

ASS. REC. BY:

Tanjil

REF:

CS/SM02103360/Tiv3

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: _____

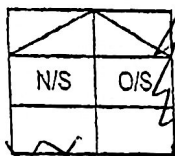
Excess: _____

na

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

434K

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

days

Res.: Yes or No

Lum Sum: _____

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

YN5910X

Yr Regn: _____

2141 Aug

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

Truck / Trailer or _____

Make: _____

Isuzu NMR85

c.c

2229

Colour _____

white

A/C: _____

Insured / Std / NI / NA

Sp. Reading _____

120571

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

SAANMR85 HE710557

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: _____

F: _____

195/85 R16

R: _____

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

Front

Rear

R/Bal. _____

6

mm

R/Bal. _____

3/3

mm

L/Bal. _____

6

mm

L/Bal. _____

3/3

mm

D.O.A. _____

D.O.I. _____

15/3/21

Survey held at _____

SME

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

o/s & Rear n/s.

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

Date / Time

Action / Instruction

Inform Bryan whatsapp photos of rear tyres, ask to carry on OD survey 1st.

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS SI

Photos

Others

Add Fee: _____



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Report Format: _____

Lump Sum / L&J: _____

SME MOTOR PTE LTD

1 Kaki Bukit Ave 6, #02-15@ Kaki Bukit, Singapore 417883

TEL: 6747 6106 (6 lines) Fax: 6744 2368 Email: service@smemotor.com.sg
GST:201119451E RCB NO:201119451E

M/S : Sompoo Insurance Singapore Pte Ltd
50 Raffles Place #05-01/06
Singapore Land Tower
Singapore 048623

TEL: FAX:
ATTN: Motor Claim Department
Your Ref No : 21/SP/OD-110 (03)
Claim Type : OD CLAIM
Accident Date : 25/02/2021

Claim No :
No :
Date : 11/03/2021
Policy No : D21MTPCVE000272
Veh Reg No : YN5910X
Make / Model : ISUZU NMR85UH5A
Chassis No : JAANMR85HE7101557
Engine No :
Reg. No :

ESTIMATE FOR VEHICLE NO: YN5910X

Discription	Quantity	List Price	Amount
Cost Price		S\$	S\$
1 FRT RH DOOR	1 PC	\$820.00 <i>bt</i>	
2 FRT RH DOOR OUTER HANDLE	1 PC	\$95.00 <i>at</i>	
3 FRT RH DOOR SIGNAL LAMP	1 PC	\$115.00 <i>at</i>	
4 FRT RH DOOR STEP GARNISH	1 PC	\$165.00 <i>at</i>	
5 FRT RH DOOR LOWER HINGE	1 PC	\$95.00 <i>RY</i>	
6 FRT RH CORNER PANEL	1 PC	\$240.00 <i>at</i>	
7 FRT RH CORNER PANEL SIDE RUBBER	1 PC	\$75.00 <i>in</i>	
8 FRT RH CORNER PANEL TOP COVER	1 PC	\$95.00 <i>at</i>	
9 HEADLAMP RH	1 PC	\$350.00 <i>at</i>	
10 HEADLAMP LOWER RUBBER	1 PC	\$30.00 <i>in</i>	
11 FRT BUMPER	1 PC	\$400.00 <i>at</i>	
12 FRT BUMPER BRACKET RH	1 PC	\$150.00 ?	
13 FOG LAMP RH	1 PC	\$280.00 <i>at</i>	
14 SIDE MIRROR RH	1 PC	\$90.00 <i>at</i>	
15 PETROL TANK BRACKET RH	1 PC	\$155.00 <i>x 7</i>	
16 TAIL LAMP LH	1 PC	\$65.00 <i>at</i>	
17 TAIL LAMP BRACKET LH	1 PC	\$45.00 ?	
18 REAR NUMBER PLATE BRACKET	2PCS	\$140.00 <i>mis</i>	
19 NUMBER PLATE LAMP	2PCS	\$110.00 <i>mis</i>	
20 AIR CLEANER BOX	1 PC	\$290.00 ?	
21 AIR FILTER	1 PC	\$145.00 ?	
22 FRT SIGNAL LAMP RH	1 PC	\$130.00 <i>at</i>	
		\$4,080.00	
	Add 10%	\$408.00	\$4,488.00

Special Net

23 REAR NUMBER PLATE	1 PC	\$35.00 <i>mis</i>
24 REAR REINFORCEMENT BAR	1 PC	\$950.00 <i>bt - 750</i>
25 REAR REINFORCEMENT BAR BRACKET LH	1 PC	\$250.00 ?
26 REAR SIDE ALUMINIUM FRAME LH	1 PC	\$850.00 <i>bt - 650</i>
27 REAR WOODEN PLANK <i>SUPPORT</i>	2PC	\$850.00 <i>x 2 cm - 700x2</i>
28 REAR WOODEN PLANK RUBBER SUPPORT LH	1 PC	\$180.00 <i>at</i>
29 LH SIDE BOARD	1 PC	\$1,500.00 <i>bt - 1200</i>
30 RH SIDE BOARD	1 PC	\$1,500.00 <i>bt - 1200</i>
31 LH SIDE BOARD ALUMINIUM LOWER FRAME	1 PC	\$650.00 <i>at - 450</i>
32 RH SIDE BOARD ALUMINIUM LOWER FRAME	1 PC	\$650.00 <i>at - 450</i>
33 RH REINFORCEMENT BAR	1 PC	\$950.00 <i>bt - 750</i>
34 ENGINE OIL	1 PC	\$150.00 ?
		\$9,365.00

Labour	
1	WIRE CHECKING
2	TRANSFER DOOR COMPONENT
3	LABOUR CHARGE
4	SPRAY PAINTING

\$30.00 ✓
 \$100.00 50
 \$750.00 700
 \$850.00 700
 \$1,730.00

Amount Before Excess	\$15,533.00
Less Excess	\$0.00
Amount Before GST	\$15,533.00
Add GST @7%	\$1,040.81
Total Amount Payable	\$16,673.81

For SME MOTOR PTE LTD

AUTHORISED SIGNATURE

Tanji 97495749 / 62563561

'WP' Not Authorise

Revert Ex: to be advise

Tanji @ 1/11/2011

0 7 days front panel

14 days - Rear box

P/P Resurvey new parts.
15/3/2012 3pm.

No 2nd hand parts for Rear box.

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:

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	26/02/2021 15:53 (SGT)
Date of Accident	25/02/2021 17:15 (SGT)
Exact Location of Accident	Boundary Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN5910X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	RINCO BONINGTON (S) PTE LTD
Company Reg No	1XXXXX418E
Email Address	ireneloh@rincobonington.com
Mobile Phone No	(Phone) +65-62718688
Alternative Phone No	(Office) +65-62718688

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NMR85UH5A
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	Sompo
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPCVE000272
Cover Note Number	-

DRIVER

Name of Driver	OR PIAT SOON
NRIC No	SXXXX430F
Date Of Birth	11/01/1973
Occupation	Outdoor

Date Of Driving Pass	21/05/1993
Driving experience	27 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81186322
Alt. Phone Number	-
Email Address	ireneloh@rincobonington.com
Address	BLK 854 YISHUN RING ROAD #09-3505
Address complement	-
Postcode	760854
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 - Head to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	YU ZHONG CHENG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008522999
Alt. Police Station Phone No	(Fax) +65-68522239
Police Station Address	32 Yishun Street 81 Singapore 768456
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/2021225/2110.

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

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
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	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJD7614T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE ENG CHYE
NRIC No	SXXXX654J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	OR PIAT SOON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	YN5910X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	YU ZHONG CHENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	YN5910X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 willful misrepresentation or withholding of material facts may allow insurance companies to **reputate 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 filed under the insurers of the GIC 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 my engagement 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 if requested.

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 be 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 received by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident and 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 purposes 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 making of correspondence, statements, notices, 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 insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be 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 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 based outside of Singapore for one or more of the above Purposes.

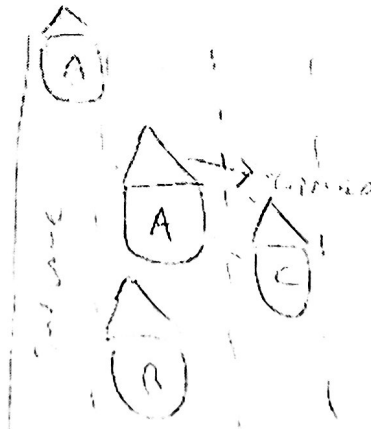


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT

AND ON THE IMPACT CAUSE MY VEHICLE TO ROLL
 TO THE RIGHT AND MY WIFE VEHICLE A BMW
 WAS TRAVELLING ON THE RIGHT LANE.

Declaration

I/we declare that the particulars are true in every respect



[Handwritten signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel