

ASS. REC. BY:

REF:

EET/20008782 Kv

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:

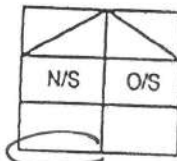
Excess:

(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:

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

Truck / Traller or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

9/9

11 Sup @ 54501

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

F. M. S.

Others

TOTAL

Report Format :

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

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	337B
Vehicle Details	
Vehicle No.:	GZ9797E
Vehicle to be Exported:	Yes
Intended Deregistration Date:	19 Aug 2020
Vehicle Make:	OPEL
Vehicle Model:	COMBO L2H1 1.6 CDTI AT 6DR
Primary Colour:	Red
Manufacturing Year:	2016
Engine No.:	263A50007701905
Chassis No.:	W0L6WYL11H9597446
Maximum Power Output:	-
Open Market Value:	\$20,796.00
Original Registration Date:	30 Nov 2016
First Registration Date:	30 Nov 2016
Transfer Count:	0
Actual ARF Paid:	\$1,040.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	29 Nov 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$48,702.00
COE Rebate Amount:	\$30,574.00
Total Rebate Amount:	\$30,574.00

The information contained herein is correct as at 19 Aug 2020

OK

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-098380

Date of Request: 21/08/2020

Your Ref No:

Online Purchase

Lim Tan Motor Pte Ltd
Blk 176 Sin Ming Drive #03-09/10
Sin Ming Auto Care
Singapore 575721

Dear Sir/Madam,

Enquiry Date 21/08/2020
Enquiry By Venus Lee Choy Wan
TP Vehicle No. EA292J
Accident Date 18/08/2020

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [] Cash ☐ [] Cheque

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
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Phone: +65 6224 0010 Fax: +65 6224 0030

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RECORDS MANAGEMENT CENTRE

Third Party Insurer Enquiry

Our Ref No: GR-20-098380

Date of Request: 21/08/2020

Your Ref No:

Online Purchase

Lim Tan Motor Pte Ltd
31k 176 Sin Ming Drive #03-09/10
Sin Ming Auto Care
Singapore 575721

Dear Sir/Madam,

Enquiry Date 21/08/2020
Enquiry By Venus Lee Choy Wan
TP Vehicle No. EA292J
Accident Date 18/08/2020

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
EA292J	ERGO Insurance Pte. Ltd.	13/10/2019-12/10/2020	6829 9199

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.

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	19/08/2020 15:45
Date Of Accident	18/08/2020 14:30
Exact Location Of Accident	ALONG PIE (LAMP PORT 545)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ9797E
Insured/Policyholder	
Name Of Registered Owner	VICKY CAKES
Co Reg No	5XXXX337B
Email Address	TJ@VICKYCAKES.COM
Mobile Phone No	(LOCAL) +65-97699557
Alternative Phone No	OFFICE-64664000

Vehicle Particulars

Manufacturer	OPEL
Model	COMBO L2H1-1.6 D CDTI (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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114282740
Cover Note Number	

Driver

Name of Driver	TAN TSONG, JOHAN (CHEN CONG, JOHAN)
NRIC No	SXXXX214J
Date Of Birth	26/08/1978
Occupation	INDOOR
Date Of Driving Pass	23/12/1996
Driving Experience	23 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97699557
Fax Number	
Contact Number	
Email Address	TJ@VICKYCAKES.COM

Address	60 ENG KONG PLACE SINGAPORE 599132
Postcode	
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	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: : UNKNOWN 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

AT THE MATERIAL DATE AND TIME, I WAS TRAVELLING ALONG PIE, CAR INFRONT OF ME SLOW DOWN AND STOP I JUST FOLLOW. SUDDENLY O FELT AN IMPACT FROM MY BEHIND. I WENT DOWN TO CHECK NOTICED VEH B'S FRONT RIGHT PORTION HIT ONTO MY VEH A'S REAR LEFT PORTION. THAT'S ALL. NOBODY INJURY.

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	EA292J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG JINGHENG
NRIC/Passport Number	SXXXX737F
Contact Number	97602922
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

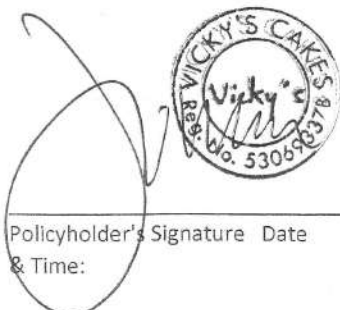
IMPORTANT NOTICE

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.
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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:

19 AUG 2020

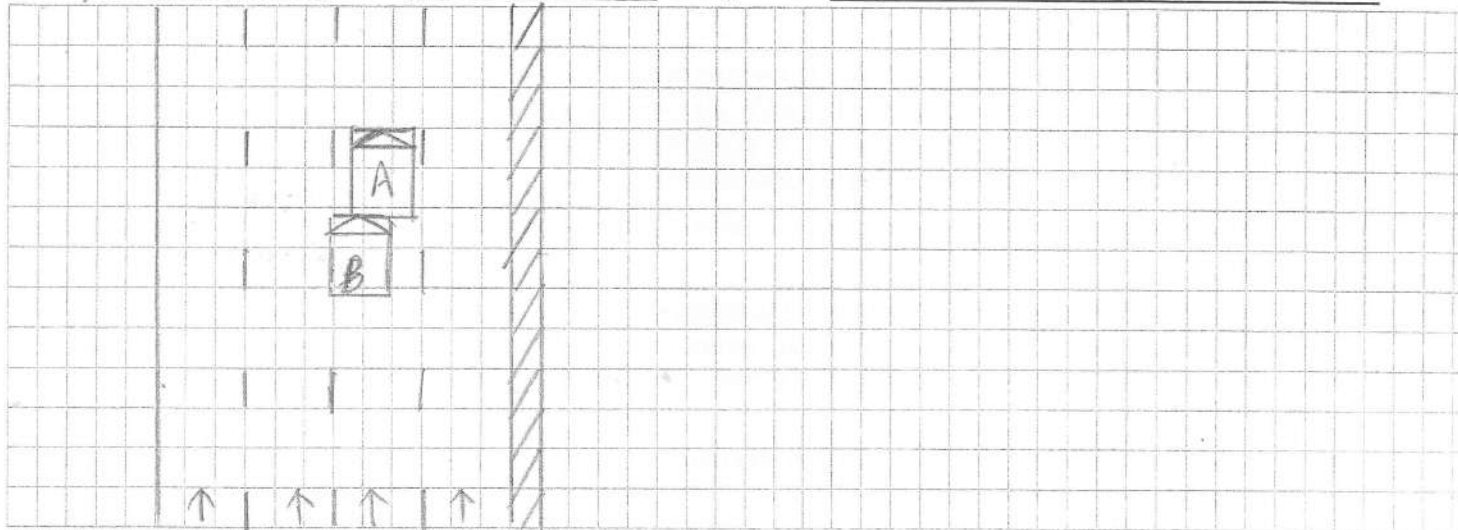

Driver's Signature
(If driver is not the policyholder) Date
& Time:

19 AUG 2020


Reporting Centre Personnel's Signature
Name: VERUS
NRIC/FIN No.: SXXXXX991A

SKETCH PLAN

Date & Time of Accident: 18/08/2020 / 2:30pm Location: PIE (Lamp post 545)
 Veh A: BZ 9797E Veh B: EA 292T Veh C/Others: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the material date and time, I was travelling along PIE, Car in front of me slow down and stop I just follow. Suddenly I felt an impact from my behind. I went down to check noticed Veh B's front right portion hit onto my veh A's rear left portion. That's all. Nobody injury.

☐ Own Damage Claim at Lim Tan Motor ☒ TP Claim at Lim Tan Motor
☐ Own Damage Claim at Other Workshop ☐ TP Claim at Other Workshop ☐ Reporting Only


I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:-

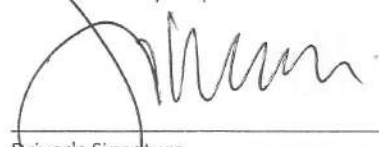
My/Our workshop via email : _____

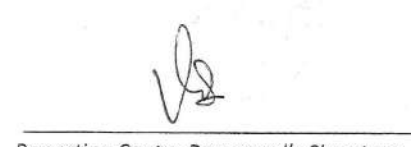
My/Our email : _____

DECLARATION

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


 Policyholder's Signature & Time: _____


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


 Reporting Centre Personnel's Signature
 Name: Venus Lee
 NRIC/FIN No.: 34479991A

Not Withstand
 11 Lm 85430h
 Preserving After Paint
 7 days



ESTIMATE TO REPAIR

VEHICLE NO. : GZ 9797 E
 MAKE : OPEL
 MODEL : COMBOL2H1 1.6 CDTI AT 6DR
 YEAR : 2016
 CHASSIS NO : W0L6WYL11H9597446

SURVEYOR NAME : Uche
 DATE OF SURVEY : 24 AUG 2020
 TIME OF SURVEY :

DATE : 20-Aug-20
 DATE OF ACCIDENT : 18-Aug-20
 THIRD PARTY REF : EA 292 J
 THIRD PARTY REF : ERGO INSURANCE PTE. LTD.

Qty	Parts Description/ Labour	Type	Unit Price	Nett Item Amt	Amount
1 pc	rear bumper →			B11 cm	\$ 800.00
1 pc	rear bumper reinforcement			B1	\$ 400.00
1 pc	n/s rear bumper retainer			DIY	\$ 80.00
1 pc	n/s rear bumper reflector			Sm	\$ 70.00
1 pc	rear end panel			R	\$ 500.00
1 pc	n/s tail gate → 1720			R	\$ 1,900.00
2 pcs	n/s tail gate hinges		\$ 250.00	lower R	\$ 500.00
1 pc	tail gate rubber			Sm	\$ 390.00
1 pc	tail gate combo emblem			Sm	\$ 38.00
1 pc	n/s tail lamp			W	\$ 350.00
1 pc	n/s rear fender → 1650			R	\$ 2,000.00
1 pc	n/s rear fender under-shield			Sm	\$ 350.00
	Less 10%				\$ 7,378.00
					\$ 737.80
					\$ 6,640.20
1 set	rear bumper sensor	S.Nett		Sm	\$ 200.00
1 tube	rear windscreen sealant	S.Nett		Sm	\$ 40.00
	To putty & spray paint				\$ 1,000.00
	To transfer tail gate fitting.				\$ 80.00
	To remove & refic rear n/s windscreen glass.				\$ 100.00
	To remove & refix fuel tank.				\$ 80.00
	To remove & refix rear trimming.				\$ 60.00
	To anti-rust.				\$ 120.00
	Labour charges				\$ 1,200.00
TG/VL	TOTAL				\$ 9,520.20

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: