

ASS. REF. NO:

REF:

072 / 210040701K

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

CO/12/WS/1P/BS/00/BS/1YA/IN/1NY

To Inspect Vehicle No: _____

at Workshop this 16 May 2021

of _____

Insured: _____

Policy No. _____

Claims No. _____

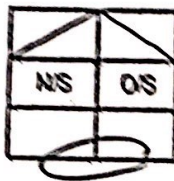
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Est. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GA / FR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2-4 days Res.: Yes or NoLum. Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

Veh No: SIA 5259R Regn: 03, 16Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or SAMake: Mit Lancer cc 1590Colour: M. I. Gold AC: Insured / Std / NI / NASp. Reading: 43932 T/Radio: Insured / Std / NI / NA

Eng No: _____

C/Nr: JMYSRCYIAGU 002984Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NI / SRim / STD / Rm or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or

Front

R/Sal. 8 mmL/Sal. 8 mmD.O.A. 22/3/21

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, File Path to?

☐ : Prell. Report☐ : Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)

Transportation: _____

S - RS - SI

P. Form

1. Survey

Report Format :

Not Authorised
1/1 Day @
Repair After Paint
2-4 days

Estimate : E21/2566

CHINA TAIPING INSURANCE (S) PTE LTD
3 ANSON ROAD #15-00
SPRINGLEAF TOWER SINGAPORE 079909

Attention : Motor Claim Department
Contact : 6389 6192 Fax No. : 6224 7478

Date : 31/03/2021
Vehicle Num. : SLA5259R
Make/Model : MITSUBISHI LANCER-2015
Chassis/Eng# : JMYSRCY1AGU002984
Accident Date : 22/03/2021
Claim No. : BFG
Reference : THIRD PARTY ESTIMATE
Policy No. : 5107350617-02

S/N	Quantity	Particular	Unit Price	Amount S\$
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- LIST ITEMS :
1. 1 REAR BUMPER
 2. 10 REAR BUMPER CLIPS
 3. 1 REAR BUMPER BRACKET RH
 4. 1 REAR BUMPER BRACKET LH
 5. 1 REAR BUMPER RETAINER R/H
 6. 1 REAR BUMPER RETAINER L/H
 7. 1SET REAR BUMPER REFLECTOR LAMP
 8. 1SET REAR NUMBER PLATE WITH CASING
 9. 1SET REAR NUMBER PLATE LAMP
 10. 1 REAR LOWER GRILLE
 11. 1 REAR LID UPPER LOCK
 12. 1 REAR TAIL END PANEL
 13. 1 REAR TAILEND TELOCANT SEALANT
 14. 10 REAR BUMPER REFLECTOR LAMP CLIPS
 15. 1 REAR BUMPER TOW COVER
 16. 1 REAR BUMPER BOOT LOCK

List TotalS\$:
10.00% Discount S\$:

5.00	815.00	✓
5.00	50.00	✓
5.00	35.80	X
5.00	35.80	X
5.00	45.00	X
5.00	45.00	X
5.00	76.00	X
5.00	60.00	45.00
5.00	58.00	?
5.00	387.00	X
5.00	42.00	X
5.00	506.00	?
5.00	45.00	?
5.00	50.00	X
5.00	47.00	✓
5.00	80.20	X
	2,377.80	
	237.78	
	2,140.02	

- NETT ITEMS :
1. 1 REAR EMBLEM 'MITSUBISHI' LOGO
 2. 1 REAR EMBLEM 'LANCER'
 3. 1 REAR EMBLEM 'MIVEC'
 4. 1 REAR EMBLEM 'C&C'

Nett Total S\$:

68.00	X
38.00	X
45.00	X
65.80	X
216.80	

LKK Auto Consultants hence notify the Repairer of the following: CONTINUE / ...

- 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:

CHINA TAIPING INSURANCE (S) PTE LTD
3 ANSON ROAD #15-00
SPRINGLEAF TOWER SINGAPORE 079909

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Reference : THIRD PARTY ESTIMATE
Policy No. : 5107350617-02

S/N	Quantity	Particular	Unit Price	Amount S\$
1.	1SET	SPECIAL NETT ITEMS : REAR BUMPER REVERSE SENSOR	<i>nd/shon</i> 250.00	<i>200sh</i> 250.00
		Special Nett Total S\$:		250.00
		LABOUR :		
		TO CHECK REAR WIRING	80.00	<i>15h</i>
		TO APPLY ANTI RUSTING PROOFING	120.00	<i>?</i>
		TO REMOVE ALIGN ON REAR AFFECTED	120.00	<i>nn</i> <i>x</i>
		TO CHECK WATER SEEPAGE	80.00	<i>nn</i> <i>x</i>
		LABOUR TO REPLACE REAR SENSOR	120.00	<i>50h</i>
		TO REPAIR PANEL BEAT ON REAR AFFECTED BOOT LID, SUT & WELD ON REAR PANEL & LABOUR TO REPLACE ABOVE PARTS	1,000.00	<i>?</i>
		TO SPRAY PAINT ON REAR BOOT LID,END PANEL,SENSOR & BUMP	900.00	<i>400h</i>
		Labour Total S\$:		2,420.00

E. & O.E.

Total S\$: 5,026.82

for Sin Ming Autocare BFG Pte Ltd

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	27/03/2021 12:57 (SGT)
Date of Accident	22/03/2021 09:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along CTE Towards Town near Exit 6 to Bukit Timah
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA5259R

INSURED POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO YEW KIAT
NRIC No	SXXXX069D
Email Address	shitoyu1969@hotmail.com
Mobile Phone No	(Phone) +65-96484267
Alternative Phone No	+65-96484267

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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	1590

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5107350617-02 (CLASSIC)
Cover Note Number	-

DRIVER

Name of Driver	HO YEW KIAT
NRIC No	SXXXX069D

Date Of Birth	10/12/1969
Occupation	Indoor
Date Of Driving Pass	20/04/1996
Driving experience	24 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96484267
Alt. Phone Number	+65-96484267
Email Address	shitoryu1969@hotmail.com
Address	Blk 221 Serangoon Avenue 4 #06-300
Address complement	-
Postcode	550221
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 Sketch Plan / Policyholder reported on NTUC Portal on Tuesday afternoon

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	SJP5217G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Mr Siew
Contact Number	(Phone) +65-98461088
Address	-
Address complement	-

SKETCH PLAN

IMPORTANT NOTICE

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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.


27 March 2021

Policyholder's Signature / Date &
Time


27 March 2021

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



Witnessed by Signposting Centre
Personnel

Sketch Plan

Describe Circumstances of the Accident

At about 9:35am on Monday 22 March 2021, I was driving on Lane 1 CTE towards town; I was going to SGH for medical appointment.

The car in front braked and so did I. The car behind (~~SGH~~ (SJP 5217 G)) could not brake in time and banged into my rear. Shortly later, one traffic officer from LTA rode on a bike and asked if we were injured. We were fine so he reported to his office and told us to move on.

We exchanged phone numbers and we drove off.

Declaration

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



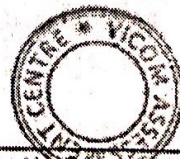
27 March 2021

Policyholder's Signature / Date & Time



27 March 2021

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



Witnessed by Reporting Centre Personnel