

ASS. REC. BY:

REF:

AA / 21001236/Kg

C

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:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - R.S. SI

Fees

Others

TOTAL

Add Fee:

Site Insp (\$

Interview (\$

Tech Invs (\$

Weekend (\$

Date/Time, File Pass to?

1) 05/3/21

Date/Time, File Return to?

2)

Report Format:

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

Prell. Report

Final Report

Smart Claims-TP

2500

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 20:52 (SGT)
Date of Accident	23/01/2021 15:00 (SGT)
Exact Location of Accident	Upper Changi, Singapore
Additional Location Information	UPPER CHANGI ROAD INFRONT OF BEDOK MALL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV7716P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MEIKO BUILDING MATERIALS SUPPLIER (SINGAPORE) PTE LTD
Company Reg No	1XXXXX232R
Email Address	MBM@MEIKO.COM.SG
Mobile Phone No	(Phone) +65-67433993
Alternative Phone No	(Office) +65-67433993

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA520799
Cover Note Number	-

DRIVER

Name of Driver	TAN KIM HUAT
NRIC No	SXXXX610F
Date Of Birth	17/04/1953

Occupation	Indoor
Date Of Driving Pass	13/11/1976
Driving experience	44 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96357729
Alt. Phone Number	-
Email Address	ET5691@YAHOO.COM.SG
Address	BLK 175 ANG MO KIO AVENUE 4 #05-769
Address complement	-
Postcode	560175
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collision - U-Turn
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

PLEASE 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	SHB6361M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	NGOH KWANG YAM
NRIC No	SXXXX530F
Contact Number	-
Address	-
Address complement	-

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN KIM HUAT
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV7716P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT NOTICE

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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 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:

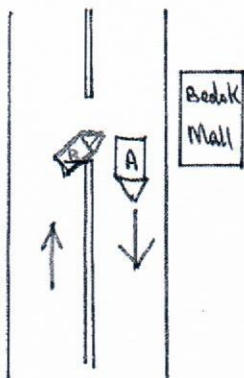
Driver's Signature
(If driver is not the policyholder)

Date & Time:
25/11/21 @ 11.10am



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

SKETCH PLAN



A - SLV 7716P
B - SHB 6361M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/12/2021 @ 1500 hours I was driving straight along Upper Changi Road. When my vehicle was in front of Bedok Mall, a taxi from the opposite traffic suddenly "U-turn" and collided onto my vehicle right rear side portion

* Third Party claim at my workshop. Email my report to EM Auto.

[Signature]

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

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

E M SOLUTION PTE LTD

160, Sin Ming Drive, #03-18/19, Sin Ming Autocity, Singapore 575722

Tel: 64560226

Fax: 64584500

Registration No: 201016308K

Meiko Building Materials Supplier (S) Pte Ltd

27.01.2021

*NOT Authorised
61 Pym @ 2500k
Resurvey After Pym
5 days*

REPAIRS ESTIMATE FOR HONDA CIVIC - SLV 7716 P

- 1 pc. rear bumper fascia
- 1 pc. RH rear bumper reflector
- 4 pcs rear bumper reverse sensors
- 2 pcs. rear bumper side retainers
- 2 pcs. rear bumper brackets
- 1 pc. rear bumper lower garnish
- 1 pc. RH tail lamp assy
- 1 pc. rear end panel
- 1 pc. rear end panel top garnish
- 1 pc. RH rear fender
- 1 pc. RH rear fender air vent
- 1 pc. RH rear fender inner shield
- 1 pc. RH rear fender inner trim
- 1 pc. rear windscreen moulding

Bu	617.20	✓
sh	17.20	R 34.40 X
dis	189.20	756.80 ✓
	14.50	29.00 ✓
	8.30	R 16.60 X
		R 106.20 X
		cm 264.10 ✓
		R 684.90 X
		R 130.20 X
		R 711.60 ✓
		R 56.60 ✓
		R 67.10 X
		R 88.90 X
		R 85.50 ✓
		3,649.10
Less 20%		729.82
		2,919.28

- 1 set. rear bumper clips
- 1 pc. rear windscreen sealant

R	45.00	SN ✓
R	60.00	SN 405m

- 1) Check electrical wirings
- 2) Repair accident damages and replace above parts.
- 3) Spray paint on accident affected portions.
- 4) Renew reverse sensor.
- 5) Remove interior upholstery to facilitate repair.
- 6) Remove and refit rear windscreen
- 7) Rust proofing on accident affected portions.

	60.00	20l
	980.00	600l
	980.00	600l
	80.00	50l
	180.00	100l
	150.00	120l
	80.00	30l

\$ 5,534.28

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: