

ASS. REC. BY:

REF:

CS/CTI 21001221/Dgd3

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: _____

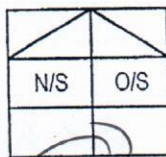
Policy No. DMPCSNW 00188752000Claims No. SNM21D20041400

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: 2 days Res.: Yes or NoLum Sum: 4/5 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SML 4487K Yr Regn: 2019 May
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mazda Axela C.C. 1496Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 65157 T/Radio: Insured / Std / NI / NAEng/No: 8530435132C/No: 3MLFP101378Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60 316R: — 11 —

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

TOYO / YOKO or Bridgestone

Front Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 23/01/2021 D.O.I. 26/01/2021Survey held at CS Ong AMK

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

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

Date / Time Action / Instruction

China Taping SLB 3988C22/02/2021 from 2/5 1000/- with 2 days of work
(red \$6775.40, 87%)27/01/21 CS 51m revised to Adeline Chong via Meriman.

Date/Time, File Pass to?

☐ : Preli. Report1) 23/2 turnover☐ : Final Report

Date/Time, File Return to?

2)

Report Format:

MER-TP

Lump Sum / L.B. / C

1000Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

C. S. ONG AUTO PTE. LTD.

Business.Reg.No.: 201408916W

GST Reg.No.: 201408916W

10, Ang Mo Kio Ind. Park 2A, #02-16 AMK Autopoint, Singapore (568047).

Tel: 6484 1933 Fax: 6484 1922

E-Mail: csongauto@yahoo.com.sg

To: Motor Claims Department,
CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Date: 25-01-2021

Accident Involving Vehicles SML4487K & SLB3988C [Your Insured] on 23/01/2021 @
1030Hrs Along SLE - EXIT TO WOODLANDS AVE 12

Estimated Repair Costs For SML4487K [Mazda Axela]

1Pc	Rear Bootlid		\$	1,476.30	X
2Pcs	Rear Bootlid Number Plate Lamp		\$	65.00	X
1Pc	Rear Bootlid Mazda Emblem		\$	87.40	X
1Pc	Rear Bootlid "Axela" Emblem		\$	46.50	X
1Pc	Rear Bootlid "Skyactiv D" Emblem		\$	58.30	X
1Pc	Rear Bumper		\$	1,240.00	X
2Pcs	Rear Bumper Side Retainers LH & RH @ \$58.00 Each		\$	116.00	X
2Pcs	Rear Bumper Tow Hook Cover @ \$64.60 Each		\$	128.80	X
4Pcs	Rear Bumper Reverse Sensor @ \$315.80 Each		\$	1,263.20	X
4Pcs	Rear Bumper Reverse Sensor Cover @ \$37.60 Each		\$	150.40	X
1Set	Reverse Sensor Wireharness		\$	672.90	X
1Pc	Rear Bumper Sponge		\$	197.30	X
1Pc	Rear End Panel		\$	689.40	X
1Pc	Rear End Panel Top Garnish		\$	215.30	X
			Parts Sum:	\$	6,406.80
			Parts Less 20%:	\$	1,281.36
			Parts Total:	\$	5,125.44

Labour & MISC Charges

* To remove all interior upholstery items on all front affected areas to facilitate repair and to replace all back once repair is done.	\$	200.00	HH
* To panel beat all affected areas, replace new parts and realign all above.	\$	1,000.00	200/-
* To putty and re-spray new paintwork on all front affected areas.	\$	1,000.00	200/-
* To conduct wheel alignment	\$	100.00	HH
* To check all wiring systems on all affected areas.	\$	150.00	30/-
* To apply anti-rust agent & coating on all affected areas.	\$	150.00	HH

Labour & MISC Charges:

\$ 2,600.00

Parts Total:

\$ 5,125.44

Labour & MISC Charges Total:

\$ 2,600.00

Grand Total:

\$ 7,725.44

(Exclusive of 7% GST Charges)

1289.68

7/5 1000/-

26/01/2021 @ 1600hrs

Not Author

L/Sun

2 days

Yan

2 KK Author

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	25/01/2021 12:33 (SGT)
Date of Accident	23/01/2021 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE -EXIT TO WOODLANDS AVE 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML4487K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MYCAR LEASING PTE LTD
Company Reg No	2XXXXX872D
Email Address	csongauto@yahoo.com.sg
Mobile Phone No	(Phone) +65-96196637
Alternative Phone No	+65-96196637

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5109537578-01-000031
Cover Note Number	EXP 23.5.2021

DRIVER

Name of Driver	MUHAMMAD ZIKRI AFIQ BIN HABEEB MOHAMED
NRIC No	SXXXX819A
Date Of Birth	12/07/1997
Occupation	Outdoor

Date Of Driving Pass	27/10/2015
Driving experience	5 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84118880
Alt. Phone Number	-
Email Address	csongauto@yahoo.com.sg
Address	BLK 795 WOODLANDS DR. 72 #02-09
Address complement	-
Postcode	730795
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	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 STATEMENT ATTACHED.

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 1

Vehicle Registration Number	SLB3988C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NAGARAJAN SUBA DEVI W/O N
NRIC No	SXXXX157C
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	SLQ3433H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE JOO ENG
NRIC No	SXXXX895I
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 3

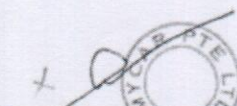
Vehicle Registration Number	XD5581B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TIAN CHANGGANG
Passport No/FIN	GXXXX795M
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-


SKETCH PLAN

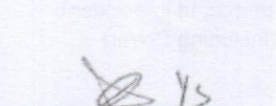
IMPORTANT NOTICE

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.
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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.

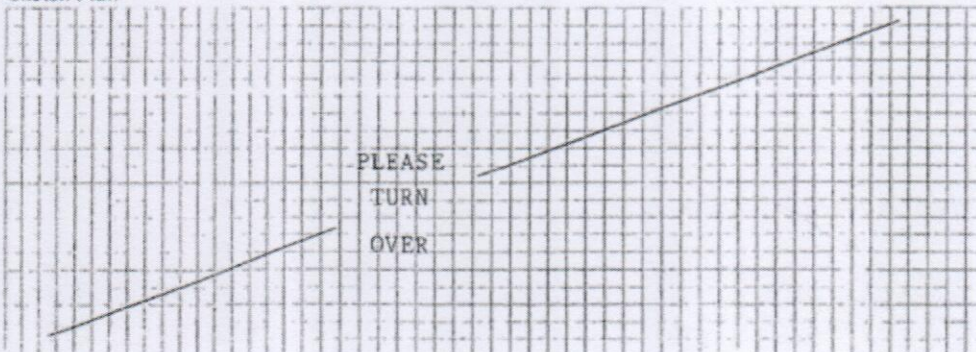
1. VEHICLE NO.: SML4487K
2. INSURER CO: N7uc
3. ACCIDENT DATE & TIME: 23/1/2021 10:30am


Policyholder's Signature & Date & Time

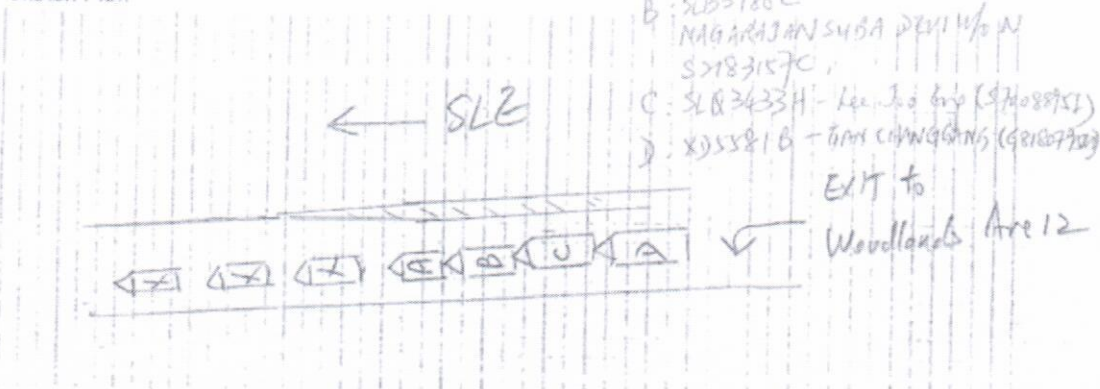

Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on the extreme left lane of SLE, exiting to Woodlands Ave 12. Ahead traffic light was red and vehicles in front of me all stopped. I follow to stop too. Motor car SLB3988C behind also stopped.

Subsequently I heard a loud bang and felt an impact from my back. Upon checking, I realised I have involved a 4 cars chain accident. No one was injured. No bumper in my vehicle.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with 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:

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

() Claim Own Policy () Claim Third Party () Reporting Only
 (✓) Claim OD/TP at other workshop ()