

ASSIGNMENT

CS/MSG 20013715/Dvd3

From: _____ Date: _____

Estimated Cost: _____

OD (TP) WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop no/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: 6 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMH70113 Yr Regn: 2019 Jan

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

Truck / Trailer or

Make: Toyota Camry 2.5G 0.0 2487

Colour: white A/C: Insured / Std / NI / NA

Sp. Reading: 198359 T/Radio: Insured / Std / NI / NA

Eng/No: A25AFX22487

C/No: AXVH701036749

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 235/40 R18

R: 11

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

TOYO / YOKO or Bridgestone

Front _____ Rear _____

R/Bal. S mm R/Bal. S mm

L/Bal. S mm L/Bal. S mm

D.O.A. 08/12/2020 D.O.I. 11/12/2020

Survey held at JTG AMK CS Ong

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

Rear N/S

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

Date / Time	Action / Instruction
	MSG SLP 645M
18/01/22	pinv: 2/5 7500/- with 6 days of rev (Recd 19426.64, 729)

Date/Time, File Pass to? Prel. Report

1) Final Report

Date/Time, File Return to?

2) 18/1/21-Typist

Report Format: Merimen

Lump Sum / LB: (7500)

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee: Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)

Survey Fee:

Transportation:

S+RS \$

Photos

Others

TOTAL

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 Submission 09/12/2020 17:25 (SGT)
Date of Accident 08/12/2020 19:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information BLK 175 BOON LAY DRIVE CARPARK LOT 144
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH7011B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner C. S. ONG AUTO PTE LTD
Company Reg No 2XXXXX916W
Email Address csongauto@yahoo.com.sg
Mobile Phone No (Phone) +65-64841933
Alternative Phone No (Office) +65-64841933

VEHICLE PARTICULARS

Manufacturer Toyota
Model Camry
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5114050533-000046 DC
Cover Note Number 01/01/2020 - 31/12/2020

DRIVER

Name of Driver LOH CHENG CHWEE (LUO QINGSHUI)
NRIC No SXXXX240D
Date Of Birth 26/10/1980
Occupation Outdoor

Date Of Driving Pass	12/10/2016
Driving experience	4 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92323494
Alt. Phone Number	-
Email Address	spoon_vins@hotmail.com
Address	BLK 175 BOON LAY DRIVE #10-346
Address complement	-
Postcode	640175
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT

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	SLP645M
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJF7191K
Vehicle Manufacturer Honda
Vehicle Model Fit
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

5904 70112 (N70C)
 Date: 08/12/2020 @ 1900

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 **rescind 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 insurers 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.

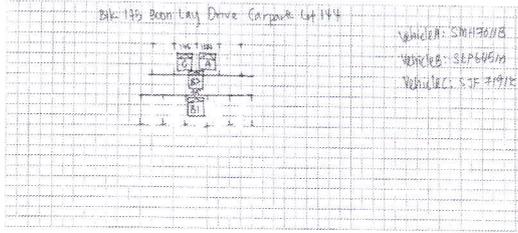


Policyholder's Signature
 Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A (S2H176118) was parked on the stated location of Carpark Lot 114. My neighbour called and informed me that my vehicle was collided by vehicle B (S2P645111). I then got down and check that vehicle B (S2P645111) collided onto my rear left portion of my vehicle causing damages.

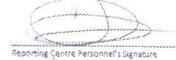
* (claim TP by JUNG)

DECLARATION

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


 Policyholder's Signature
 Date & Time:

 4/12/20
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:


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

1PC	REAR ABSORBER LH <i>HW</i>	\$ 676.40	X
1PC	REAR KUNCKLE ARM LH <i>HW</i>	\$ 859.60	X
1PC	REAR LOWER ARM <i>HW</i>	\$ 471.40	X
1PC	REAR WHEEL BEARING & HUB ASSY. LH <i>HW</i>	\$ 580.90	X

6830.59
5122.94

PARTS SUM: \$ 19,608.85
PARTS LESS 25%: \$ 4,902.21
PARTS TOTAL: \$ 14,706.64

LABOUR & SPECIAL NETT ITEMS

*	TO SUPPLY BOOTLID LAMP CLIPS <i>HW</i>	\$ 50.00	X
*	TO SUPPLY TAIL LAMP CLIPS <i>HW</i>	\$ 50.00	X
*	TO SUPPLY BOOTLID CENTER GARNISH CLIPS <i>HW</i>	\$ 50.00	X
*	TO SUPPLY REAR BUMPER CLIPS <i>Hec</i>	\$ 50.00	20/-
*	TO SUPPLY REAR WINDSCREEN SEALANT <i>Hec</i>	\$ 80.00	40/-
*	TO SUPPLY REAR WINDSCREEN DAMPING SEAL <i>HW</i>	\$ 30.00	X
*	TO SUPPLY REAR END PANEL SEALANT <i>Hec</i>	\$ 80.00	20/-
*	TO SUPPLY REAR END PANEL TOP GARNISH CLIPS <i>SVC</i>	\$ 50.00	X
*	TO SUPPLY REAR FENDER SEALANT <i>Hec</i>	\$ 80.00	20/-
*	TO SUPPLY REAR FENDER INNER TRIM CLIPS <i>SVC</i>	\$ 50.00	X
*	TO SUPPLY REAR NO. PLATE & CASING <i>HW</i>	\$ 100.00	X
*	TO SUPPLY 2 PCS REAR FENDER TAIL LAMP LH / RH @ \$1,000.00 EACH <i>HW</i>	\$ 2,000.00	700/-
*	TO SUPPLY 2 PCS BOOTLID LAMP LH / RH @ \$800.00 EACH <i>HW</i>	\$ 1,600.00	600/-
*	TO SUPPLY 1PC REAR LH RAYS SPORTS RIM <i>HW</i>	\$ 1,500.00	X
*	TO SUPPLY 1PC REAR LH TYRE <i>HW</i>	\$ 450.00	X
*	TO REMOVE ALL INTERIOR UPHOLSTERLY ITEMS TO FACILIATE REPAIRS	\$ 300.00	120/-
*	TO REMOVE & PANEL BEAT ALL DAMAGED ABOVE PARTS & PANELS	\$ 1,600.00	1200/-
*	TO REPLACE DAMAGED REAR UNDER-CARRIAGE PARTS	\$ 400.00	HW
*	TO RESPRAY NEW PAINTWORK FOR ALL DAMAGED AREAS (<i>pearl</i>)	\$ 1,600.00	1200/-
*	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 RNR REAR WINDSCREEN TO FACILITATE REPAIRS	\$ 300.00	120/-
*	TO RNR FUEL TANK FILLER PIPE	\$ 150.00	HW
*	TO RNR REAR EXHAUST & ATTACHMENT PARTS TO FACILITATE REPAIR	\$ 300.00	60/-
*	TO CHECK & RE-FIX ALL ELECTRICAL WIRINGS	\$ 200.00	30/-

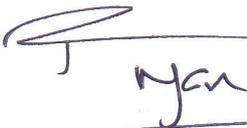
- * TO CONDUCT COMPUTERIZED 4 WHEEL ALIGNMENT TEST 2870.00 \$ 200.00 ~~44~~
- * TO COMPUTERIZE DIAGNOSE FAULT CODES & CONTROL UNITS. RESET ALL MEMORIES TO FACTORY DEFAULT SETTINGS \$ 300.00 ~~44~~

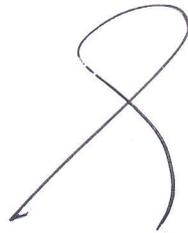
LABOUR & S/N TOTAL: \$ 12,220.00

GRAND TOTAL ESTIMATED REPAIR COSTS (NON-INCLUSIVE OF 7% GST): \$ 26,926.64

11/12/2020 @ 0915hrs
 Not Actual
 2/sum 6 days.

9392.94
 2/S 7500/-


 Ryan
 LKK Auto



Check Part Prices.

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: