

ASS. REC. BY:

REF:

CS EGI 21005672/DHJ³

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. _____

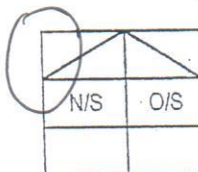
Claims No. _____

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: 4 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SSJ7772M Yr Regn: Dec, 2016Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mazda 6 c.c. 2488Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 51479 T/Radio: Insured / Std / NI / NAEng/No: PE 208 36181C/No: SM6GL1071H0104190Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/55 R17R: — 11 —

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

TOYO / YOKO or

Michelin

Front

Rear

R/Bal. S mm R/Bal. S mmL/Bal. S mm L/Bal. S mmD.O.A. 07/05/2021 D.O.I. 11/05/2021Survey held at Applied AutoDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orH/S Frnt.

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

Date / Time Action / Instruction

Ergo TP 5022725/05/2021 Judge L/S 3600/- with 4 days with rep
(Red. 5179.58%)

Date/Time, File Pass to?

1) 25/05/2021

Date/Time, File Return to?

2) _____

Rep. Format: TPLump Sum / L.B.: 36007☐ : Preli. Report☒ : Final ReportDays Of Repair: 4Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

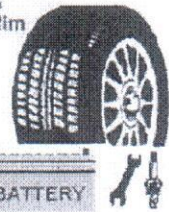


ALFRED AUTO

Services & Supplies

Blk 5035 Ang Mo Kio Ave 3 # 01-351 Industrial Park 2 Singapore 569538
Tel: 6483 4586 Fax: 6483 4882 Reg. No. 391089/00-E
Email: alfredauto@hotmail.com

Tyre &
Sports Rim



Reference No.: 80521

Date: 08.5.2021

Woon Moon Hsia

Blk 139 Serangoon North Ave 2 #10-04

Singapore 550139.

Mazda 6 4-Door Sedan 2.0L

[WITHOUT PREJUDICE SAVE AS TO COSTS]

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:

Estimate Repair Cost for Vehicle Reg. No: SJJ 7772 M

1 Pc. Front Head Lamp Assy. <i>cut / scratch</i>		3,390.00	✓
1 Pc. Front Head Lamp Bracket <i>HH</i>		298.00	X
1 Pc. Front Bumper <i>ren</i>		998.00	X
1 Pc. Front Bumper Retainer <i>src</i>		286.00	X
10 Pcs. Front Bumper Clips <i>HH</i>	@ 6.00	60.00	X
1 Pc. Front LH Fender <i>Dem</i>		399.00	✓
1 Pc. Front LH Fender Dust Garnish <i>src</i>		214.00	X
10 Pcs. Front LH Dust Garnish Clips <i>HH</i>	@ 6.00	60.00	X
1 Pc. Front LH Door Mirror Assy. <i>Dem</i>		1,130.00	✓
		785.10	

Total (Panels / Parts): **6,835.00 (SGD)**

4574.10

20% discount

20% 3659.28

LABOR CHARGES

To check wiring & refocus head lamp.	120.00	30/-	
To knocking, straightening repair & renew all accident Affected area.	800.00	400/-	900.00
To respray painting on all accident damage affected area.	900.00	450/-	
To rust proof all accident affected area.	120.00	20/-	

Total (Labor Charges): **1,940.00 (SGD)**

4559.28

1/5 3600/-

11/05/2021 @ 0915h

HA Antenn

4/5mm 4 days.

1 ryan

2kk And

Check part prices.



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Tel: 6483 4586 Fax: 6483 4882 Reg. No. 391089/00-E

Email: alfredauto@hotmail.com

Tyre &
Sports Rim



TOTAL COST SUMMARY

PANELS / PARTS	6,835.00
LABOR CHARGES	1,940.00

Grand Total: 8,775.00 (SGD)

We shall be glad if you can forward the payment at your early convenience.

For internet banking transfer – OCBC Current Account No. 620-453233-001 or
PAYNOW UEN 39108900E

ACKNOWLEDGED BY	DATE	ALFRED AUTO SERVICES & SUPPLIES
		<i>Alfred Quah</i>

Note: Full payment must be completed 7 days from the invoice date. There will be an interest of 1.5% imposed per month on overdue invoice. Thank you.

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	08/05/2021 11:59 (SGT)
Date of Accident	07/05/2021 15:30 (SGT)
Exact Location of Accident	189 Selegie Rd, Singapore 188332
Additional Location Information	ALONG SELEGIE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ7772M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WOON MOON HSIA
NRIC No	SXXXX261C
Email Address	RICTSH@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96650078
Alternative Phone No	+65-96650078

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
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	1998

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2020-V0115094-VDP
Cover Note Number	-

DRIVER

Name of Driver	TAN SOON HOCK
NRIC No	SXXXX353Z

Date Of Birth	20/07/1955
Occupation	Outdoor
Date Of Driving Pass	19/03/1975
Driving experience	46 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96650078
Alt. Phone Number	-
Email Address	RICTSH@YAHOO.COM.SG
Address	BLK 139 SERANGOON NORTH AVE 2
Address complement	#10-04
Postcode	550139
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Change/cross lane
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

PLS REFER TO STATEMENT AND SKETCH BY DRIVER

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	FILE SIZE TOO BIG. KEPT W OWNER AND HIS WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP5022Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHINNIAH PANDI
Work Permit No	0XXX9166
Contact Number	(Phone) +65-83868165

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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 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.
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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

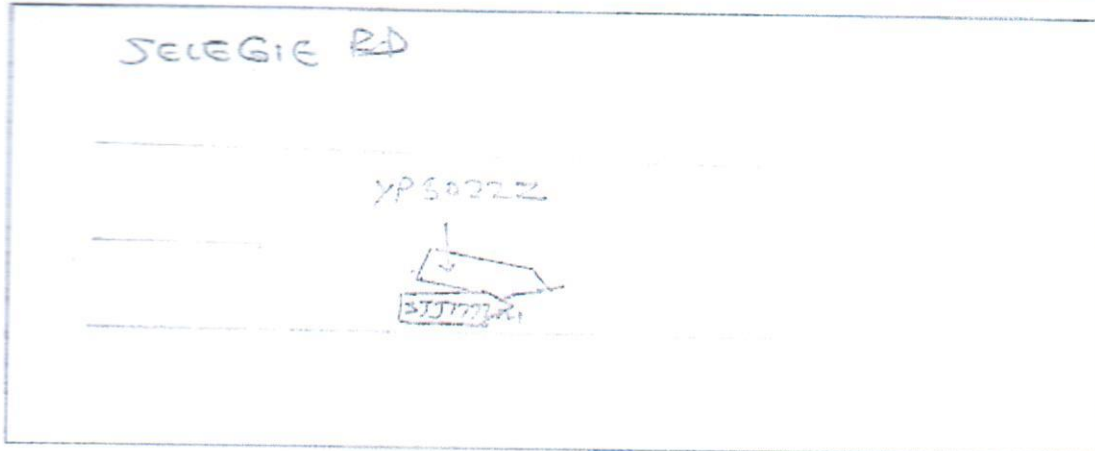
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Date of accident: 7.5.21 Time: 3.30pm Location: SELEGIE RD
 My Vehicle A: SJJ 7772 M Vehicle B: YP 5022 Z Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Selegie Rd towards BT. Tinch Rd. Suddenly a Long YP 5022 Z came from my left and drive towards his right and crash into my left side of my car. I saw it coming but could not avoid in time.

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

Remarks: Please forward a copy of my efile accident report to:

My workshop:

Email address:

& myself:

Email address: ricksh@yahoo.com.sg

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

DECLARATION

I/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:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: