

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. DMCVSNA00011382002

Claims No. SNM20D203745C02

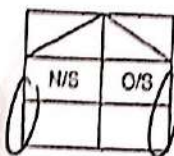
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: \$19,000

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Soon: _____ Consistent? : Yes or No

Est. Repairs: 16 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 3/23 Person Contacted: _____

Vehicle: IN / OUT

Veh No: STD 36568 Yr Regn: 03, 08

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

Truck / Trailer or _____

Make: Honda Airwave cc 1498

Colour: M. Black A/C: Insured / Std / Nil / NA

Sp. Reading: 284732 T/Radio: Insured / Std / Nil / NA

Eng No: _____

C/N: GTI 1205658

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / SRM / STD / R/Rim or

Tyre Size: F: 185/60R15

R: _____

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

TOYO / YOKO or Tourado

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 6/10/20 D.O.I. 9/10/2020

Survey held at _____

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

N/S Area & o/s Rec

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

Date / Time Action / Instruction

13/10/20@11.02am revised to Pauline Tham by email.

Kenneth confirmed LS \$8000, 16 days (Red \$11612.01, 59%)

Date/Time, File Pass to?

☐ : Prel. Report

1) 13/11 Typist

☐ : Final Report

Date/Time, File Return to?

Days Of Repair: 16

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S - RS - SI

F - RS

Others

TOTAL

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Report Format: MER-TP

Lump Sum / H.R. (\$ 8000

ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A

#03-11 AMK Autopoint Singapore 568047

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

ESTIMATE

MS China Taiping Insurance (Singapore) Pte Ltd

3 Anson Road #15-00

Springleaf Tower

Singapore 079909

Date : 07.10.2020

Vehicle No : SJD3656Z

Veh Make/Model : Honda Airwave 1.5M A

YOM : 2007

Chassis No : GJ11205658

Date of Accident : 06.10.2020

Not Authorised
61 Day &
Returning After Repair
16 days

No	Qty	Description	Amount \$	
		<u>Cost Items:-</u>		
1	1	Rear Tail Gate	\$ <i>R</i> 1,382.50	✓
2	1	Rear Tail Gate Lock	\$ <i>R</i> 109.40	X
3	1	Rear Tail Gate Logo	\$ <i>R</i> 30.00	X
4	1	Rear Tail Gate Logo "AIRWAVE"	\$ <i>R</i> 38.50	✓
5	1	Rear Tailgate Centre Chrome with Logo	\$ <i>R</i> 288.90	X
6	1	Rear Tailgate Centre Panel	\$ 451.50	?
7	1	Rear Tailgate Inner Trim Board	\$ <i>R</i> 278.30	X
8	2	Rear Tailgate Lamp LH & RH	\$ <i>also</i> 245.30	✓
9	1	Rear Tailgate Open Handle	\$ <i>R</i> 53.40	X
10	1	Rear Bumper	\$ <i>T</i> 1,078.50	✓
11	2	Rear Bumper Side Retainer LH & RH (Short)	\$ <i>D</i> 50.00	✓
12	1	Rear Bumper Centre Beam	\$ <i>R</i> 90.00	X
13	1	Rear Weathershield	\$ <i>R</i> 191.20	X
14	1	Rear End Panel	\$ <i>R</i> 508.70	✓
15	1	Rear End Panel Garnish	\$ <i>R</i> 138.60	X
16	1 Set	Rear Tailgate Glass Moulding	\$ <i>R</i> 80.20	✓
17	1	Rear LH Fender	\$ <i>R</i> 1,005.10	✓
18	1	Rear LH Fender Shield	\$ <i>CM</i> 65.00	✓
19	1	Rear LH Lamp	\$ <i>R</i> 358.90	✓
20	1 Set	Rear LH Lamp Clips	\$ <i>R</i> 35.00	✓
21	1	Rear LH fender Inner Compartment	\$ <i>Return</i> 980.00	✓
22	1	Rear LH Fender Glass Moulding	\$ <i>R</i> 45.00	✓
23	1	Rear LH Fuel Cover	\$ <i>R</i> 88.00	X
24	1	Rear LH Door	\$ <i>R</i> 982.00	X
25	1	Rear LH Fender Logo "Airwave"	\$ <i>R</i> 80.00	X
26	1	Rear LH Inner Airduct	\$ <i>CM</i> 27.36	✓
27	1	Rear RH Lamp	\$ <i>R</i> 258.90	X
28	1 Set	Rear RH Lamp Clips	\$ <i>R</i> 35.00	X
29	1	Rear RH Fender Inner Compartment	\$ <i>R</i> 980.00	X
30	1	Rear RH Fender	\$ <i>R</i> 1,005.00	✓
Total - List Item			\$ 10,960.26	
Less 20%			\$ 2,192.05	
Total			\$ 8,768.21	

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MS China Taiping Insurance (Singapore) Pte Ltd

3 Anson Road #15-00

Springleaf Tower

Singapore 079909

Date : 07.10.2020

Vehicle No : SJD3656Z

Veh Make/Model : Honda Airwave 1.5M A

YOM : 2007

Chassis No : GJ11205658

Date of Accident : 06.10.2020

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3 Anson Road #15-00
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Date : 07.10.2020
Vehicle No : SJD3656Z
Veh Make/Model : Honda Airwave 1.5M A
YOM : 2007
Chassis No : GJ11205658
Date of Accident : 06.10.2020

[illegible]

- 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

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	06/10/2020 17:21
Date Of Accident	06/10/2020 13:50
Exact Location Of Accident	ALONG LORNIE ROAD TOWARD ADAM ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD3656Z
Insured/Policyholder	
Name Of Registered Owner	GOH KIAN SENG
NRIC No	SXXXX852F
Email Address	GOH.KIANSENG13@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94563896
Alternative Phone No	OTHERS-97704609

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE-1.5 M (A)
Exact Purpose for which vehicle was being used at time of accident	TRANSPORT TO WORK
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D20MTPV01003671
Cover Note Number	

Driver

Name of Driver	GOH KIAN SENG
NRIC No	SXXXX852F
Date Of Birth	13/08/1965
Occupation	OUTDOOR
Date Of Driving Pass	05/09/1991
Driving Experience	29 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	+65-94563896
Fax Number	
Contact Number	OTHERS-97704609
E-Mail Address	GOH.KIANSENG13@GMAIL.COM

Address BLK 182 BISHAN STREET 13, #08-277
 Postcode 570182
 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 CHAIN 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 3
 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) 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

VEHICLE A: SJD3656Z. VEHICLE B: XB8376T. VEHICLE C: SMF6980X. I was driving along at Lane 4 Lornie Road toward Adam Road, suddenly VEHICLE B travelling at Lane 3 cut into my lane hit onto my rear causes my vehicle to lose control and spinned to Lane 1 and hit by VEHICLE C.

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

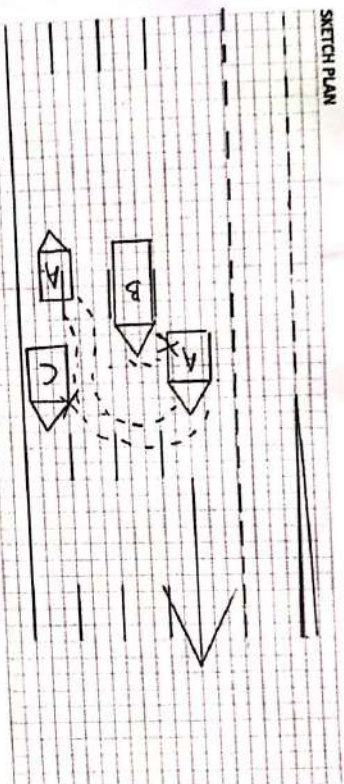
Vehicle Registration Number XB8376T
 Vehicle Make/Model/Colour VOLVO
 Details Of Properties
 Vehicle Category TANKER
 Name of Driver LIM TIEN TECK
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

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Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE A: 5JD 2V96Z.

DOT: 06-10-2020 @ 120PM.

VEHICLE B: XB 823ET

VEHICLE C: CMF 618DX

I WAS DRIVING AT LANE 4 ALONG LUMIE ROAD TOWARD ATRIAN ROAD.
SUDDENLY VEHICLE B TRAVELLING AT LANE 3 CUT INTO MY LANE
WIT NOTED MY CAR CAUGHT MY VEHICLE TO LOSE CONTROL AND SPINNED
TO LANE 1 AND HIT BY VEHICLE C.

DECLARATION

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

Reported Person's Signature
Date & Time

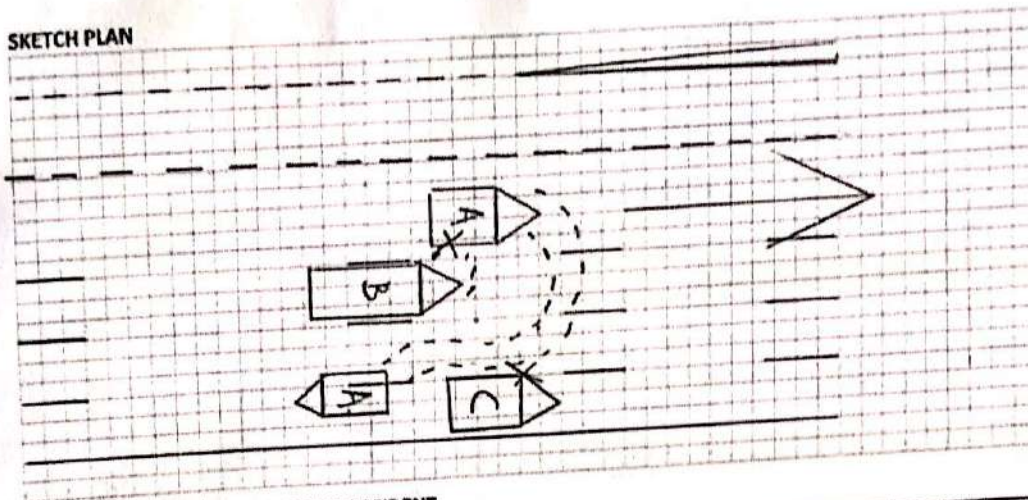
Driver's Signature
(if driver is not the policyholder)
Date & Time

Reporting Centre Personnel's Signature
Name
NIC/PAN No.



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A: 4JD 3656Z.
Vehicle B: XB 8376T
Vehicle C: CMF 6980X

DOT: 06.10.2020 @ 150PM.

I was driving at lane 4 along Lanie Road toward Adam Road,
suddenly vehicle B travelling at lane 3 cut into my lane
hit onto my rear causes my vehicle to lose control and spinned
to lane 1 and hit by vehicle C.

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

[Signature] 06/10/20
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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