

ASS. REQ. BY:

Tough

REF:

CS/EG/20011074/Tiva3

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

WP

Vehicle: IN / OUT

Date:

Person Contacted:

Pearlyn

Veh No:

SMT 419S

Yr Regn: 2020, March

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

Truck / Trailer or

Make:

Mitsubishi Eclipse Cross c.c 1499

Colour:

Bronze

A/C: Insured / Std / NI / NA

Sp. Reading

5815

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JMA XTHK1-WL 2001769

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 225/50 R14

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

14/10/20

Survey held at

Ben Chuan

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 29/10/20-Typist

Rep. Form: Merimen

Lump Sum / L.B.: LS \$3100

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others



萬 春 摩 哆 BAN CHOON MOTOR WORKS

Blk 3, Pioneer Road North #01-14/15 Singapore 628457

Tel: 6264 1191 Fax: 6261 1324

E-mail: banchoon@singnet.com.sg

Business Reg./GST Reg. No. 351915/00A
GST Regn No. 35191500A

07/10/2020

Ergo Insurance Pte Ltd
5 Temasek Boulevard
#04-01 Suntec Tower Five
Singapore 038985

Attn: Motor Claims Dept.

Dear Sir/Madam

QUOTATION FOR REPAIRS OF VEHICLE NO. SMT 419 S
MODEL: MITSUBISHI ECLIPSE CROSS - 1.5(A)
DATE OF ACCIDENT: 22/09/20
YOUR INSURED VEHICLE REGN NO. XE 568 T

1 pc	Front grille
1 pc	LH headlamp
1 pc	Front bumper centre garnish
1 pc	Front bumper lower garnish LH

\$	603.00	N	cut ✓
	2,095.00	N	cut ✓
	355.00	N	cut ✓
	334.00	N	cut ✓
	<u>3,387.00</u>	N	

LABOUR CHARGES:

To knocking and straightening of all necessary damaged parts.
To changing of the above parts.
To putty and spray painting on accident damaged parts.

	600.00	400.
	900.00	450
\$	<u>4,887.00</u>	

Yours faithfully,

Perinday

Tanfik 97495789

'WP' 14/10/20 @ 1pm

tanfik@iklan.com

Resurvey after repair.

03 days

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 28/09/2020 15:09
 Date Of Accident 22/09/2020 09:15
 Exact Location Of Accident OUTSIDE ROAD NEAR TUAS FIRE STATION
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMT419S
Insured/Policyholder
 Name Of Registered Owner SYNCHRON MACHINERY ENGINEERING P/L
 Co Reg No 1XXXXX425R
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-NOPHONE

Vehicle Particulars

Manufacturer MITSUBISHI
 Model ECLIPSE CROSS-1.5 (A)
 Exact Purpose for which vehicle was being used at time of accident ON THE WAY 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 AIG ASIA PACIFIC INSURANCE PTE. LTD.
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 2070053664
 Cover Note Number

Driver

Name of Driver NG WAN NING
 NRIC No SXXXX498E
 Date Of Birth 08/05/1992
 Occupation INDOOR
 Date Of Driving Pass 16/09/2010
 Driving Experience 10 YEARS AND 0 MONTHS
 Gender FEMALE
 Mobile Number
 Fax Number (LOCAL) +65-92367125
 Contact Number
 Email Address NOEMAIL

Address : 23 SHAMAH TERRACE

Postcode 597575

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident HIT BY FALLEN TREE / OTHER OBJECTS

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: : NG YONG SING

GENDER: : MALE

Passenger 2

NAME: : NG WAN TING

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 ATTACHMENT

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

Vehicle Registration Number

XE568T

Vehicle Make/Model/Colour

TRAILER

Details Of Properties

Vehicle Category

GOODS VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Sketch Plan

SKETCH PLAN

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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

Sketch Plan #2

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

We were traveling on the road outside Tuas Fire station, when a trailer cut into the 2nd lane from the 3rd lane we were on the 1st lane, when a piece of metal fell from the back of the lorry. It made a dent on the bonnet of the car, with many visible scratches.

DECLARATION

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

Policyholder
Date & Time



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

[Handwritten signature]



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

[Handwritten signature]

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel: (65) 6224 0010 Fax: (65) 6224 0040
Operating Hours: Monday to Friday 09:00 - 17:00
UEN: S665500206 / GST Reg. No. M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MIC 6200 64409-01 Vehicle Registration No: SMT 4195
Name (as shown in NRIC) : Ng Wai Ming NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 9236 7125
Email Address : _____
Date of Accident : 22/09/2020 Time of Accident : 07:15
Place of Accident : Outside Road Near Tuas Fire Station
Insurance Company : AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Addendum 'Reporting Only' -> 'Third Party'

Policyholder / Driver's Signature
Date:

[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:
Date: 6/10/2020