

## 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: \_\_\_\_\_

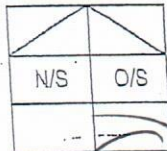
Policy No. 29088694RMVClaims No. 631277

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

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

Est. Repairs: 4 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SKH 5602H Yr Regn: Dec 2012Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: Honda Civic C.C. 1598Colour: White A/C: Insured / Std / NI / NASp. Reading: 121371 T/Radio: Insured / Std / NI / NAEng/No: R16B 11002064C/No: 5HMF B1630C S201562Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/55 R16R: 11

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

TOYO / YOKO or Dunlop

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. S mm R/Bal. S mmL/Bal. S mm L/Bal. S mmD.O.A. 24/11/20 D.O.A. 24/11/20Survey held at JWG AMK

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

MSG 8523443E

04/12/2000 Jumper 2/53700 - with 4 days 3 rev cited 169201.64, 73%

08/12/2000 2336pm revised to Jasmine Lok via Meamen.

Date/Time, File Pass to?

08/12/2000

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.B. (\$

☐ : Prel. Report☐ : Final ReportDays Of Repair: 4Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

MER-TP

3700



# JWG INTERNATIONAL PTE. LTD.

10, ANG MO KIO IND PARK 2A, #03-08 AMK AUTOPOINT, SINGAPORE 568047

H/P: 8299 6103 | FAX: 6909 9592

E-Mail: jwg.claims@yahoo.com

To: MSIG INSURANCE (SINGAPORE) PTE. LTD.

Att: Motor Claims Dept

ACCIDENT INVOLVING SJZ3443E [YOUR INSURED] & SKH5602H [OUR CLIENT]  
ON 24/11/2020.

## ESTIMATED REPAIR COSTS FOR SKH5602H

<u>QTY</u>	<u>PARTS</u>	<u>AMOUNT</u>	
1PC	BOOTLID <i>Demol</i>	876.20	\$ 984.25 ✓
2PCS	BOOTLID LAMP LH / RH @ \$395.80 EACH <i>HH</i>		\$ 791.60 X
1PC	BOOTLID LOGO <i>Hec</i>		\$ 79.40 ✓
1PC	BOOTLID 'CIVIC' EMBLEM <i>Hec</i>		\$ 92.50 ✓
1PC	BOOTLID '1.6' EMBLEM <i>Hec</i>		\$ 66.20 ✓
1PC	BOOTLID 'I-VTEC' EMBLEM <i>Hec</i>		\$ 98.60 ✓
1PC	BOOTLID LOCK <i>Svc</i>		\$ 389.70 X
1PC	BOOTLID SWITCH <i>HF</i>		\$ 189.40 X
2PCS	BOOTLID HINGE LH / RH @ \$98.00 EACH <i>HH</i>		\$ 196.00 X
1PC	BOOTLID INNER TRIM <i>HH</i>		\$ 399.20 X
1PC	BOOTLID WEATHER STRIP <i>Hec</i>	178.60	\$ 285.70 ✓
2PCS	TAIL LAMP LH / RH @ \$695.90 EACH <i>o/s cut n/s HH</i>	385.20	\$ 1,391.80 ✓
2PCS	TAIL LAMP LOWER BRACKET LH / RH @ \$101.90 each <i>HH</i>		\$ 203.80 X
1PC	REAR BUMPER <i>distorted / Crack</i>	669.40	\$ 1,012.80 ✓
2PCS	REAR BUMPER SIDE RETAINER LH / RH @ \$49.00 EACH <i>HH</i>		\$ 98.00 X
1PC	REAR BUMPER SPONGE <i>HF 200.00 x 2</i>	400.00	\$ 219.00 X
4PCS	REAR BUMPER SENSOR @ \$310.00 EACH <i>o/s Dem n/s HH</i>	620.00	\$ 1,240.00 ✓
4PCS	REAR BUMPER SENSOR HOLDER @ \$20.00 EACH <i>Svc</i>		\$ 80.00 X
1PC	REAR BUMPER SENSOR WIREHARNESS <i>HH</i>		\$ 840.00 X
1PC	REAR END PANEL <i>Demol</i>	314.50	\$ 895.30 ✓
1PC	REAR END PANEL TOP GARNISH <i>demol</i>	77.70	\$ 295.80 ✓
1PC	SPARE WHEEL PANEL <i>HH</i>		\$ 1,328.00 X

3238.60      3458.60  
2590.88      2766.88

PARTS SUM: \$ 11,177.05  
PARTS LESS 20%: \$ 2,235.41  
PARTS TOTAL: \$ 8,941.64

### LABOUR & SPECIAL NETT ITEMS

*	TO SUPPLY BOOTLID INNER TRIM CLIPS <i>HW</i>	\$ 50.00	X
*	TO SUPPLY REAR BUMPER CLIPS <i>HW</i>	\$ 50.00	30/-
*	TO SUPPLY REAR END PANEL SEALANT <i>HW</i>	\$ 80.00	20/-
*	TO SUPPLY REAR END PANEL TOP GARNISH CLIPS <i>HW</i>	\$ 50.00	20/-
*	TO SUPPLY SPARE WHEEL PANEL SEALANT <i>HW</i>	\$ 80.00	X
*	TO SUPPLY REAR NO. PLATE & CASING <i>HW</i>	\$ 100.00	X
*	TO REMOVE ALL INTERIOR UPHOLSTERLY ITEMS TO FACILITATE REPAIRS	\$ 300.00	120/-
*	TO REMOVE & PANEL BEAT ALL DAMAGED ABOVE PARTS & PANELS	\$ 1,400.00	750/-
*	TO RESPRAY NEW PAINTWORK FOR ALL DAMAGED AREAS	\$ 1,400.00	700/-
*	TO TUFF COAT DAMAGED AREAS	\$ 300.00	40/-
*	TO RNR BOOTLID MECHANISM TO FACILITATE REPAIRS	\$ 200.00	60/-
*	TO RNR REAR BUMPER SENSOR TO FACILITATE REPAIRS	\$ 150.00	40/-
*	TO CHECK & RE-FIX ALL ELECTRICAL WIRINGS	\$ 200.00	30/-
*	TO COMPUTERIZE DIAGNOSE FAULT CODES & CONTROL UNITS. RESET ALL MEMORIES TO FACTORY DEFAULT SETTINGS	\$ 300.00	100/-

**LABOUR & S/N TOTAL: \$ 4,660.00**

**GRAND TOTAL ESTIMATED REPAIR COSTS (NON-INCLUSIVE OF 7% GST): \$ 13,601.64**

24/11/2020 @ 1715hr

NA Arthur

2/5hr

4 days.

Man

LKK Auto

Check Part Prices.

4600-88

4638-88

453700/-

453700/-

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	24/11/2020 17:19
Date Of Accident	24/11/2020 08:55
Exact Location Of Accident	BRADDELL FLYOVER TOWARDS UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH5602H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW SEOK PENG
NRIC No	SXXXX531A
Email Address	SHAISELAMAT@HAWKEYESS.COM.SG
Mobile Phone No	(LOCAL) +65-94763550
Alternative Phone No	OTHERS-94763550

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.6 VTIS AT
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

### Driver

Name of Driver	SHAIFUDIN BIN SELAMAT
NRIC No	SXXXX906A
Date Of Birth	01/10/1962
Occupation	INDOOR
Date Of Driving Pass	12/01/1988
Driving Experience	32 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81210728
Fax Number	
Contact Number	
EEmail Address	SHAISELAMAT@HAWKEYESS.COM.SG

Address	213 BEDOK SOUTH AVENUE 1 #01-15 SPORE 469337
Postcode	
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?	YES
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

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	SJZ3443E
Vehicle Make/Model/Colour	JEEP / CHEROKEE TRAILHAWK 2.4 A/T 4WD
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)	

#### DETAILS OF INJURED PERSON 1

Name	SHAIFUDIN BIN SELAMAT
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

SKH5602H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode



## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

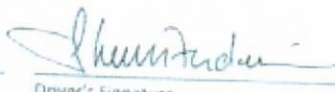
- 1 Please report correctly the details of the accident to speed up the claims process.
- 2 This Form must be completed by the Policyholder and/or the Authorised Driver
- 3 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts 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.
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- 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: Jubing  
NRIC/FIN No:

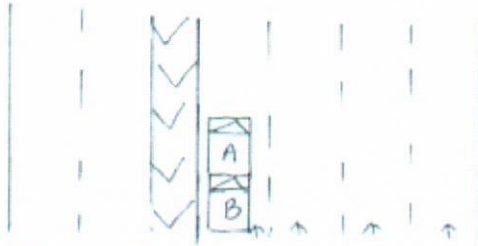
## Sketch Plan #2

### SKETCH PLAN

Braddell Flyover towards Upp Serangoon Rd

Vehicle A: SKH5602H

Vehicle B: SJZ 343E




### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A (SKH5602H) was travelling along on the stated location at Lane 4. As vehicle in front of me came to a stop, I followed suit. Suddenly, I felt an impact from the rear of my vehicle. I alighted and realised vehicle B (SJZ343E) collided onto my rear portion of my vehicle causing damages.

### 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.: