

REC BY: Steve

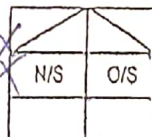
CS/CT121011494/Ety3

# 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: \_\_\_\_\_  
 IDAG Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs. \_\_\_\_\_ days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3-Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SMA 65937 Yr Regn: 29/8/17  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Mini One c.c. 1198  
 Colour: Orange A/C: Insured / Std / NI / NA  
 Sp. Reading: 45676 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WMWXSJ2080TG64661  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 225/45R17  
 R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Firenza

Front	Rear
R/Bal. <u>5</u> mm	R/Bal. <u>5</u> mm
L/Bal. <u>5</u> mm	L/Bal. <u>5</u> mm
D.O.A. <u>5/11/21</u>	D.O.I. <u>10/11/21</u>

Survey held at Trans Eurokars

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-85K

We confirm the finalize \$6567.24 (P/P, before GST) 4 days.

RED: 3835.67;36%

10402.91

Date/Time, File Pass to?

☐ : Prelim. Report

Days Of Repair: \_\_\_\_\_

1)

☐ : Final Report

Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?

Add Fee: ☐ : Site Insp (\$)

Survey Fee:

Transportation:

☐ : Interview (\$)

\$ + RS. \$1

☐ : Tech. Insp (\$)

Prints

☐ : Wash and

Glance

Total

Request Formals:

Date/Time, File Return to?



EUROKARS HABITAT PTE LTD

27A TANJONG PENJURU, SINGAPORE 609042



## ESTIMATE COST OF REPAIRS

China Taiping Insurance (Singapore) Pte		NAME :		WIP :	
3 Anson Road		ADDRESS :		EXCESS :	
#16-00 Springleaf Tower				DATE :	
Singapore 079909		TEL :		9-Nov-21	
ATTN. : MOTOR CLAIMS					
FAX :					
VEH NO :	SMQ6593Y	DATE IN :		CONTACT PERSON :	JESS 8128 9802
CHASSIS NO :	WMWXS120802G64661	MILEAGE :		TYPE OF CLAIM :	THIRD PARTY
MODEL :	MINI One 5 Door RHD	DATE REG.	29-Aug-17	POLICY NO. :	

## NATURE OF WORKS

Parts Description	QTY	UNIT PRICE	DISC(%)	1ST	SUPP		REVISED	PRICES
1 FRONT FENDER LH <i>00</i>	1	530.14	-			M41.00.7.374.521		530.14
2 BRACKET, FENDER LH <i>?</i>	1	24.83	-			M41.00.7.374.527		24.83
3 BRACKET, SIDE TOP LH <i>?</i>	1	38.29	-			M41.00.7.389.471		38.29
4 BRACKET, SIDE TOP COLUMN A <i>?</i>	1	38.29	-			M41.00.7.389.467		38.29
5 BRACKET, FENDER CENTER LH <i>?</i>	1	38.29	-			M41.00.7.389.466		38.29
6 BRACKET, SIDE LOWER LH <i>?</i>	1	38.29	-			M41.00.7.389.489		38.29
7 ADDIT. TURN LIGHT LH <i>BR</i>	1	67.47	-			M63.13.7.298.347		67.47
8 FRONT DOOR LH <i>00</i>	1	1,223.24	-			M41.00.7.327.445		1,223.24
9 LEFT UPPER HINGE <i>?</i>	1	73.19	-			B41.51.7.284.533		73.19
10 LEFT LOWER HINGE <i>?</i>	1	73.19	-			B41.51.7.284.535		73.19
11 DOOR CHECKER LH <i>?</i>	1	90.68	-			M51.21.7.328.595		90.68
12 BOLT FOR CHECKER <i>nk</i>	1	1.89	-			B51.22.6.976.687		1.89
13 BOLT FOR CHECKER <i>nk</i>	1	3.51	-			B07.14.7.248.303		3.51
14 SOUND INSULATION FOR DOOR <i>nk</i>	1	91.85	-			M51.48.7.386.607		91.85
15 SEAL, A-PILLAR LH <i>?</i>	1	63.38	-			M51.76.7.322.455		63.38
16 FRONT FENDER ARCH LH <i>cut</i>	1	179.14	-			M51.77.7.300.819		179.14
17 SEAL, SIDE FRONT SPONGE <i>?</i>	1	27.24	-			M51.48.7.298.941		27.24
TOTAL PARTS								2,602.91
TOTAL PARTS COST								2,602.91

## SUPPLEMENTARY

NO	DESCRIPTION	QTY	UNIT PRICE	DISC(%)	1ST	SUPP	PARTS NO	REVISED	PRICES
1									
2									
3									

## Labour Description

1	TO REPLACE FRT FENDER LH, FRT DOOR LH & ALL ACCIDENT DAMAGE PARTS . TO REPAIR FRONT A-PILLAR LH & ALL AREAS AFFECTED BY THE ACCIDENT. <i>840 x 2</i>							1680	2,940.00
2	TO RESPRAY FRT FENDER LH, FRT DOOR LH, FRT A-PILLAR LH . <i>800 x 2</i>							1600	2,600.00
3	TO CARRY-OUT BODY CAVITY PRESERVATION.							150	250.00
4	TO TRANSFER THE FRONT DOOR RH MECHANISM.							NETT	420.00



	TO MOUNT THE CAR ONTO CELETTE BENCH TO GIVE WAY ON THE REPAIR OF THE A-PILLAR	NETT	840.00
6	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.	NETT 150	250.00
7	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	NETT	350.00
8	SUNDRIES.	NETT 20	50.00
		TOTAL LABOUR	- 7,700.00
		TOTAL PARTS	- 2,602.91
		TOTAL	- 10,302.91
		LESS EXCESS	- -
		TOTAL AFTER EXCESS	- -
		GST 7%	- -
		GRAND TOTAL	- -

**REMARKS:**

THIS IS ONLY AN ESTIMATE FROM VISUAL INSPECTION AND SHOULD THERE BE MORE DAMAGES FOUND DURING THE PROCESS OF REPAIRING, YOU WILL BE INFORMED BEFORE THE REPAIRS ARE BEING CARRIED OUT. TAKE NOTE THAT SHOULD YOU DECIDE NOT TO PROCEED WITH THE REPAIRS, A QUOTATION FEE OF \$400.00 WILL BE APPLY AS ACCORDINGLY FOR MAN-HOURS INVOLVED IN SOURCING FOR PARTS PRICE AS WELL AS LABOUR CHARGES.

Stere (CLKK)  
10/11/21, 4.19p-

wh RL  
P/P  
M BK M  
4 Lys

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

## 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	06/11/2021 09:00 (SGT)
Date of Accident	05/11/2021 11:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	136 JOO SENG ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ6593Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HE MENGXIN
NRIC No	SXXXX303H
Email Address	MENGXIN313@HOTMAIL.COM
Mobile Phone No	(Phone) +65-83331821
Alternative Phone No	+65-83331821

### VEHICLE PARTICULARS

Manufacturer	Mini
Model	One
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	1400

### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

### DRIVER

Name of Driver	HE MENGXIN
NRIC No	SXXXX303H

Date Of Birth	13/03/1993
Occupation	Indoor
Date Of Driving Pass	18/07/2017
Driving experience	4 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83331821
Alt. Phone Number	+65-83331821
Email Address	MENGXIN313@HOTMAIL.COM
Address	16 CHOA CHU KANG GROVE #05-39
Address complement	-
Postcode	688210
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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

REFER TO SKETCH PLAN.

#### 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 1

Vehicle Registration Number	GBT3231D
Vehicle Manufacturer	Fiat
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NG KONG NGOH
NRIC No	SXXXX236E
Contact Number	(Phone) +65-97997487
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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The decline 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 lodging 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.
  - (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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

A: GBJ3231D

B: SMG 6593Y

Describe Circumstances of the Accident

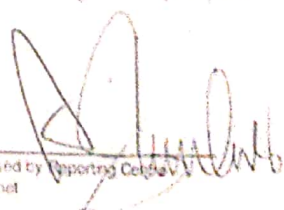
I parked my car at went to office. Someone called me and told me that ~~some~~ my car has hit by other car. The car was reversing and caused my door damaged.

Declaration

We declare the foregoing particulars are true in every respect.

 05/11/21  
Policyholder's Signature / Date & Time

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

0 11/10/21  
  
Witnessed by Reporting Officer / Personnel