340S

Our Ref: SME8707L

To: General Insurance (Singapore) Pte Ltd

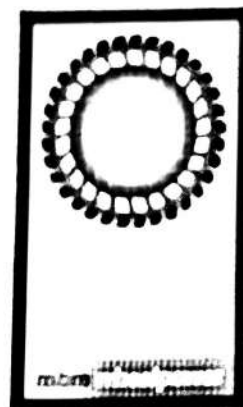
CC

Fax

Date: 19/8/2020
 From: Eryx Tan
 Fax: 64525333
 Contact: 8138 7188
 Make / Model: HONDA FIT HYBRID 1.5A
 Chassis No.: GP53416047
 Engine No.: LEB6070789
 Year of Make: 2018
 Accident Date: 18 August 2020

ESTIMATE FOR VEHICLE NO. : SME8707L

DESCRIPTION	QTY	List Price
REAR WINDSCREEN MOULDING	1	\$ 125.00
TAILGATE	1	\$ 1,950.00
TAILGATE WEATHERSTRIP	1	\$ 85.00
TAILGATE OUTER MOULDING	1	\$ 480.00
TAILGATE INNER TRIM	1	\$ 550.00
TAILGATE INNER TRIM CLIPS	10	\$ 90.00
TAILGATE HINGE LH	1	\$ 80.00
TAILGATE HINGE RH	1	\$ 80.00
TAILGATE LOCK	1	\$ 155.00
TAILGATE STRIKER	1	\$ 40.00
TAILGATE HONDA LOGO	1	\$ 22.00
TAILGATE "FIT" EMBLEM	1	\$ 38.00
TAILGATE "HYBRID" EMBLEM	1	\$ 65.00
TAIL LAMP LH	1	\$ 550.00
TAIL LAMP RH	1	\$ 550.00
TAILGATE LAMP LH	1	\$ 480.00
TAILGATE LAMP RH	1	\$ 480.00
REAR BUMPER	1	\$ 480.00
REAR BUMPER CLIPS	10	\$ 950.00
REAR BUMPER LOWER TRIM	1	\$ 90.00
REAR RH BUMPER SIDE RETAINER LH	1	\$ 150.00
REAR RH BUMPER SIDE RETAINER RH	1	\$ 35.00
REAR LH BUMPER SPONGE	1	\$ 35.00
REAR BUMPER REFLECTOR LH	2	\$ 180.00
REAR BUMPER REFLECTOR RH	1	\$ 90.00
END PANEL - photo	1	\$ 90.00
END PANEL TOP GARNISH	1	\$ 550.00
END PANEL TOP GARNISH CLIPS	10	\$ 180.00
		\$ 90.00



SPARE WHEEL COMPARTMENT
HYBRID BATTERY
REAR FENDER LH
REAR FENDER INNER TRIM LH
REAR FENDER INNER TRIM RH
REAR FENDER INNER SHIELD LH
REAR MAIN CHASSIS LH
SPARE TYRE COMPARTMENT BOARD

1	\$	Rx	1,100.00
1	\$	X	11,800.00
1	\$	Rx	850.00
1	\$	X	680.00
1	\$	X	680.00
1	\$	X	85.00
1	\$	Rx	580.00
1	\$?	450.00
Total: \$			24,485.00
LESS 20% \$			(4,897.00)
Parts Total: \$			19,588.00

SPECIAL NETT

WINDSCREEN SEALANT
BODY SEALANT
REAR NUMBER PLATE WITH FRAME
REAR BUMPER SENSORS

1	\$	new	50.00
1	\$	40	80.00
1	\$	X	60.00
1 SET	\$	new 200	300.00

LABOUR

TO REMOVE, REFIT & REPAIR REAR DAMAGED PORTIONS.
TO CHECK & RECONNECT ALL NECESSARY WIRING
TO REMOVE & REFIT REAR END PANEL LINING & GARNISH TO FACILITATE REPAIR
TO REMOVE & INSTALL REAR UPHOLSTERY TO FACILITATE REPAIR
TO DISMANTLE & TRANSFER TAILGATE FITTINGS & MECHANISM TO NEW
TAILGATE / FACILITATE REPAIR
TO REMOVE & REPLACE BUMPER SENSORS
TO APPLY ANTI RUST COATING
TO CONDUCT CHASSIS ALIGNMENT ON CAR-O-LINER
TO SPRAY PAINT ON THE AFFECTED AREAS

\$	800.	2,000.00
\$	30.	120.00
\$	50.60	100.00
\$	50	120.00
\$	60	100.00
\$	30.	60.00
\$	30.	250.00
\$	photo 30?	350.00 250
\$	800	1,200.00

Tanflin 97495449 / 67418434
WP

19/8/20 @ 320 pm
Resurvey after repair
Lumpsum - 6 days
tanflin@lkkauto.com

Total: \$	24,378.00
7% GST: \$	1,706.46
Grand Total: \$	26,084.46

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:

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	18/08/2020 18:13
Date Of Accident	18/08/2020 12:00
Exact Location Of Accident	CTE BEFORE BRADDELL TOWARDS TOWN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE:

Vehicle Registration Number	SME8707L
Insured/Policyholder	
Name Of Registered Owner	MELVIN OH JIA WEI
NRIC No	SXXXX603Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81396829
Alternative Phone No	OFFICE-81396829

Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.5 HYBRID (A)

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
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Type Of Coverage	COMPREHENSIVE
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Fleet Policy	NO
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Policy Number	5104650432-01
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Cover Note Number	
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Driver

Name of Driver	MELVIN OH JIA WEI
NRIC No	SXXXX603Z
Date Of Birth	14/05/1997
Occupation	INDOOR
Date Of Driving Pass	21/03/2016
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81396829
Fax Number	
Contact Number	OFFICE-81396829
Email Address	NOEMAIL

Address	45 SPRINGSIDE PLACE
Postcode	786448
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : OH CHOON NAM
	GENDER: : MALE

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD4340S
Vehicle Make/Model/Colour	HYUNDAI ELANTRA S
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
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:

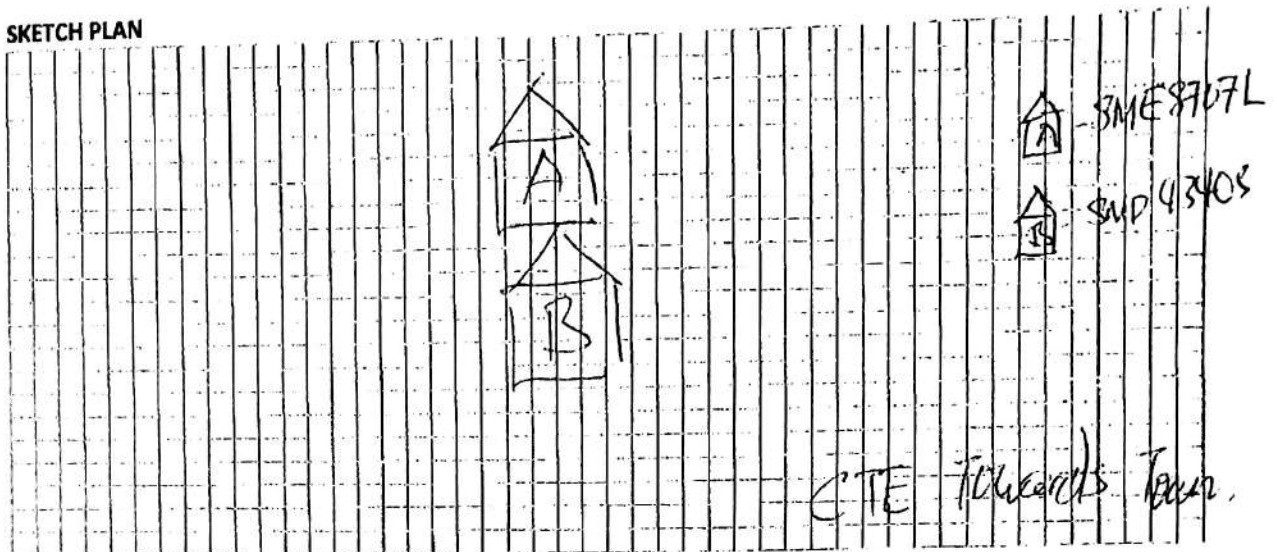
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 18/8/20 around 12pm, as I was driving my vehicle (SME8707L) along CTE towards town before Brockill Exit. As the vehicle in front stopped so I slowed down & stopped too. Then suddenly vehicle B (SMD4340S) hit my rear of my vehicle.

DECLARATION

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

Policyholder's Signature
Date & Time:

CLARMC Sketchplan form V.1

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

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