

ASS. REC. BY:

REF:

CTZ/

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. _____

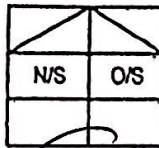
Claims No. _____

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: _____ Consistent?: Yes or No

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

Est. Repairs: 2-3 days Res.: Yes or NoLum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMZ 8911M Yr Regn: 08, 15Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Volvo V40 02 c.c. 1560Colour: M. L. Brown A/C: Insured / Std / NI / NASp. Reading: 95178 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: YVIM 2845 B1-2079718Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rim / STD A/Rim orTyre Size: F: 225/50R17

R: _____

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 3 mm R/Bal. 4 mmL/Bal. 3 mm L/Bal. 4 mmD.O.A. 25/3/21 D.O.I. 31/3/2021

Survey held at _____

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

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

Date / Time _____ Action / Instruction _____

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I.: (\$ _____)

☐ : Prell. Report☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Fees _____

Others _____

TOTAL



CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE #01-60/62, SIN MING ROAD, SINGAPORE 575643
TEL: 6453 1235, 6452 0850 FAX: 6453 7944
24hrs Towing Services Tel 9823 9898
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

Estimate : QUOT202103-000948(00)

CHINA TAIPING INSURANCE (S) PTE LTD

NO. 3
ANSON RD
SPRINGLEAF TOWER
SINGAPORE 079909

Contact : -

Fax No. : 62247175

*Not Notarised
Returning B4paim
2-3 days*

Date : 29/03/2021

Vehicle No. : SME8911M

Make/Model : VOLVO V40 CROSS COUNTRY D2

Mileage (km) : 0

Reg :

Chassis No. : YV1MZ845BF2079718

(13/03/2019)

Accident Date : 25/03/2021 00:00:00

Claim No. : SKA4548A

Reference : JO202103-1159

Policy No. : A300339730QMX

S/No	Particular	Quantity	Unit Price	Amount S\$
LIST ITEMS :				
1	Rear bumper top portion	1.0	1,440.00	<i>R</i> 1,440.00 ?
2	Rear bumper lower portion	1.0	760.00	<i>Not/Not</i> 760.00 ✓
3	Rear bumper lower diffuser	1.0	950.00	<i>B</i> 950.00 ✓
4	Rear bumper reflector	2.0	110.00	220.00 ?
5	Rear bumper number plate lamp	2.0	40.00	<i>SL</i> 80.00 X
6	Rear bumper reinforcement	1.0	950.00	950.00 ?
7	End panel	1.0	1,680.00	<i>R</i> 1,680.00 X
8	End panel top garnish	1.0	420.00	<i>SL</i> 420.00 X
9	Exhaust muffler	1.0	1,400.00	<i>R</i> 1,400.00 X
10	Exhaust muffler mounting	1.0	90.00	<i>SL</i> 90.00 X
11	Reverse sensor	4.0	230.00	920.00 ?
List Total :				8,910.00
10% Discount S\$				891.00
				8,019.00
LABOUR :				
-To knock jackout damaged parts, panel beating,welding, align, refix and to renew accident parts	1.0	600.00	600.00	<i>2501</i>
- Spray painting on affected & replace parts	1.0	650.00	650.00	<i>220</i>
				1,250.00

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 GST is subject to final approval from Insurance Company

Total S\$: 9,269.00

GST 7% S\$: 648.83

Amount Due S\$: 9,917.83

Acknowledged by Repairer

Signature:

Date:

for CITY AUTO 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	26/03/2021 14:49 (SGT)
Date of Accident	25/03/2021 21:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BEACH ROAD (INFRONT OF ST JOHN HQ)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME8911M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH ENG CHYE
NRIC No	SXXXX378E
Email Address	ECKOHMAIL@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97706263
Alternative Phone No	+65-97706263

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	V40
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	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A300339730QMX
Cover Note Number	-

DRIVER

Name of Driver	KOH ENG CHYE
NRIC No	SXXXX378E

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 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.
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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.

CITY AUTO PTE LTD

Blk 8 Sin Ming Rd. 3

#01-53/54/62 Sin Ming Ind Est

Singapore 575643

Tel: 6453 1235 Fax: 6453 7944

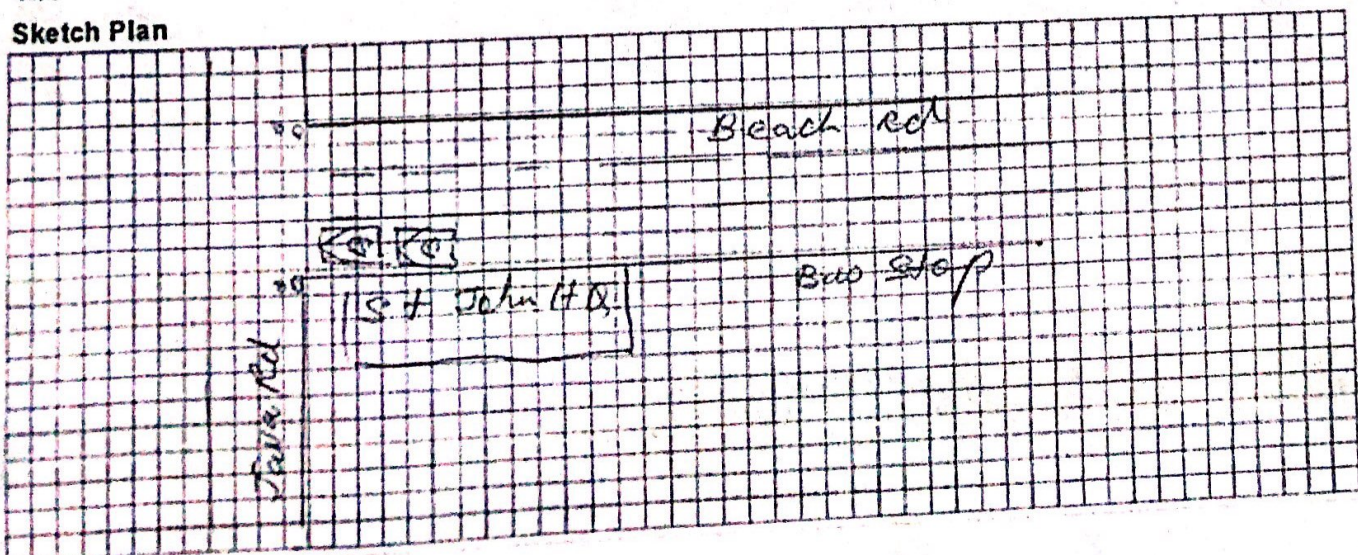
(Claims Section)

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

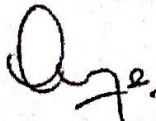
I stopped at traffic Junction of Beach Rd.
to wait for traffic light to turn green
When Vehicle B just hit from my rear.

Declaration

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



Witnessed by Reporting Centre
Personnel

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)