

ASS. REC. BY:

Steve

CS/CT12100.7173/EQC

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

at

Insured:

Policy No.

Claims No.

SNM21D203581/C02

Sum Insured:

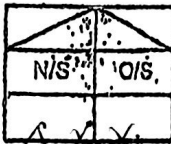
Excess:

(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 Report:

Consistent? : Yes or No

SIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3 days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SFS7355

Yr Regn:

5/9/91

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

Truck / Trailer or

Make:

Mazda's Benz 970E

c.c.

1996

Colour:

Blue

A/C:

Insured / Std / Nil / N

Sp. Reading

227447

T/Radio: Insured / Std / Nil / N

Eng/No:

C/No:

WOB1242128.363974

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

Mod: Nil / B/Rim / STD A/Rim or

Tyre Size:

F:

195/55R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

25/6/21

O.O.I.

29/6/21

Survey held at

Contact 3

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Roof top or

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MV-38K

\* no used part (P/P repair)

29/06/21 @ 4.37pm revised to Jenny Lew via Merimen.

Steve finalise final fig \$3690.20, 3 days. (Red \$2094.80, 36%)

(No Lump Sum)

Date/Time, File, Pass to:



Prell. Report

01/10 Typist



Final Report

Date/Time, File Return to:

Days Of Repair:

3

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

Phone:

Others:

TOTAL

Add Fee:



Site Insp

(\$



Interview

(\$



Tech. Inve

(\$



Weekend

(\$

3690.20

MER-TP

3690.20

# CONNECT 3

566 Woodlands Road ( Mandai Estate ) Singapore 728697

Tel: (65) 9850-9666 Email: Connect3winnie@gmail.com

R o c : 5 3 3 6 0 0 6 1 L

G S T : 5 3 3 6 0 0 6 1 L

QT21/SFS735S /TPC

China Taiping Insurance (Singapore) Pte Ltd
3 Anson Rd #15-02
Springleaf Tower
Singapore 079909

## QUOTATION

Dear Sir,

Cost of Repair to Vehicle SFS735S

With reference to the above-mentioned, we are pleased to quote as follows:-

No.	DESCRIPTION	QTY	U/PRICE (S\$)	AMOUNT (S\$)
1.	Rear bumper / BR	1	2,980.00	2,980.00
2.	Rear bumper pad / CHT	1	605.00	605.00
3.	Rear bumper center chrome / CHT	1	540.00	540.00
4.	Rear bumper side chrome / RC	1	460.00	460.00
5.	Labour charges	1	250 600.00	600.00
6.	Spray painting	1	400 600.00	600.00
SUB-TOTAL				S\$5,785.00

- Price before 7% gst

Thank you.

Yours faithfully,



Winnie Chai  
HP: 9850-9666



Steve (LKK)  
29/6/21, 10.10L

WZ R  
3 L  
P/P

My Before My

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 is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

## 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	25/06/2021 17:08 (SGT)
Date of Accident	25/06/2021 07:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG TOWN HALL ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFS735S
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YEOH BROTHERS TRANSPORT PTE. LTD.
Company Reg No	2XXXXX586H
Email Address	SALES@YEOHBROTHERS.COM.SG
Mobile Phone No	(Phone) +65-96651084
Alternative Phone No	(Home) +65-96651084

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	220e
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	1996

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5108511249-02
Cover Note Number	-

#### DRIVER

Name of Driver	KER AH POA
NRIC No	SXXXX844B

Date Of Birth	15/10/1952
Occupation	Indoor
Date Of Driving Pass	23/11/1981
Driving experience	39 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96651084
Alt. Phone Number	-
Email Address	SALES@YEOHBROTHERS.COM.SG
Address	APT BLKK 190 BUKIT BATOK WEST AVE 6 #07-35 S650190
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	PASSENGER
Gender	Female

#### 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 ATTACHED

#### 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

Vehicle Registration Number	PC1393D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus

Name of Driver	.....	-
Contact Number	.....	-
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.
6. The 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 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.

YEON BROTHERS TRANSPORT PTE LTD  
3 KWONG MIN ROAD  
SINGAPORE 620755  
TEL 6265 9131 FAX 6261 1841

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.:



General Insurance Association of Singapore

SKETCH PLAN

A - SFS 735S

B - PC 1393D

Please refer to the  
attached sketch plan.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 25/6/2021 around 0750hrs, I was driving my car SFS 735S along Jurong Town Hall. My car was stop at traffic light waiting for traffic light to turn green. Suddenly I felt an impact from the rear. Veh B PC 1393D collided onto my rear portion.

DECLARATION

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

YIP BROTHERS TRANSPORT PTE LTD

3 KIONG MIN ROAD  
SINGAPORE 62705

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

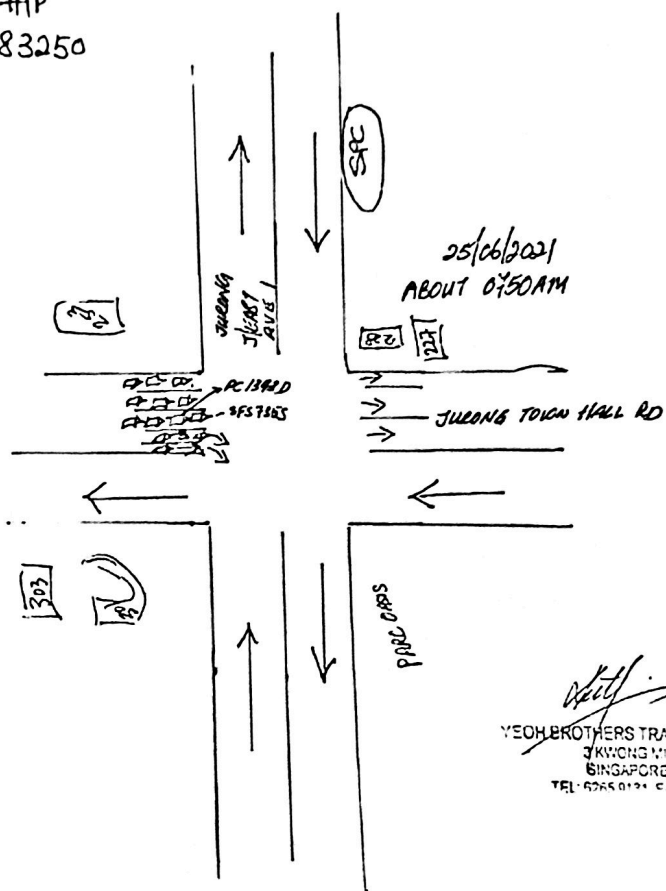
Name:

NRIC/FIN No.:



Standard with CS

#1P  
PC 1393D 98383250



25/6/21 2.10pm  
YEOW BROTHERS TRANSPORT PT.  
3 KWONG MIN ROAD  
SINGAPORE 625705  
TEL: 6265 0121 FAX: 6265 0122