

ASS. REC. BY:

REF: CT2 / 210001901k

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.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

10-36m

(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:

04

days

Res.: Yes or No

Lum Sum:

1-3.1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

PLW 49812

Yr Regn:

02, 18

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

Truck / Trailer or

Make:

NIS Qeshgar

c.c

1997

Colour

M. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

567.88

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

STNFBAT114 2164886

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NII / S/Rlm / STD / A/Rlm or

Tyre Size:

F:

225/45R19

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

4

mm

L/Bal.

5

mm

L/Bal.

4

mm

D.O.A.

4/1/21

D.O.I.

12/1/2021

Survey held at

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

NIS RM

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1 Check liability ASAP

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation:

S + RS, SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

Lump Sum / I.B.I: (\$



# 威利摩哆 WEI LEE MOTOR WORKS

BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32,  
SINGAPORE 575644.

TEL: 6456 9830 • FAX: 6458 0128 • EMAIL: weileemotorworks@gmail.com  
Business Regn No: 269436/00J

*Not Notified*  
*Review After 4 days*  
*4 days*

08, Jan 2020

China Taiping Insurance (S) PI  
105 Cecil Street  
#18-00  
The Octagon  
S 069534

Attn: motor claim dept-3<sup>rd</sup> party claim  
Claiming against your insured vehicle no: YP7060A  
Accident involving vehicle no: SLW4961L/YP7060A  
DOA: 04/01/2021 AT Yinhun Avenue 1 turning into Sembawang Rd

Dear officer incharge

Re: Estimate cost of repair for vehicle no: SLW4961L

To supply--

Description	Qty	Amount
Side mirror, Lh	1	611.50 N
Mirror cover	1	141.10 N
Front fender, Lh	1	622.70 N
Front bumper	1	1,855.00 N
Bumper retainer	1	35.90 N
Fender cowling	1	101.90 N
Cowling clip		38.00 N
Parts		3,406.10
Parts less 10%		340.61
		3,065.49

To remove damaged parts n attachments

Repair all dented areas

Replace above parts

To remove doorboard, door moulding, replace side mirror, rectify wiring.

To spray paint

	Amount
Repair all dented areas	700.00
Replace above parts	80.00
To remove doorboard, door moulding, replace side mirror, rectify wiring.	750.00
To spray paint	1,355.00
	4,595.49
	101.90
	38.00
	3,406.10
	340.61
	3,065.49



# 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	-
Date of Accident	04/01/2021 13:20 (SGT)
Exact Location of Accident	Yishun Ave 1, Singapore
Additional Location Information	Yishun Avenue 1 turning into Sembawang Road
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW4961L
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Lee Chong Hoon
NRIC No	SXXXX376F
Email Address	chonghoon@gmail.com
Mobile Phone No	(Phone) +65-96567595
Alternative Phone No	+65-98177018

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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 - Reporting only
Vehicle Category	Private car

### INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800015426-02
Cover Note Number	-

### DRIVER

Name of Driver	Tan Kong Leong
NRIC No	SXXXX827C
Date Of Birth	16/09/1961
Occupation	Indoor



(Draft)

Date Of Driving Pass .....  
Driving experience .....  
Gender .....  
Mobile Number .....  
Alt. Phone Number .....  
Email Address .....  
Address .....  
Address complement .....  
Postcode .....  
Is the driver the policyholder? .....  
If No, Relationship of the Driver with the Insured .....  
Does Driver Own Other Vehicles? .....  
Vehicle Registration Number of Other Vehicle Owned by Driver .....  
Insurance Company of Other Vehicle Owned by Driver .....

17/03/1981  
39 YEARS AND 10 MONTHS  
Male  
(Phone) +65-98177018  
-  
kltan@pne.com.sg  
32 Jalan Shaer  
-  
769377  
No  
Spouse  
Yes  
SKS4769J  
Liberty Insurance

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....  
Weather Conditions .....  
Road Surface .....

Collision - Change/cross lane  
Clear  
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....  
Number of vehicles involved in the accident .....  
Was anybody injured in the Accident? .....  
Was any injured conveyed to hospital by ambulance? .....  
Was any other material or property damaged? .....  
Number of Passengers (Including Driver) .....  
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....

No  
2  
No  
-  
Yes  
1  
-

DETAILS OF POLICE ACTION

Was the accident reported to the police? .....  
Was notice of intended Prosecution given? .....  
If yes, against whom? .....

No  
No  
-

CIRCUMSTANCES OF ACCIDENT

Please refer to sketch plan.

ATTACHMENT(S)

Are accident photos available for attachment? .....  
Was there any video captured by Car Camera? .....  
Was there any audio recorded? .....

Yes  
Yes  
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....  
Vehicle Manufacturer .....  
Vehicle Model .....  
Vehicle Variant .....  
Vehicle Colour .....  
Vehicle Category .....  
Name of Driver .....  
Contact Number .....  
Address .....  
Address complement .....  
Postcode .....

YP7060A  
-  
-  
-  
-  
Commercial vehicle  
-  
(Phone) +65-93687999  
-  
-  
-



## SKETCH PLAN

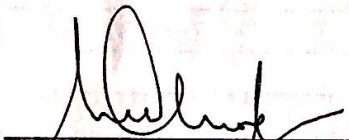
### IMPORTANT NOTICE

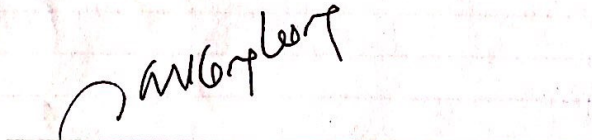
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts allow insurance companies to **repudiate policy liability**.
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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:

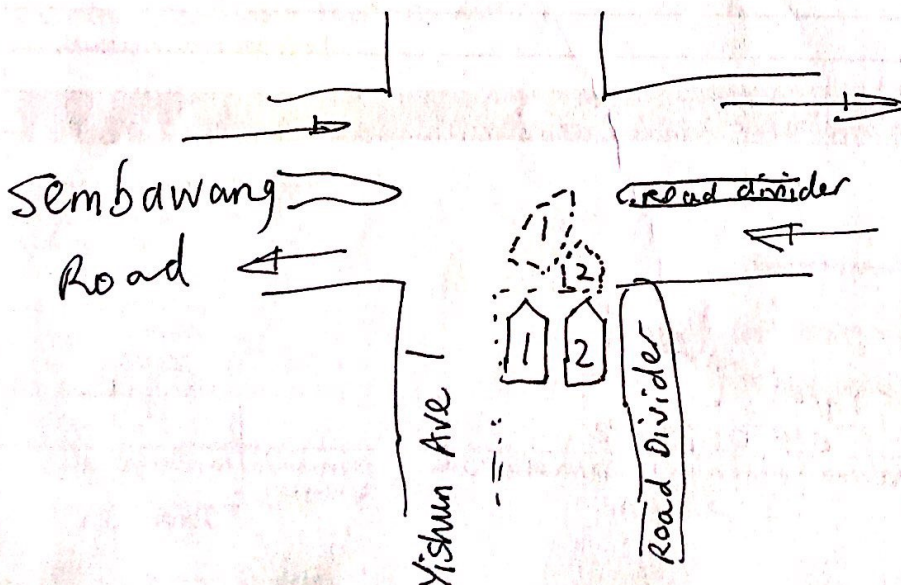
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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.

  
Policyholder's Signature / Date &  
Time - 4 JAN 2021

  
Driver's Signature (If driver is not the policyholder) / Date  
& Time - 4 JAN 2021

  
Witnessed by Reporting Centre  
Personnel Jenny Lim

### Sketch Plan





At about 1.20pm, I was travelling along Fishers Ave 1 and turning into Sembawang Road towards. I was turning right at the extreme right lane into Sembawang Road towards Gambas Road direction. I am "car 2" in the sketch. A lorry YP 7060A was also turning right into Sembawang Road. He is "car 1" in the sketch.

As we were both turning, the lorry swayed into my lane and hit my left side mirror and scratched by left hand side above my front left tyre and also top left side of my bonnet.

The lorry only had some marks on the hinge and of the side board and also the metal bar below the side board (no physical damage).

MY CAR NUMBER: SLW4961L Driver: TAN KONG LEONG (S1460827C)

THE OTHER PARTY: YP 7060A

# Declaration

We declare the foregoing particulars are true in every respect.

*[Signature]*