

ASS. REC. BY:

Stere

REF

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:

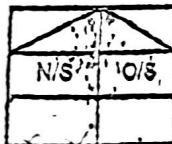
Excess:

(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 Report

Consistent? : Yes or No

SIA / PR Seant

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SKW 315R

Yr Regn:

1

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

Truck / Trailer or

Make:

Honda Vezel

C.C.

14.96

Colour:

White

A/C:

Insured / Std / NI / N

Sp. Reading

86297

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

P111132297

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

215/60R16

R:

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

TOYO / YOKO or

Fire 29

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

27/7/21

D.O.A.

6/8/21

Survey held at

Cycle & Carriage

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

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

Date / Time

Action / Instruction

No PAFF Value

Date/Time, File, Post to:



: Prel. Report



: Final Report

Date/Time, File, Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S + RS = \$

Photos

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Inve (\$



: Weekend (\$



Diplomat Parts Pte. Ltd.

Company Reg No. 196400304H
GST Reg No. MR-8500111-X

ESTIMATE

Invoice Name & Address

Owner Name & Vehicle Info

CHAN'S & SONS ENTERPRISE

363 SEMBAWANG ROAD
GOODLINK PARK
SINGAPORE 758379

Contact No

Reg No/Reg Date SKW315R / 14/10/2015
Date In/Mileage / 0
Chassis No RU11102297
Engine No L15B4022298
Make/Model Vezel 1.5X CVT

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CSM00061	Cash	06/08/2021/ 12:18	TLC	442 / CocoLu	26478

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
E PNT88000 RENEW REAR BUMPER, TAILGATE, REPAIR REAR END PANEL, REAR BUMPER LH 200 X 2				470 1050.00
E PNT98000 SPRAY PAINT FOR REAR BUMPER LH, REAR END PANEL, TAILGATE, 200 X 2				470 1120.00
E PNT88000 REMOVE & INSTALL TAILGATE GLASS				120 200.00
M SUNDRY APPLY SEALANT FOR TAILGATE GLASS				40 80.00
M SUNDRY APPLY SEALANT FOR ACCIDENT PORTION				20 40.00
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM				30 160.00
M SUNDRY Sundry				20.00
M SUNDRY REAR BUMPER / DD				508 860.00
M SUNDRY TAILGATE / DD				1050 1537.00
M SUNDRY TAILGATE GLASS MOULDING 45 X 4 / n/c				180 260.00
M SUNDRY EMBLEM / n/c				45.00
M SUNDRY REAR BUMPER SIDE BRACKET ?				37.00

Estimate

Steve (LKK) with PL
6/8/21, 2:30pm L/S
My AL sy
4 dgs

LKK Auto Consultant's hence notify
the Repairer of the following:

- Confirm & accepted by
- To display damaged parts during recovery
 - Parts prices are subject to confirmation
 - Third party survey is on a "Without Prejudice" basis
 - No illegal modification(s) is allowed
 - Customer's responsibility to pay for the repair
- Authorized signatory and company stamp

Nett	5,409.00
7% GST on	5409.00
	378.63
Total Payable	5,787.63

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required.

Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.

DPS Auto Services

209 Pandan Gardens, Singapore 609339 Tel: (65) 6568 4558 Fax: (65) 6567 5258

001 / DIPLOMAT PARTS PTE LTD
DATE & TIME: 29/07/2021 17:23 (SGT)
REPORTED BY: TAN SHIEH YUEN
POLICE REF: 1 (29/07/2021 17:23 (SGT))

Your NCD will be affected due to late reporting

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	29/07/2021 17:23 (SGT)
Date of Accident	27/07/2021 18:08 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	COMMONWEALTH AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW315R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHAN'S & SONS ENTERPRISE
Company Reg No	5XXXXXX00-M
Email Address	FINANCE@CHANS.COM.SG
Mobile Phone No	(Phone) +65-67532536
Alternative Phone No	(Office) +65-67532536

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1500

INSURANCE COMPANY

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

DRIVER

Name of Driver	ANN CHENG
NRIC No	SXXXX670J

h
n
Driving Pass
experience
er
le Number
Phone Number
mail Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

26/01/1979
Indoor
13/11/1998
22 YEARS AND 8 MONTHS
Female
(Phone) +65-83999085
-
COCO.LU@CYCLECARRIAGE.COM.SG
93A TELOK BLANGAH STREET 31
#25-161
101093
No
Sibling
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?

No
2
No
-
Yes
2
No

PASSENGER 1

Name
Gender

PEGGY LEE
Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHMENTS.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes
No
No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

SLK710J
Honda
-
-
-
Private car

LIM CHIAN BIN
(Phone) +65-96287600

*
*
*
*
*

Longpac Insurance Bhd

*
*
*

Driver
Number
Complement
Insurance Company Name
Amount Of Damage
Amount of property damaged in accident
No. Of Passenger (Including Driver)



SKETCH PLAN

IMPORTANT NOTICE

1. This 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 cause the 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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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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

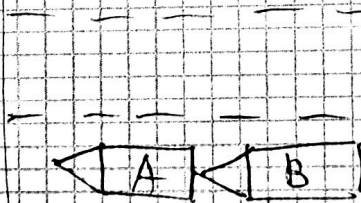
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SKW 315R
B: SLK 710J



Circumstances of the Accident

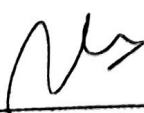
I was driving along Commonwealth Ave and it was red light whereby I stopped to wait for the traffic lights to turn green. Then while waiting, I heard a loud bang and realised that the car that I was driving had been bumped by a white Honda Civic. The driver came down and apologised citing that her foot has slipped off the brake and her vehicle moved.


Took down her personal details and took pictures of the dent and done off.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

 29 July 2021 1622h15
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel