

ASS. REC. BY:

REF:

C12 /

CS/CTI21012422/Kqy3

Kenneth

ASSIGNMENT

SMQ 3627D

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. SNM21D207078/C02

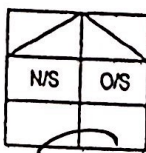
Sum Insured: _____ Excess: _____

(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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 07 days Res.: Yes or NoLum Sum: 1.21 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No:

SMQ 3627D

Yr Regn:

11, 19

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

Truck / Trailer or

Make:

MIT

A1193

C.C.

1193

Colour

M. Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

17997

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No:

NMBSTA13AK14 002614

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModl: NII / S/Rim / STD / ☒ R/Rim or

Tyre Size:

F:

185/55R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

8 mm

R/Bal.

mm

L/Bal.

8 mm

L/Bal.

mm

D.O.A.

5/12/21

D.O.I.

7/12/2021

Survey held at

Des. of Damages: Frt / ☒ Rear / ☐ O/S / ☐ N/S / ☐ UIC / ☐ Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

09/12/21 @ 2.38pm revised to Alfred Toh via Merimen.

Kenneth confirmed final fig \$6459.10, 7 days. (Red \$7127.90, 52%)

Date/Time, File Pass to?

☐

: Prell. Report

1) 04/01 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 7Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS: \$

Fees:

Others:

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format: MER-TP

Lump Sum / I.B.I: (\$ 6459.10



方商昭噴漆 POON SIANG SEOW

Sin Ming Autocity, No. 160 Sin Ming Drive, #05-13, Singapore 575722.
Tel: 6453 7511 Fax: 6453 8046 Email: sittl1@singnet.com.sg Regn. No. 05396600K

GOH KEE SENG
25B JALAN MEMBINA
#10-112
SINGAPORE 164025

*NOT Authorized
Resurvey B4 pain
7 day*

Dear sir
Estimate cost of repair to vehicle no. SMQ 3627D
To supply

1. Tail boot cover	Ry 828.00	✓
2. Tail boot hinge x2	R 240.00	X
3. Tail boot lock	na 206.00	✓
4. Tail boot rubber	Dis/line 158.00	✓
5. Tail boot spoiler one set five pc P-1	C/P 1,600.00nett	✓
6. Tail boot outer handle	Wap 318.00	✓
7. Tail boot logo	na 56.00	✓
8. Tail boot badge x2	na 88.00	✓
9. Rear panel	402.00	?
10. Rear panel top garish	na/line 128.00	✓
11. Rear spare tyre panel	R 906.00	X
12. Rear spare tyre board	203.00	?
13. Tail lamp x2	na 652.00	✓
14. Tail lamp panel x2	248.00	?
15. Rear bumper	Ry 708.00	✓
16. Rear bumper sensor	350.00	?
17. Rear bumper retainer x2	na 80.00	✓
18. Rear fender x2	R 1,446.00	X
19. Rear w/s glass moulding	na 220.00	X
20. Rear fender inner garish cover x2	650.00	?

Labour charges

Rust proofing	100.00	600
Penal beating	2,200.00	900
Spray painting	1,200.00	1000
To remove and refit w/s and cushion	600.00	?
Total	13,587.00	

Don

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 06/12/2021 13:55 (SGT)
Date of Accident 05/12/2021 10:45 (SGT)
Exact Location of Accident Commonwealth Ave, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ3627D
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner Goh Kee Seng
NRIC No S1605077F
Email Address paulynchew@yahoo.com
Mobile Phone No (Phone) +65-97372388
Alternative Phone No +65-97372388

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Attrage
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 1200

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00218692101
Cover Note Number -

DRIVER

Name of Driver Chew Poh Ling
NRIC No S7913757Z

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.
- 5. 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 firms/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 firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time
- 6 DEC 2021
Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time
- 6 DEC 2021

Witnessed by Reporting Centre Personnel
Jenny Lim

Commonwealth Avenue

B A → □ →

A: 3M023627 D

B: YP37152

Queenstown
MRT Station