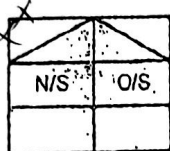


ASS. REC. BY: Steve

REF: CS/CT120014732/RIVd3

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.

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
 Cum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SM6 1668B Yr Regn: 8/10/18
 Type: ☒ M.Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /
 Truck / Trailer or
 Make: Bentley Continental GT c.c. 5950
 Colour: Black A/C: ☒ Insured / ☐ Std / ☐ NI / ☐ N
 Sp. Reading: 4995 T/Radio: ☒ Insured / ☐ Std / ☐ NI / ☐ N
 Eng/No: _____
 C/No: SCBCA1359JC979995
 Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt
 Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
 Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
 Modl: ☒ Nil / ☐ S/R/m / ☐ STD A/R/m or
 Tyre Size: F: 265/422R21
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Firelli
 Front Rear
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 27/12/21 D.O.I. 31/12/20
 Survey held at Cycle & Carriage
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
FM LH
 The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	<u>MV- 738K</u>

Time/Time, File, Pass to? ☐ : Prell. Report
☐ : Final Report

Time/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

\$ + RS, \$

Photos

Others

TOTAL

Approved:

Signature / Date:

SERVICE ESTIMATE

98353 - C00001
 Mr Sengman Tjahja
 22 St Thomas Walk
 #16-02 Sky Park
 Singapore
 Singapore 238107

SL: SERVICE SALES - PC

GST Reg.No:M28920628X
 Inv.No. . : B&P 0 Page 1
 Inv.date. : 29/12/2020
 WIP No. . : 57462
 Veh.In/Out: 28/12/2020
 *Tel.No. . : Mobile: 81813408
 Reg.No. . : SMG1668B
 Reg.date . : 08/10/2018
 Mileage . : 0
 Chassis No: SCBCA13S0JC070095

Closed by : Richmond Ho
 Svc Consultant :
 Remarks : Mr Sengman Tjahja

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE FRONT LH FENDER, FRT BUMPER, ETC	0	7000.00	0		7,000.00 S	3500
800	TO PUTTY SPRAY PAINT ON FRT BUMPER, FRT LH FENDER, ETC	0	3600.00	0		3,600.00 S	2400
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	1750.00	0		1,750.00 S	/
	BUMPER COVER PRIMED	1.0 EA	7189.80			7,189.80 S	
	BUMPER CARRIER	1.0 EA	2507.00			2,507.00 S	
	FOAM REINFORCEMENT F	1.0 EA	501.40			501.40 S	
	GUIDE PROFILE	1.0 EA	170.00			170.00 S	
	GUIDE PROFILE	1.0 EA	226.80			226.80 S	
	GUIDE PROFILE	1.0 EA	198.70			198.70 S	
	GUIDE PROFILE	1.0 EA	198.70			198.70 S	
	GUIDE PROFILE	1.0 EA	198.70			198.70 S	
	GUIDE PROFILE	1.0 EA	226.80			226.80 S	
	GUIDE PROFILE	1.0 EA	170.00			170.00 S	

Steve (LKK)
 OD - NM AL
 Excer ?
 31/12/20, 11.00a
 5 dys
 P/P
 By BL sup

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:

SERVICE ESTIMATE

98353 - C00001
 Mr Sengman Tjahja
 22 St Thomas Walk
 #16-02 Sky Park
 Singapore
 Singapore 238107

SL: SERVICE SALES - PC

GST Reg.No:M28920628X

Inv.No. : B&P 0 Page 2

Inv.date. : 29/12/2020

WIP No. : 57462

Veh.In/Out: 28/12/2020

*Tel.No. : Mobile: 81813408

Reg.No. : SMG1668B

Reg.date. : 08/10/2018

Mileage : 0

Chassis No: SCBCA13SOJC070095

Closed by : Richmond Ho

Svc Consultant :

Remarks : Mr Sengman Tjahja

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	BRACKET 1	1.0 EA	206.60			206.60	S
	BRACKET 1	1.0 EA	206.60			206.60	S
	AIR GUIDE GRILLE X	1.0 EA	1091.30			1,091.30	S
	WING LHF / 00	1.0 EA	17022.40			17,022.40	S
	BRACKET - FENDER / BT	1.0 EA	176.70			176.70	S
	SUPPORT BRACKET X	1.0 EA	796.40			796.40	S
	SUPPORT ELEMENT X	1.0 EA	560.40			560.40	S
	B975804221C/BRACKET X	1.0 EA	206.50			206.50	S
	BRACKET FOR DISTANCE / N/C	1.0 EA	82.40			82.40	S
	B3SD807833/TRIM RING / N/C	1.0 EA	560.40			560.40	S
	TRIM RING / N/C	1.0 EA	482.50			482.50	S
	VENT GRILLE (chrome finish) / N/C	1.0 EA	383.40			383.40	S
	BRACKET - FENDER X	1.0 EA	589.90			589.90	S
	BRACKET - FENDER X	1.0 EA	73.70			73.70	S
	LED HEADLIGHT X	1.0 EA	13185.70			13,185.70	S
	TURN SIGNAL INDICATO X	1.0 EA	3376.90			3,376.90	S
	SENSOR PRIMED X	1.0 EA	441.90			441.90	S

SERVICE ESTIMATE

98353 - C00001

SL: SERVICE SALES - PC

Mr Sengman Tjahja
22 St Thomas Walk
#16-02 Sky Park
Singapore
Singapore 238107

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 3

Inv.date. : 29/12/2020

WIP No. . : 57462

Veh.In/Out: 28/12/2020

*Tel.No. . : Mobile: 81813408

Reg.No. . : SMG1668B

Reg.date. : 08/10/2018

Mileage . : 0

Chassis No: SCBCA13SOJC070095

Closed by : Richmond Ho

Svc Consultant :

Remarks : Mr Sengman Tjahja

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
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	ADHESIVE SEALER FL2 / <i>AK</i>	1.0 EA	709.60			709.60	S
--	---------------------------------	--------	--------	--	--	--------	---

Labour Total	12,350.00
Parts Total	51,741.20
Package Total	0.00

Gross Total. 64,091.20

Net..... 64,091.20

GST @ 7.0% 4,486.38

Total..... 68,577.60

Paid..... 0.00

Please Pay.. 68,577.60

GST: S=StdRated; O=OutOfScope; Z=ZeroRated



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1/B

R SN

AN0055A

Cov. Type:C

CERTIFICATE OF INSURANCE
Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00123422001

Engine No.: DDBD001092

Cha. No.: SCBCA13S0JC070095

1. Index Mark and Registration
Number of Vehicle

SMG1668B

2. Name of Policy Holder

SENGMAN TJAHJA

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

08/10/2020

Named Drivers Ex Sect. I

\$S\$12,000.00

Excess Sect. I (Outside Singapore)

\$S\$24,000.00

EX ON WINDSCREEN .

\$S\$1,500.00

4. Date of Expiry of Insurance

07/10/2021

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

SENGMAN TJAHJA

6. Limitations as to use:*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Irene Hor
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com

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	28/12/2020 16:08 (SGT)
Date of Accident	27/12/2020 15:00 (SGT)
Exact Location of Accident	1 Kim Seng Promenade, Singapore 237994
Additional Location Information	CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG1668B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SENGMAN TJAJAJA
NRIC No	SXXXX992E
Email Address	sengmantjahja68@gmail.com
Mobile Phone No	(Phone) +65-81813408
Alternative Phone No	+65-81813408

VEHICLE PARTICULARS

Manufacturer	Bentley
Model	Continental
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?	Yes
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00123422001
Cover Note Number	-

DRIVER

Name of Driver	SENGMAN TJAJAJA
NRIC No	SXXXX992E
Date Of Birth	16/12/1953
Occupation	Indoor

Date Of Driving Pass	24/04/2015
Driving experience	5 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81813408
Alt. Phone Number	+65-81813408
Email Address	sengmantjahja68@gmail.com
Address	477 RIVER VALLEY ROAD #11-06
Address complement	-
Postcode	248362
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	1
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 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

IMPORTANT NOTICE

SKETCH PLAN

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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

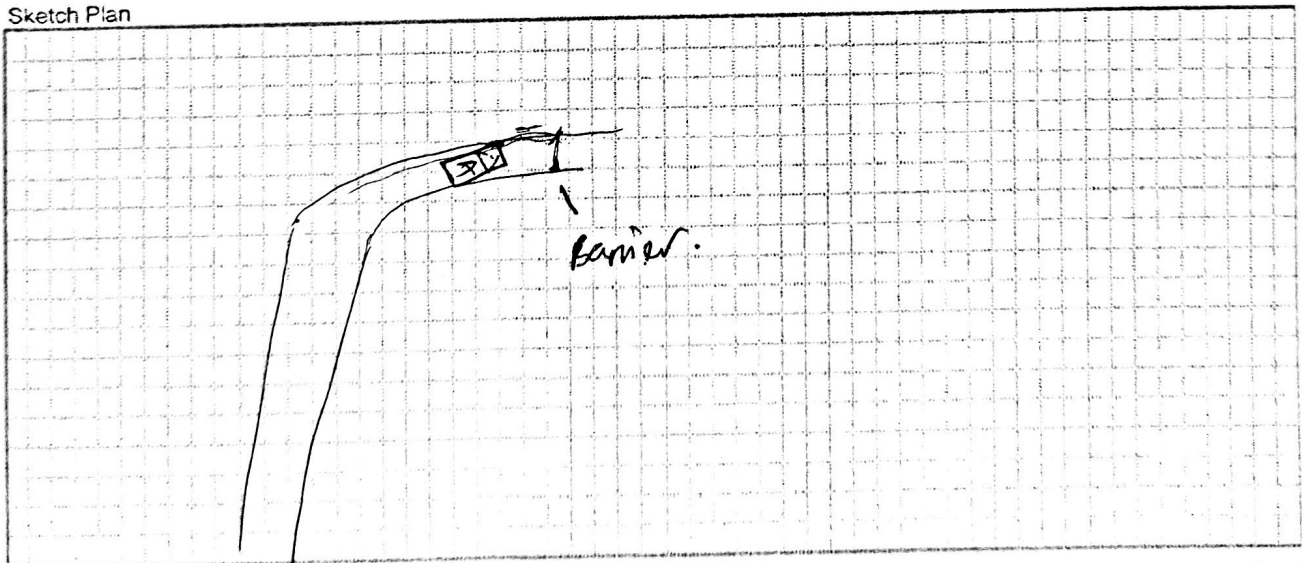
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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' law yers/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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or
 - (v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

While entering the car park, hit against the wall.

IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

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

Witnessed by Reporting Centre Personnel