

REF:

CTI

ASS. REC. BY: Taufikh

## 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. DMPCSNA00051832001Claims No. SNM20D203717C02

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
	XX

Bal. or Market Value: \$84k.

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS WP'Date: \_\_\_\_\_ Person Contacted: Jess Vehicle: IN / OUTVeh No: SJR6222Z Yr Regn: 2017 JulyType: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mazda Biate. c.c. 1998Colour: Brown A/C: Insured / Std / NI / NASp. Reading: 78401 T/Radio: Insured / Std / NI / NA

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

C/No: JM6CC1071H5111224Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R16.R: n n

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

TOYO / YOKO or Sailun.

Front Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. \_\_\_\_\_ D.O.I. 9/10/20Survey held at Transcurehan Tg Penj. m.

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

Rear o/s

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

Date / Time Action / Instruction

12/10/20@5pm revised to Alfred Toh via Merimen.

08/12/20@1.06pm Taufikh finalised with Jen final fig \$11196.20, 6 days (Red \$2723.30, 20%)

Date/Time, File Pass to?

☐ : Prel. Report

1) 09/12 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S. + RS. SI

Photos

Others

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)Rep. Form: MER-TP

Group / L.B. / 11196.20



TRANS EUROKARS PTE LTD



ESTIMATE COST OF REPAIRS

CHINA TAIPING INSURANCE P/L		NAME : Mr Thoe Teck Beng		WIP : 20073	
3 ANSON ROAD		ADDRESS : 669d Jurong West Street 64		EXCESS :	
#16-00 SPRINGLEAF TOWER		#14-58		DATE : 5-Oct-20	
SINGAPORE 079909		Singapore 644669			
ATTN. : MOTOR CLAIMS		TEL : Mr Thoe Teck Beng			
FAX :					
VEH NO :	SJR6222Z	DATE IN :		CONTACT PERSON :	Jess 63957874
CHASSIS NO :	JM6CC1071H0111224	MILEAGE :		TYPE OF CLAIM :	THIRD PARTY CLAIM
MODEL :	BIANTE	DATE REG. :	17-Jul-17	POLICY NO. :	
NATURE OF WORKS					
Parts Description					
NO	QTY		REVISED	PRICES	
1	1	MC275-50-221FBB	de ✓	1,170.50	
2	2	MBP4K-50-ES1	nei ✓	9.40	
3	2	MGJ6B-50-1K5	nei ✓	8.40	
4	2	MB01W-51-142B	nei ✓	6.40	
5	2	MA001-50-7C1	nei ✓	7.60	
6	2	MGD7A-50-EA1	nei ✓	6.40	
7	1	MC467-50-888	nei ✓	86.00	
8	1	MC467-50-878	nei ✓	86.00	
9	1	MC467-50-879	nei ✓	130.10	
10	1	MC273-51-5L0A	X	124.50	
11	1	MC273-50-2H1C	?	48.80	
12	2	MG043-62-864A	nei ✓	7.00	
13	1	MC2Y3-62-02XF	dei ✓	1,699.70	
14	2	MGHP9-58-867	nei ✓	24.00	
15	1	MC273-50-850L	ant ✓	2,018.60	
16	3	MEG21-51-146	nei ✓	18.60	
17	1	MC603-51-771A	nei ✓	117.10	
18	1	MD204-50-896A	nei ✓	2.80	
19	5	MGJ6A-50-897	nei ✓	64.00	
20	2	MC273-50-896	nei ✓	16.40	
21	1	MC273-51-150F	ant ✓	1,117.20	
TOTAL PARTS					6,769.50
LESS 10%					676.95
TOTAL PARTS COST					6,092.55
Labour Description					

1	MZ-BR-REAR04	TO REPLACE REAR BUMPER AND TAILGATE. REPAIR ALL AREAS AFFECTED BY THE ACCIDENT.	1650	1,980.00
2	MZ-SP-SREAR4	TO RESPRAY REAR BUMPER AND TAILGATE.	1260	1,890.00
3	MZ-BR-GLASS1	TO REMOVE & REFIT THE WINDSCREEN GLASS AND CONDUCT WATER LEAK TEST.	NETT ✓	560.00
4	MZ-BR-GLASS2	TO SUPPLY SEALER ON THE WINDSCREEN GLASS.	NETT ✓	120.00
5	MZ-BR-TAILME	TO TRANSFER TAILGATE MECHANISM.	X	330.00
6	MZ-BR-REVSSEN	TO TRANSFER REVERSE SENSORS. (WITH REVERSE SENSOR)	330	660.00
7	MZ-BR-CAMERA	TO TRANSFER REVERSE CAMERA. (WITH REVERSE CAMERA)	330	660.00
8	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.	150	250.00
9	MZ-BR-CAVITY	TO CARRY-OUT BODY CAVITY PRESERVATION.	X	250.00
10	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	180	350.00
11	MZ-BR-SUNDRI	SUNDRIES.	20	100.00

Taufik 97495749  
 9/10/20 @ 3:50 pm - WP  
 Resurvey before paint  
 06 days  
 taufik@lkkauto.com

TOTAL LABOUR	-	7,150.00
TOTAL PARTS	-	6,092.55
TOTAL	-	13,242.55
LESS EXCESS	-	-
TOTAL AFTER EXCESS	-	-
GST 7%	-	-
GRAND TOTAL	-	-

**REMARKS:**

THIS IS ONLY AN ESTIMATE FROM VISUAL INSPECTION AND SHOULD THERE BE MORE DAMAGES FOUND DURING THE PROCESS OF REPAIRING, YOU WILL BE INFORMED BEFORE THE REPAIRS ARE BEING CARRIED OUT. TAKE NOTE THAT SHOULD YOU DECIDE NOT TO PROCEED WITH THE REPAIRS, A QUOTATION FEE OF \$400 WILL BE APPLIED ACCORDINGLY FOR MAN-HOURS INVOLVED IN SOURCING FOR PARTS PRICE AS WELL AS LABOUR

**TRANS EUROKARS PTE LTD**

\_\_\_\_\_  
 Authorised Signature

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	03/10/2020 08:41
Date Of Accident	02/10/2020 06:30
Exact Location Of Accident	JURONG WEST ST 64 BLK 669D
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE:

Vehicle Registration Number	SJR6222Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR THOE TECK BENG
NRIC No	SXXXX485C
Email Address	TBTHOE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97380121
Alternative Phone No	OFFICE-97380121
<b>Vehicle Particulars</b>	
Manufacturer	MAZDA
Model	BIANTE-2.0 (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
<b>Insurance Company</b>	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA374579/1
Cover Note Number	
<b>Driver</b>	
Name of Driver	MR THOE TECK BENG
NRIC No	SXXXX485C
Date Of Birth	02/07/1964
Occupation	INDOOR
Date Of Driving Pass	22/12/1986
Driving Experience	33 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97380121
Fax Number	
Contact Number	OFFICE-97380121
Email Address	TBTHOE@GMAIL.COM

Address 669D JURONG WEST STREET 64 #14-58  
 Postcode 644669  
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED  
 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: : THOE XIN YI  
 GENDER: : FEMALE  
 Passenger 2  
 NAME: : THOE ZI LIN  
 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

REFER TO SKETCH PLAN.

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGV6646Z  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver TAN KIM THIAN  
 NRIC/Passport Number  
 Contact Number 88090949  
 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 willful 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/ran 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

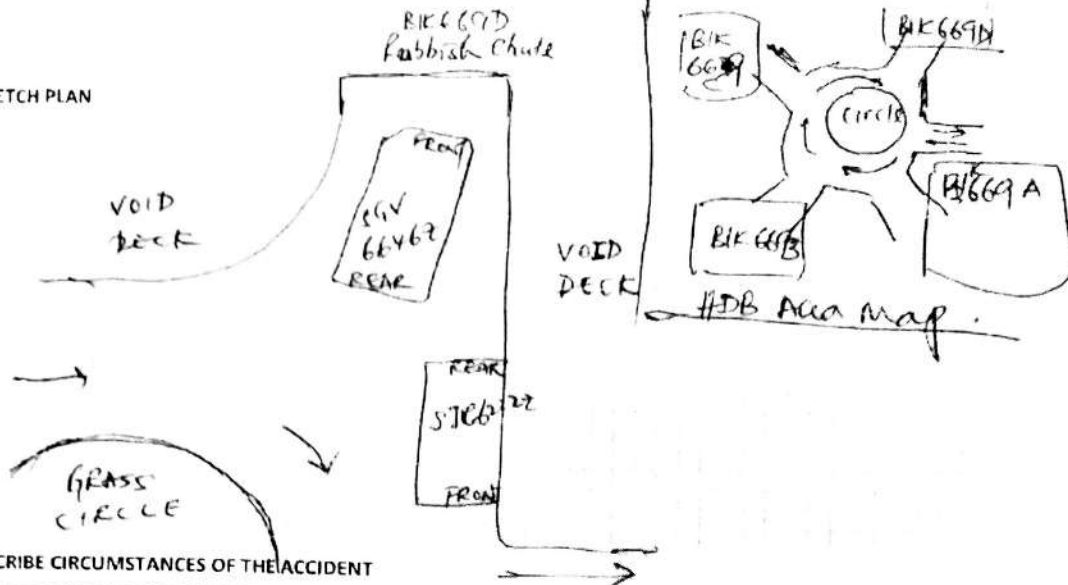
Policyholder's Signature  
Date & Time:

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

2/10/2020  
Repeating Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was early morning my vehicle was temporarily stopped and parked at <sup>the void</sup> shown above under the BIR 669D waiting to fetch my kids to school.

Vehicle No Estima SGV 66462 was then already parked in front of BIR 669D rubbish chute. Mr Tan ~~tan~~, driver of vehicle No SGV 66462 was reversing his vehicle. He did not notice my vehicle was already parked at the above position. Half way of his reversing, his ~~front~~ right hand side of his vehicle hit to my rear left side of my Mazda Brante. His vehicle damaged my vehicle SJR 6222 that was stopped at the moment. His left side of the driver side mirror was broken and dented ~~the~~ <sup>to</sup> my vehicle SJR 6222 rear mirror door and dented the panel as well.

## DECLARATION

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

Policyholder's Signature

Date & Time 2/10/2020

1620

Driver's Signature

(If driver is not the policyholder)  
Date & Time

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.