

ASS. REG. BY:

Steve

REF:

CS/FC120009631/ESF3

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 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:

SMT 9595J

Yr Regn:

3/6/98

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

Truck / Trailer or

Make:

Toyota VIOS

c.c

1497

Colour:

White

A/C: Insured / Std / NI / NA

Sp. Reading

278184

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

M1053HY 9305065391

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

185/55R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

4/9/20

D.O.A.

9/9/20

Survey held at

Alpha Car

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-36K

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Rep. Formed:

Lump Sum / L.E. / C

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

ALPHA CAR SERVICE PTE LTD

Blk C, Kaki Bukit Ave 6, #01-59, Kaki Bukit Autobay, Singapore 417883

Vehicle No: SMJ 9595J

Model : TOYOTA VOIS

REPAIR ESTIMATE

PARTS REPLACEMENT - LIST ITEMS

REAR BUMPER / CR4	1	\$	571.50
REAR BUMPER SIDE RETAINER / OR	2	\$	93.10
REAR BUMPER REFLECTOR X	2	\$	661.25
REAR END PANEL X R	1	\$	675.00
REAR END PANEL TOP GARNISH X	1	\$	231.15
REAR TAILLAMP ? (LH) - OR	2	\$	657.11
REAR TAILLAMP INNER SEAL X	2	\$	40.00
REAR FENDER INNER TRIM X	2	\$	517.50
BOOTLID / DD	1	\$	687.65
BOOTLID WEATHERSTRIP X	1	\$	202.17
BOOTLID EMBLEM LOGO / MC	1	\$	55.31
BOOTLID EMBLEM - VOIS / MC	1	\$	51.75
BOOTLID EMBLEM - E / MC	1	\$	40.25
BOOTLID LOCK / DT	1	\$	110.40
BOOTLID LOCK STRIKER X	1	\$	55.00
SPARE TYRE CENTRE SPONGE X	1	\$	146.05
SPARE TYRE SIDE SPONGE X	2	\$	248.40
SPARE TYRE TOP BOARD X	1	\$	132.82
		\$	5,176.41
		Less 25%	\$ 1,294.10
		Sub Total:	\$ 3,882.31

PARTS REPLACEMENT - NETT ITEMS

REAR NUMBER PLATE X	1	\$	70.00
REAR BUMPER CLIP / MC		\$	40.00 30
REAR REVERSE SENSOR / SL		\$	400.00 240
REAR JOINT SEALANT X	1	\$	150.00
	Sub Total:	\$	660.00

Total Parts: \$ 4,542.31

LABOUR AND MISCELLANEOUS CHARGES

CHECK REAR WIRING AND LIGHTNING SYSTEM	\$	60.00	30
REMOVE AND RENEW REAR REVERSE SENSOR	\$	150.00	30
REMOVE, REFIT REAR LINING, TRIM AND GARNISH	\$	150.00	30
REMOVE AND STRAIGHTEN REAR EXHAUST	\$	150.00	X
TRANSFER PARTS, ATTACHMENT FROM OLD BOOT LID TO NEW	\$	150.00	50
PANEL BEATING ON AFFECTED AREAS	\$	1,000.00	500
SPRAY PAINTING ON AFFECTED AREAS	\$	1,200.00	600
APPLY ANTI RUST ON AFFECTED AREAS	\$	150.00	30
	\$	<u>3,010.00</u>	

Grand Total: \$ 7,552.31

DATE OF SURVEY / INSPECTED:

RECOMMENDED PART BY PART / LUMP SUM :

RECOMMENDED NUMBER OF DAYS :

SURVEY BY / SURVEYOR FIRM :

RE-SURVEY DISMANTLE PARTS / BEFORE PAINT / AFTER PAINT :

Steve (LKK) WKL Pjil
8322 8813 9/9/77, 12.30am
4 days
L/S
My AL Sy

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	05/09/2020 11:14
Date Of Accident	04/09/2020 16:05
Exact Location Of Accident	SIN MING AVE TWDS MARYMOUNT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ9595J
Insured/Policyholder	
Name Of Registered Owner	TAN CHOON LAN
NRIC No	SXXXX839J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96258000
Alternative Phone No	OFFICE-96258000
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5117641581
Cover Note Number	
Driver	
Name of Driver	LEE ENG TECK
NRIC No	SXXXX838C
Date Of Birth	12/03/1971
Occupation	OUTDOOR
Date Of Driving Pass	25/03/1992
Driving Experience	28 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83323382
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 768 CHOA CHU KANG ST 54 #05-39
Postcode	680768
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	3
Passenger 1	NAME: : TAN CHOON LAN GENDER: : FEMALE
Passenger 2	NAME: : LEE EAZER 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

ON THE ABOVE MENTION DATE AND TIME, I WAS TRAVELLING ALONG SIN MING AVE TOWARDS MARYMOUNT RD. I WAS WAITING FOR THE VEHICLE IN FRONT OF ME TO MOVE. OUT OF SUDDEN, VEHICLE B HIT ONTO THE REAR PORTION OF MY CAR.

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	SHA2558U
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	JERRY LIM GUAN SENG
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

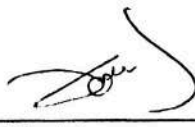
IMPORTANT NOTICE

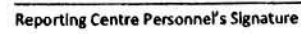
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

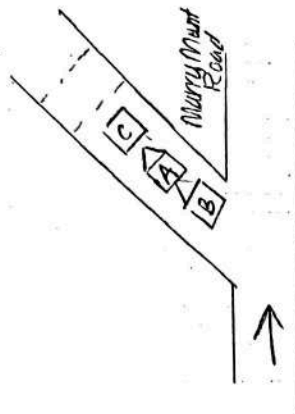

Policyholder's Signature
Date & Time:


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


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

ALPHA OAK

SKETCH PLAN



vehicle A: SMJ 9595J

vehicle B: SHA 2558U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to the attachment -

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

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

On the above mention date and time, I was traveling along Sin Ming Ave
twds Marymount road, I was waiting for the vehicle infront of me to move ,
out of suddenly vehicle B hit onto my rear portion of my car.

Vehicle A: SMJ 9595J

Vehicle B: SHA 2558U

A stylized, cursive handwritten signature, likely belonging to the driver of Vehicle A.A stylized, cursive handwritten signature, likely belonging to the driver of Vehicle B.