

ASS. REG. BY

Steve

1988

CS/III 21/01/1988 /EUF3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

at

Insured:

Policy No.

Claims No.

Sum Insured

Excess:

(Client's Record)

Make of Vehicle

(Policy Condition)

Remarks: The vehicle commenced its repair at the time of inspection.



Det. or Market Value:

IOAC Accident Report

Consistent? Yes or No

BIA / PR Stamp

Consistent? Yes or No

Est. Repair:

days

Res:

Yes or No

Sum Sum:

%

Vol:

Yes or No

GA / REV / REP. / 24 HRS

Vehicle IN/OUT

Date:

Person Contacted:

Date / Time:

Action / Instruction

MV-1344

Veh No:

SMV 67712

Yr Regn:

30/9/20

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

Truck / Trailer or

Make:

Mercedes-Benz GLA 180

Ch 1595

Colour:

Black

A/O: Insured / Stolen / N /

Sp/Reading

16512

T/Ratio: Insured / Stolen / N /

Eng/No:

ON/No:

WDC 1569422 / 668592

Gen. Cond: Good / Fair / Poor / Bught

Steering: Locked / Jammed / Loose / Burnt or

Brake: Interlocked / Jammed / Locked / Burnt or

Mod: III / 3 / R / 1 / 3 / 0 / A / R / m / or

Tyre Size:

P1

235/50R18

R1

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

YOYO / YOKO or

Confidential

Front

R/S:

5

mm

Rear

R/S:

5

mm

L/S:

5

mm

U/S:

5

mm

D.O.A.

20/11/21

Auto Sprint

O/S:

25/11/21

Survey held at

Des. of Damages: Front / Rear / O/S / H/S / UIC / Rep/Rep or

The V/S / B/R/S/S frame / Body structure affected due to collision

Time/Date, File, Rep/Rep

☐

Procl. Report

☐

Final Report

Time/Date, File, Rep/Rep

Days of Repair:

Resurvey No. of Trips:

Survey Fee:

Transportation:

Survey Fee:

Transportation:

Survey Fee:

Transportation:

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Trach. Inve (\$

☐

Vehicle Inve (\$

INDIA INTERNATIONAL INSURANCE PTE LTD

SMV6771Z
Mercedes Benz GLA180
WDC1569422J668592
64 Cecil Street
IOB Building
#04-02
Singapore 049711

Attn: Meena (6347 6073)

Work Order

Job No. : WJ2111768
Date : 23/11/2021
Current 0 KM
Mileage :
Time In : 23/11/2021 14:01
Time out :

T	Job Description	Quantity	UOM	Unit Price	Amt
	Ad hoc				
S	L/H Door Mirror / CUT	1.00		920.00	920.00
S	L/H Front door / DD	1.00		1,598.00	1,598.00
S	L/H Rear door / DD	1.00		1,730.00	1,730.00
S	L/H Rear Wheel Arch Garnish / CUT	1.00		200.00	200.00
S	L/H Rear Wheel Sport Rim / CUT	1.00		830.00	830.00
S	L/H Rear Knuckle Arm ?	1.00		1,200.00	1,200.00
S	L/H Rear Knuckle Arm Bearing ?	1.00		344.00	344.00
S	L/H Rear Upper Arm ?	1.00		140.00	140.00
S	L/H Rear Lower Arm ?	1.00		185.00	185.00
S	L/H Rear Shock Absorber ?	1.00		467.00	467.00
S	L/H Rear Control Arm ?	1.00		150.00	150.00
S	Labour charge to Replace/Repair damaged parts	1.00	600	1,600.00	1,600.00
S	Labour to transfer both doors glass, regulator & lock mechanism to new replace doors.	1.00	160	400.00	400.00
S	To spray painting on the affected parts & areas	1.00	660	1,200.00	1,200.00
S	Labour charge to remove & replace L/H rear undercarriage damaged parts	1.00	?	600.00	600.00
S	To check/adjust wheel alignment	1.00	60	120.00	120.00
S	Labour charge to reconnect wire hardness on replace parts	1.00		50.00	50.00
S	L/H Rear Door Rubber / NPC	1.00		265.00	265.00
S	L/H Lower Side Skirting / CUT	1.00		1,189.00	1,189.00

Continue on next page...

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Mercedes Benz GLA180
WDC1569422J668592
64 Cecil Street
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#04-02
Singapore 049711
Attn: Meena (6347 6073)

Work Order

Job No. : WJ2111768
Date : 23/11/2021
Current 0 KM
Mileage :
Time In : 23/11/2021 14:01
Time out :

T	Job Description	Quantity	UOM	Unit Price	Amt
S	Sundries	1.00	20	60.00	60.00

Steve (LKK)
8399 8813
OD - M HL
EXCESS - ?
P/P
My Ref Sy
5 days

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after survey 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 is allowed
- Supplementary items must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Remarks:

Accident Repair Estimate All Nett Items

Subtotal 13,248.00
GST 7.0% 927.36
Total 14,175.36

SIGNATURE & COMPANY'S STAMP



(Authorised Signature)

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	22/11/2021 18:36 (SGT)
Date of Accident	20/11/2021 19:20 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	Towards Woodlands
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV6771Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Ng Joo Hean
NRIC No	SXXXX145J
Email Address	Jooheanng@gmail.com
Mobile Phone No	(Phone) +65-96770759
Alternative Phone No	+-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla180
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MPC0006006_01
Cover Note Number	-

DRIVER

Name of Driver	Ng Joo Hean
NRIC No	SXXXX145J

Date Of Birth	18/04/1967
Occupation	Indoor
Date Of Driving Pass	23/01/2018
Driving experience	3 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96770759
Alt. Phone Number	---
Email Address	Jooheanng@gmail.com
Address	Blk 683C Woodlands Drive 62
Address complement	04-155
Postcode	733683
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)	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?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to police report - T/20211120/2116

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FY4277P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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 willful 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 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' 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

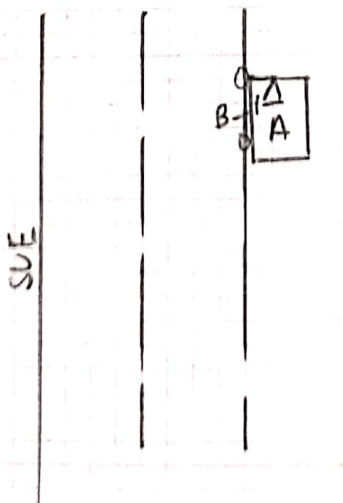
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A: SMV6771Z

Vehicle B: FY4277P

Describe Circumstances of the Accident

REFER TO POLICE REPORT - T/20211120/2116

Declaration

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

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20211120/2116

1 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20211120/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/11/2021 22:11	Vide Report No.:	Station Diary No.: 103
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Informant's Particulars		
Name of Informant: NG JOO HEAN		Address: APT BLK 683C WOODLANDS DRIVE 62 #04-155 SINGAPORE 733683
ID Type / ID No.: NRIC NO / S1825145J		Contact No.: Home/Office: Mobile: 96770759
Nationality: SINGAPORE CITIZEN		Email:
Sex: Male	Age: 54	Date of Birth: 18/04/1967
Type of Informant: Driver		
Race: Chinese		Language: Institution / School Name:
Occupation: Hawker/Stall holder (prepared food or drinks)		Driving Licence Information: Class: Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/11/2021 19:20	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMV6771Z	Car	MERCEDES BENZ	GLA180 URBAN EDITION AUTO	Black		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMV6771Z	INDIA INTERNATIONAL INSURANCE PTE LTD	D20MPC0006006_ 01	30/09/2021	29/09/2022



**SINGAPORE
POLICE FORCE**



T/20211120/2116

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

2 of 3

Report No. T/20211120/2116

CONTINUATION OF REPORT

Brief Details.

On the 20/11/2021 @ 1930hrs, upon reaching the carpark of B/683C Woodland Dr 62. When I was about to leave by parked vehicle for home. I discovered a streak of white scratch measuring about 1m long and 6 cm wide mark across front left passenger door. I had no idea how it happened as I do not recall my vehicle had knocked into anyone. Upon checking my in car rear camera. There is a recording showing an unknown bike skidded @ 1920hrs along SLE towards woodland.



**SINGAPORE
POLICE FORCE**



T/20211120/2116

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3

Report No. T/20211120/2116

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report
L /
Staff Sgt TEO BOON PIEW

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
20/11/2021 22:11

Classification Of Case: