

ASS. REC. BY:

Steve

REF:

CS/CT120909194/ETf3

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 Report:

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:

SKQ 6411 M

Yr Regn:

17/12/14.

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

Truck / Trailer or

Make:

Merch-Benz C180

c.c 1595

Colour:

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

114185

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

W00205402 R021121

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/SR17

R:

"

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

27/8/20

D.O.I.

28/8/20

Survey held at

JON HAK KEE

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

MV-8/K

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Rep. Form:

Lump Sum / F.E.C.

WHL MJL
 5 days
 L/S
 R AL SK

28/8/20, 3-11 pm

ATTN: MOTOR CLAIMS DEPARTMENT
 OWNER: TAY KEN HOOI
 INSURER: China Taiping Insurance (Singapore) Pte. Ltd
 DOA: 27/08/2020

Steve (LKK)
 83228813

REPAIR ESTIMATE

Est No. : EST20080068
 Date : 28-Aug-20
 Vehicle Num : SKQ6411M
 Make/Model : Mercedes Benz C180
 Chassis # : WDD2050402R021121
 Engine # : 27491030267271
 Yr. Of Manu : 2014

No.	Description	Qty	U/P	Amt
Section: LIST ITEMS				
1	Front Bumper / CRV	1.00	1650.00	1650.00
2	Front Bumper Clips / AK	10.00	5.00	50.00
3	Front Bumper Holder ?	1.00	120.00	120.00
4	Front Bumper Side Retainer RH ?	1.00	25.00	25.00
5	Front Parking Sensor RH Outer, Center, Inner / Shrink	1.00	380.00	380.00
6	Front Bumper Tow Hook Cover / CUT	1.00	86.00	86.00
7	Front Bumper Lower Grille ?	1.00	150.00	150.00
8	RH Front Bumper Fog Lamp Cover ?	1.00	120.00	120.00
9	RH Front Bumper Fog Lamp Chrome Garnish / CUT / OR	1.00	130.00	130.00
10	RH Headlamp / CUT	1.00	3750.00	3750.00
11	RH Front Fender / BT (Aluminum)	1.00	1050.00	1050.00
12	Bonnet / BT (Aluminum)	1.00	2550.00	2550.00
13	Front Bumper Top Holder / BR	1.00	103.00	103.00
				Amt S\$ 10164.00
				Discount (10.00%) S\$ 1016.40
				Subtotal S\$ 9147.60

Section: SPECIAL NETT ITEMS				
14	Front Number Plate With Cover / BR	1.00	80.00	80.00
				Amt S\$ 80.00
				Discount (0.00%) S\$ 0.00
				Subtotal S\$ 80.00

Continue on next page...

ATTN: MOTOR CLAIMS DEPARTMENT
 OWNER: TAY KEN HOOI
 INSURER: China Taiping Insurance (Singapore) Pte. Ltd
 DOA: 27/08/2020

REPAIR ESTIMATE

Est No. : EST20080068
 Date : 28-Aug-20
 Vehicle Num : SKQ6411M
 Make/Model : Mercedes Benz C180
 Chassis # : WDD2050402R021121
 Engine # : 27491030267271
 Yr. Of Manu : 2014

No.	Description	Qty	U/P	Amt
Section: LABOUR				
15	To Panel Beat and Renewal Of All Necessary Damaged Parts	1.00	980.00	980.00 600
16	To Sand Down, Putty and Spray Paint on Necessary Damaged Parts	1.00	900.00	900.00 600
17	To Check All Wiring	1.00	50.00	50.00 30
18	To Align Headlamp	1.00	50.00	50.00 30
Amt S\$				1980.00
Discount (0.00%) S\$				0.00
Subtotal S\$				1980.00

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:

Joo Hak Kee Auto Pte. Ltd.

LIST ITEMS Subtotal S\$ 9147.60
 SPECIAL NETT ITEMS Subtotal S\$ 80.00
 LABOUR Subtotal S\$ 1980.00
 Total S\$ 11207.60

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	28/08/2020 10:39
Date Of Accident	27/08/2020 18:45
Exact Location Of Accident	HONGLIM CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ6411M
Insured/Policyholder	
Name Of Registered Owner	TAY KEAN HOOI
NRIC No	SXXXX527H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97523313
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180-1.6 (A)
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	5105585649-01
Cover Note Number	

Driver

Name of Driver	TAY KEAN HOOI
NRIC No	SXXXX527H
Date Of Birth	06/04/1977
Occupation	INDOOR
Date Of Driving Pass	06/08/2011
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97523313
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	NOEMAIL

Address 150 MARIAM WAY #03-12
 Postcode 507079
 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 ON COLLISION
 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? NO
 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? 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 SMR9650R
 Vehicle Make/Model/Colour MERCEDES BENZ
 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

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 purposes(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:



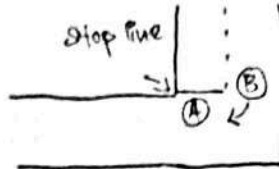
Reporting Centre Person's Signature
Name: _____
NRIC/FIN No.: _____

Sketch Plan #2

SKETCH PLAN

A - SKQ6411M1

B - 8MR9650R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 27/8/2020 at around 6:45pm @ honglim Carpark.
at the carpark level 3 as i was exiting the carpark on
the slope, I saw a vehicle's headlight coming up and
I slowed down and stopped my vehicle to wait for
vehicle B to pass me however vehicle B over turned, cut
onto my lane and collided on my right front side.

DECLARATION

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

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.: