

ASS. REC. BY:

Steele

CS/ICS21004017/EV43

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: SGD 181G

Policy No. MPC20A00023600

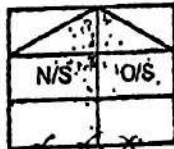
Claims No. DMPC2100102H

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Est. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

SIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMQ179T Yr Regn: 30/7/18Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Jaguar XJ c.t. 1999Colour: White A/C: Insured / Std / N / NSp. Reading: 54592 T/Radio: Insured / Std / N / N

Eng/No: _____

C/No: SAJAC17M94PW95396Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: N11 / S/Rim / STD A/Rim orTyre Size: F: 245/45R19R: 11

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

TOYO / YOKO or PirelliFront R/Bal. 5 mm Rear R/Bal. 5 mmL/Bal. 5 mm U/Bal. 5 mmD.O.A. 27/3/21 D.O.I. 30/3/21Survey held at WentworthDes. 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
	<u>MV 180K</u>
8/6/21	Final fig \$24,085.88 confirmed by email (Red 18,028.52.42%)

Date/Time, File, Pass w/2

☐ : Prel. Report☐ : Final ReportDays Of Repair: 7Resurvey No. of Trip: 1

Survey Fee:

Transportation:

8 + RS, SI

Photos

Chassis

TOTAL

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Inve (\$☐ : Weekend (\$

Date/Time, File Return to?

9/6/21-Typist

Signature: Merimen

Final Sum / I.E.I. : \$24,085.88

SERVICE ESTIMATE

71364 - C00001
Mr Han Chung Heng
30 Kew Heights

SL: SERVICE SALES - PC

Singapore 466087

Closed by : Juan Paulo Bongon Ba
Svc Consultant :
Remarks : Mr Han Chung Heng

GST Reg.No: M28920628X
Inv.No. : B&P 0 Page 2
Inv.date : 29/03/2021
WIP No. : 17664
Veh.In/Out:
*Tel.No. : Mobile: 86114848 Mrs
Reg.No. : SMD179T
Reg.date : 30/07/2018
Mileage : 0
Chassis No: SAJAC12M9HPW05396

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	BUMPER BRACKET REAR ?	1.0 EA	44.90			44.90	S
	BUMPER BRACKET REAR ?	1.0 EA	100.10			100.10	S
	BUMPER BRACKET REAR ?	1.0 EA	100.10			100.10	S
	MOULDING / CUT	1.0 EA	575.00			575.00	S
	BOOT REAR XJL / MK	1.0 EA	4206.20			4,206.20	S
	BADGE / MK	1.0 EA	143.00			143.00	S
	JC2D5878/REAR LOGO / MK	1.0 EA	74.40			74.40	S
	REAR LOGO 'XJ' / MK	1.0 EA	74.40			74.40	S
	BADGE / MK	1.0 EA	96.00			96.00	S
	FINISHER-TRUNK ?	1.0 EA	333.70			333.70	S
	TRUNK MOTOR XF S2075 ?	1.0 EA	199.40			199.40	S
	BOOT LOCK XJL ?	1.0 EA	270.20			270.20	S
	LAMP-CLUSTER RH ?	1.0 EA	1885.10			1,885.10	S
	LAMP-CLUSTER LH / CUT	1.0 EA	1898.20			1,898.20	S
	SIDE MARKER REAR RH X	1.0 EA	81.30			81.30	S
	SIDE MARKER REAR LH X	1.0 EA	81.30			81.30	S
	CLIP-PUSH ON / MK	10.0 EA	5.80			58.00	S

Wearnes Automotive Pte. Ltd.

the Repairer of the following

- To resurvey before/after repair
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a 'Without Prejudice' basis
- No illegal modifications to be allowed
- Supplementary items must be surveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Wearnes Automotive Pte. Ltd.

45 Leng Kee Road, Singapore 159103 T: 65 6430 4700 www.wearnesauto.com

Co reg no. 199501400R / GST reg no. M28920628X

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Singapore 466087

Closed by : Juan Paulo Bongon Ba
Svc Consultant :
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GST Reg.No: M28920628X
Inv.No. . : B&P 0 Page 3
Inv.date. : 29/03/2021
WIP No. . : 17664
Veh.In/Out:
*Tel.No. . : Mobile: 86114848 Mrs
Reg.No. . : SMD179T
Reg.date. : 30/07/2018
Mileage . : 0
Chassis No: SAJAC12M9HPW05396

Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
	SHIELD X	1.0	EA	358.40			358.40	S
	PARKING AID 90 Degre ?	4.0	EA	336.20			1,344.80	S
	PARKING AID SENSOR R / SHW	1.0	EA	236.50			473.00	S
	CAMERA	1.0	EA	935.80			935.80	S
	ANTENNA ?	1.0	EA	37.30			37.30	S
	SILENCER-EXH RH X	1.0	EA	924.50			924.50	S
	SILENCER-EXH LH X	1.0	EA	1047.50			1,047.50	S
	FINISHER-TAILPIPE RH X	1.0	EA	467.60			467.60	S
	FINISHER-TAILPIPE LH X	1.0	EA	467.60			467.60	S
	BODY PANEL SEALANT X	1.0	EA	955.20			955.20	S
	ADHESIVE SEALER FL2 X	1.0	EA	709.60			709.60	S

			Gross Total.	31,534.50
Labour Total	10,881.00		Net.....	31,534.50
Parts Total	20,653.50		GST @ 7.0%	2,207.42
Package Total	0.00		Total.....	33,741.90
			Paid.....	0.00
			Please Pay..	33,741.90

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

WIP
17664
EICS LIMITED
-TP

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	29/03/2021 11:48 (SGT)
Date of Accident	27/03/2021 17:15 (SGT)
Exact Location of Accident	430 Upper Changi Rd, Singapore 487048
Additional Location Information	ALONG UPPER CHANGI ROAD EAST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD179T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HAN CHUNG HENG
NRIC No	SXXXX250Z
Email Address	hansock@gmail.com
Mobile Phone No	(Phone) +65-86114848
Alternative Phone No	+65-86114848

VEHICLE PARTICULARS

Manufacturer	Jaguar
Model	XJ 2.0 TSS SWB SR
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800091636-01
Cover Note Number	-

DRIVER

Name of Driver	HAN CHUNG HENG
NRIC No	SXXXX250Z

Date Of Birth	02/10/1967
Occupation	Indoor
Date Of Driving Pass	08/06/1989
Driving experience	31 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86114848
Alt. Phone Number	+65-86114848
Email Address	hansock@gmail.com
Address	30 KEW HEIGHTS
Address complement	-
Postcode	466087
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	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?	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 TO ATTACHMENT

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 PROPERTIES

Vehicle Registration Number	SGD181G
Vehicle Manufacturer	Toyota
Vehicle Model	Fortuner
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	WANG SEE KHER
NRIC No	SXXXX159G
Contact Number	(Phone) +65-97617177
Address	-

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2. Method

3. Results and Discussion

4. Conclusion

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SKETCH PLAN

IMPORTANT NOTICE

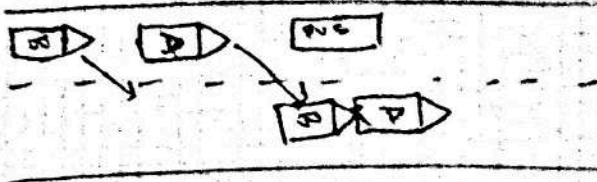
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **submitted to the Police/Police Station** under the Authority of the Police.
3. Information provided must be as **accurate and correct as possible**. Any willful misrepresentation or withholding of material facts may cause insurance companies to **refuse to pay claims**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insured companies.
5. **Any false information may be collected by the Police for investigation.**
6. The report will be **forwarded by the members of the CNA Roadside 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 as stated.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, act on and 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 possessed by my insurer (collectively the "Personal Information") and disclose and/or 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 firm, 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/postal 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' law firm, 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 law firm), 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



(A) SHADITAT
(B) SADI BIA

