

ASS. REQ. BY

Steve

REPT

CS/CT/21010807/43

Evy3

ASSIGNMENT

From:

Date:

Estimated Cost:

OP/TP/WS/TPR/OD/RES/EVA/INV/IMV

To inspect Vehicle No:

at Workshop m/s

of

Insured: SMT 3341L

Policy No. DMCVSN00051732101

Claims No. SNM21D205973/C02

Sum Insured:

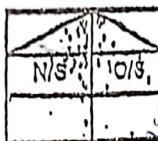
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remarks: The veh has been insured & repaired at the time of inspection.



Rel. or Market Value:

IDAO Accident Report Consistent? : Yes or No

DIA / PR Seen Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Cum Sum: % 3 Vol.: Yes or No

QA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SMF 3138 G

Yr Regn:

24/19/18

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

Truck / Tractor or

Make:

Mitsubishi Attrage

C.B. 1193

Colour:

White

A/O: Insured / Std / NI / N

Sp. Reading

82565

T/Ratio: Insured / Std / NI / N

Eng/No:

C/Nr:

MMRSTATAJH:007213

Gen. Cond: Good / Fair / Poor / Bump

Steering: Locked / Jammed / Leaked / Burnt or

Brakes: In order / Jammed / Leaked / Burnt or

Mod: H / B / R / M / STD / A / R / M or

Tyre Size:

185 / 55R15

R1

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

TOYO / YOKO or

Front

Rear

R/Bal:

5

mm

R/Bal:

5

mm

L/Bal:

5

mm

L/Bal:

5

mm

D.O.A.

14/10/21

Accord Auto

Survey held at

Des. of Damages: FH / Rear / O/S / H/S / VIC / Roof/Top or

Rear RH

The V/O / chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

5/11/21 Steve confirmed LS \$1500 (Red 3374.06, 69%)

Time/Date, File, Received, ☐ Prel. ReportTime/Date, File, Received, ☐ Final Report

5/11/21-typist

Time/Date, File, Received, Merimen

Time/Date, File, Received, LS \$1500

Days Of Repair: 3

Resurvey No. of Trips: 1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Inve (\$

☐

Witness (\$

Survey Fee:

Transportation

S + RS, \$

Fees

Others

TOTAL

BLOCK 1009 BUKIT MERAH LANE 3
#01-80 SINGAPORE 159723
TEL:62715133/ 62717433 FAX:62745715

Pgl

ACCORD AUTO SERVICES PTE LTD

BLOCK 1009 BUKIT MERAH LANE 3
#01-80 SINGAPORE 159723
TEL: 62715133 / 62717433 FAX: 62745715

ESTIMATE REPAIR

Pg2

China Taiping Insurance (Singapore) Pte Ltd

Date: 20.10.2021

Owner's Name : Teo Meng Li

Vehicle No : SMF3138G

Claim Type: Third Party Claim

Vehicle Make & Model : Mitsubishi Attrage 1.2 CVT

Chassis No: MMBSTA13AJH002213

Registration Date : 24 Oct 2018 (YOM 2018) COE Expiry Date 23 Oct 2028

DOA: 14.10.2021

No	Description	Unit	List (\$)
Special Nett			
1	REAR BUMPER CLIPS <i>MP</i>	SET	\$ <i>30</i> 35.00
2	REAR FENDER SHIELD CLIPS <i>X</i>	2 SET	\$ 60.00
3	REAR BUMPER LOWER SPOILER <i>X R</i>	SET	\$ 720.00
Labour			
1	Spray Painting to All Affected Areas	1	\$ <i>300</i> 600.00
2	Labour Remove / Refix Accident Damages parts to knock , jack, cut weld and realign accident affected area	1	\$ <i>300</i> 900.00
3	Check Wiring System & Light	1	\$ <i>30</i> 100.00
4	Anti Rust Treatment	1	\$ <i>30</i> 100.00
5	To Remove/Refix Inner Compartment & Carpet To Facilitate Repair	1	\$ <i>X</i> 280.00
6	To Remove/Refix Rear Bumper Sensor	1	\$ <i>30</i> 150.00
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 is subject to final approval from Insurance Company Acknowledged by Repairer Signature: Date:			
Total (B):			\$ 2,945.00
Grand Total:			\$ 4,874.06

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 15/10/2021 16:41 (SGT)
Date of Accident 14/10/2021 10:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information CAR PARK AT JURONG EAST ST 21 (BLK 230)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF3138G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TEO MENG LI
NRIC No SXXXX138G
Email Address karine.teo@hotmail.com
Mobile Phone No (Phone) +65-92996625
Alternative Phone No +65-92996625

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Attrage
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1198

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5119407210
Cover Note Number -

DRIVER

Name of Driver TEO MENG LI
NRIC No SXXXX138G

er
Number
ss
ress complement
os/code
Insurance

Date Of Birth 27/11/1973
 Occupation Outdoor
 Date Of Driving Pass 02/05/1977
 Driving experience 44 YEARS AND 5 MONTHS
 Gender Female
 Mobile Number (Phone) +65-92996625
 Alt. Phone Number +65-92996625
 Email Address karine.teo@hotmail.com
 Address BLK 418 BEDOK NORTH AVE 2 #07-83
 Address complement -
 Postcode 460418
 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 Side Swipe
 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 AYSHA
 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 SKETCH

ATTACHMENT(S)

Are accident photos available for attachment? No
 Was there any video captured by Car Camera? No
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMT3341L
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category NA / Unknown

Driver	HASNAH BEE BINTE MOHAMED ABBAS
No	SXXXX207B
Contact Number	(Phone) +65-94991943
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	AYSHA
Phone	(Phone) +65-98376084
Email	-

SKETCH PLAN

Veh A: SWF 3138 G

Veh B: SWT 3341 L

IMPORTANT NOTICE

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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.

** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature

Date & Time:

15/10/21 - 14:14

Driver's Signature

(If driver is not the policyholder)

Date & Time:

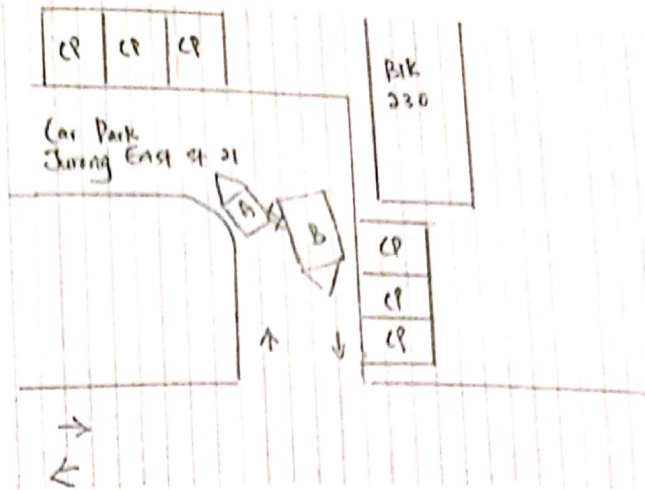
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SKETCH PLAN
 Veh A: SMT 3138 G
 Veh B: SMT 3341 L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle SMT 3138 G was making a left turn inside the car park at Jorong East St. 21 (Bik 230), along a "L" bend, I noticed vehicle npr. SMT 3341 L was also approaching the "L" bend.

As the bend was quite narrow, I stop my vehicle immediately. I noticed vehicle SMT 3341 L also stop briefly at the "L" bend, afterwards, vehicle SMT 3341 L continue to proceed to turn at the "L" bend while my vehicle is still in stationary position.

While SMT 3341 L was turning, its rear side panel collide with my vehicle.

DECLARATION

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

Policyholder's Signature

Date & Time: 15/10/21 14:14

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: