

ASS. REC. BY: Kenneth

REF: SMRT/21004442 HKV
CS/SMR21004442/Kuf3

ASSIGNMENT

From: _____

Estimated Cost: _____

Date: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No: SDH 9200R

at Workshop m/s Lim Tan

of _____

Insured: _____

SHF 362D

Policy No. _____

Claims No. TAX/03/21/2092

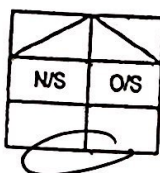
Sum Insured: _____ Excess: _____

(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: 02 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SDH 9200R

Yr Regn: 07, '6

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

Truck / Trailer or _____

Make: Maruti

c.c. 1998

Colour M. D. Blue

A/C: Insured / Std / NI / NA

Sp. Reading 108645

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6 GJ1072 G0241145

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 / RIm or

Tyre Size: F: 225/55R17

R: _____

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

TOYO / NOKO or

Front

R/Bal. 6 mm

Rear

R/Bal. 5 mm

L/Bal. 6 mm

L/Bal. 5 mm

D.O.A. 30/3/21

D.O.I. 7/4/2021

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

12/4/2021 @2.55PM FINALISE FINAL FIGURE \$1681.60, 2 DAYS WITH MR LEONG.
(RED \$793.68, 32%)

Date/Time, File Pass to?

☐

: Prell. Report

12/4 TYPIST

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S - RS. SI

Fuel/As

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format: TP

~~Lump Sum~~ / I.B.I: (\$ 1,681.60

ESTIMATE TO REPAIR

VEHICLE NO. : SDH 9200 R
MAKE : MAZDA
MODEL : 6
YEAR : 2016
CHASSIS NO : JM6GJ1072G0241145

SURVEYOR NAME :
DATE OF SURVEY :
TIME OF SURVEY :

DATE : 30.03.2021
DATE OF ACCIDENT : 30.03.2021
THIRD PARTY REF : SHF 362 D / SMRT Claims and Insurance Agency

No.	Parts Description/ Labour	Type	Unit Price	Nett Item Amt	Amount
1 PC	REAR BUMPER		\$1,231.50	-	\$ 1,231.50
2 PCS	REAR BUMPER TOW COVER		\$ 24.90	-	\$ 49.80
1 PC	REAR BUMPER REINFORCE		\$ 538.30	-	\$ 538.30
2 PCS	REAR BUMPER RETAINER		\$ 41.00	-	\$ 82.00
10 PCS	REAR BUMPOER CLIPS		\$ 3.00	-	\$ 30.00
	LESS 20%				\$ 1,931.60
					\$ 386.32
					\$ 1,545.28
	REAR BUMPER SENSOR	SN	200.00	200.00	\$ 200.00
	TO PUTTY AND SPRAY PAINT LABOUR				\$ 380.00
					\$ 350.00
<p>Not Authorized L1 Rep & Missing After Pain 2 days</p>					
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <p>Acknowledged by Repairer: Signature: Date:</p>					
TG-/YLH-	TOTAL				\$ 2,475.28

Lim Tan Motor Pte Ltd

Blk 176 Sin Ming Drive #03-09 Sin Ming Autocare Singapore 575721

Tel:65-64520893 Fax:65-64589127 Email: edmund@LTM.sg Website : www.LTM.sg

Co Reg No.199307277D

GST Reg No.M2-0019086-0

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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 30/03/2021 10:37 (SGT)
Date of Accident 30/03/2021 08:00 (SGT)
Exact Location of Accident Jln Tan Tock Seng, Singapore
Additional Location Information ALONG JALAN TANK TOCK SENG & MOULMEIN ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDH9200R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner PHILLIP LEE TECK YEOW
NRIC No SXXXX998J
Email Address Phillipleety3m@gmail.com
Mobile Phone No (Phone) +65-81131588
Alternative Phone No (Office) +65-81131588

VEHICLE PARTICULARS

Manufacturer Mazda
Model 6
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 1998

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D20MTPV01010025
Cover Note Number 18/07/2020 TO 17/07/2021

DRIVER

Name of Driver PHILLIP LEE TECK YEOW
NRIC No SXXXX998J

Date Of Birth	11/01/1969
Occupation	Indoor
Date Of Driving Pass	31/05/1993
Driving experience	27 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81131588
Alt. Phone Number	(Office) +65-81131588
Email Address	Phillipleety3m@gmail.com
Address	27 west coast park #03-02
Address complement	-
Postcode	127720
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?	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?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO IS WITH THE OWNER OWN WORK SHOP.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHF362D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

SKETCH PLAN

the accident to speed up the claims process.
policyholder and/or the Authorized Driver.
truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may
affect the policy liability.
of this Form by insurance companies is not an admission of policy liability on the part of the insurance

may be referred to the Police for investigation.
be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association
(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
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;

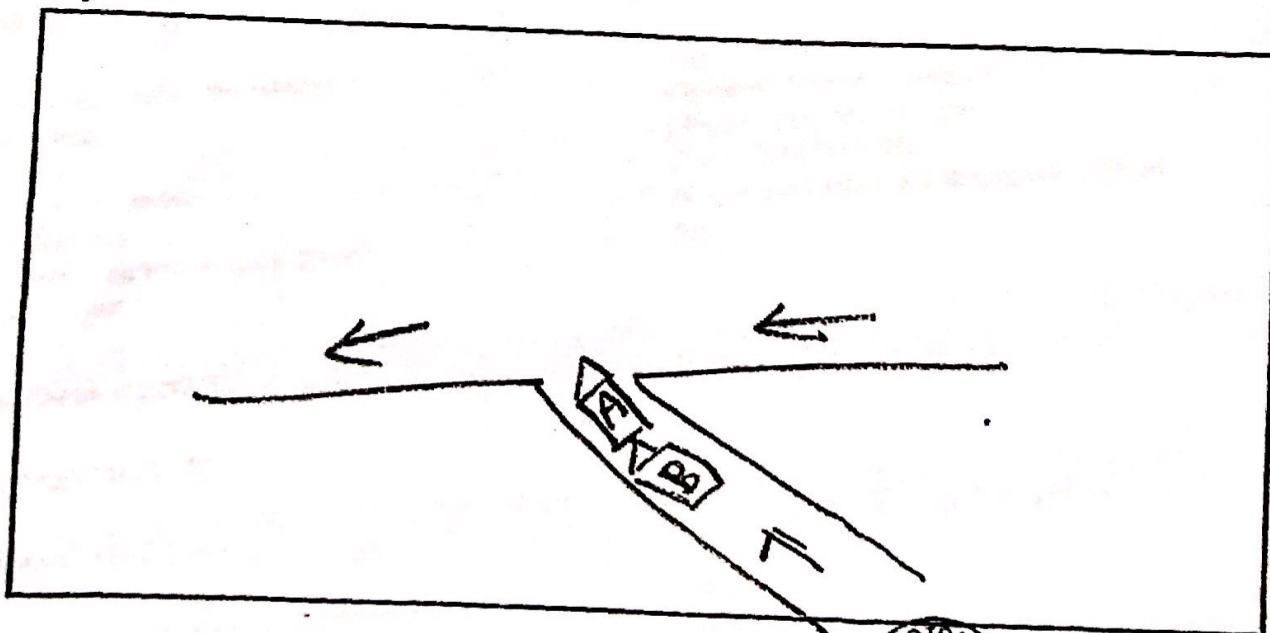
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve
disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail
packages); and/or

(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.

Sketch Plan



Policyholder's Signature / Date &
Time

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



Witnessed by Reporting Centre
Personnel

30/03/2021

AN LAM MOTOR COMPANY

Date of accident: 30/03/2021 Time: 8am Location: Jalan Tan Tock Seng / moulmein RD
My Vehicle A: SDH 9200R Vehicle B: SHF 262D Vehicle C:

SKETCH PLAN

Describe Circumstances of the Accident.

I came to a complete stop, giving way to traffic on main road.
Taxi fail to stop and bang into the rear of my vehicle.

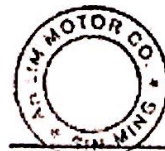
Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.


☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

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

30/03/2021

AH LIM MOTOR COMPANY