

ASS. REC. BY:

REF:

SMR/22000123/kgf3

C

Kenneth

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.

BUS/01/22/5066

Sum Insured:

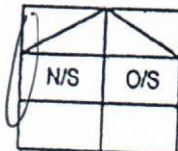
Excess:

(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

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

STX 7965A

Yr Regn:

07, 10

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

Truck / Trailer or

Make:

Honda

1.45 c.c.

1998

Colour:

m.d. Brown

A/C:

Insured / Std / NI / NA

Sp. Reading

279355

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMHLC41BMA160099

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

Yoko

215/55R17

Wind Force

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

Front

R/Bal.

3

mm

Rear

R/Bal.

7

mm

L/Bal.

3

mm

L/Bal.

7

mm

D.O.A.

3/1/22

D.O.I.

5/1/2022

Survey held at

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

N/S body

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

Date / Time

Action / Instruction

1

GIA not ready

23/1

11Rm @ 1700 Cnhw (val \$ 8664.08, 84%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S - RS. SI

F. Invs

Others

TOTAL

Report Format:

TP

Lump Sum / I.B.F. (\$

1700



S THREE AUTOMOTIVE RECOVERY PTE LTD

TO :

ATTN : MOTOR CLAIM DEPT.

T/P VEH. NO. : SMB1575L

ESTIMATE REPORT 1st QUOTATION

OWNER'S PARTICULAR

NAME : ONG ENG LEONG

ADDRESS :

JOB NO :

CONTACT : 83074211

LICENSE NO SJX7965A TR

MAKE / MODEL : HYUNDAI I45

OWNER'S INSURER CHINA TAIPING

JOB-CODE : TP S/A : JOEY

CHASSIS NO :

ENGINE NO :

ACCIDENT DATE : 03-Jan-22

CLAIM DETAIL

MATERIALS

	QTY	QUO-PRICE	DISC. %	DISC-PRICE	SUR. DISP	REV. PRICE
1 FRONT BUMPER	1.00	633.00	20.00	506.40	Y	X
2 FRONT BUMPER SIDE RETAINER LH	1.00	45.00	20.00	36.00	Y	X
3 HEADLAMP LH	1.00	1680.00	20.00	1344.00	Y	X
4 HEADLAMP BRACKET LH	1.00	84.00	20.00	67.20	Y	X
5 FRONT DOOR LH	1.00	1234.20	20.00	987.36	Y	X
6 FRONT DOOR OUTER MOULDING LH	1.00	175.40	20.00	140.32	Y	X
7 FRONT DOOR OUTER CHROME HANDLE LH	1.00	250.10	20.00	200.08	Y	X
8 FRONT DOOR FRAME STICKER LH	1.00	70.00	20.00	56.00	Y	X
9 LH WING MIRROR ASSY	1.00	821.10	20.00	656.88	Y	X
10 FRONT DOOR GLASS LH	1.00	675.00	20.00	540.00	Y	X
11 FRONT DOOR REGULATOR MOTOR LH	1.00	396.00	20.00	316.80	Y	X
12 REAR DOOR LH	1.00	1193.10	20.00	954.48	Y	X
13 REAR DOOR HANDLE OUTER CHROME HANDLE	1.00	250.10	20.00	200.08	Y	X
14 REAR DOOR FRAME STICKER LH	1.00	70.00	20.00	56.00	Y	X
15 REAR BUMPER	1.00	608.90	20.00	487.12	Y	X
16 REAR BUMPER SIDE RETAINER LH	1.00	45.00	20.00	36.00	Y	X
17 TAILLAMP LH	1.00	632.50	20.00	506.00	Y	X

TOTAL (PARTS) :

8863.40

7084.08

SPECIAL NETT ITEM

1 REAR BUMPER CLIPS 1 SET	1.00	50.00	0.00	50.00	Y	X
2 FRONT BUMPER CLIPS 1SET	1.00	50.00	0.00	50.00	Y	X
3 FRONT DOOR TRIMBOARD CLIPS	1.00	50.00	0.00	50.00	Y	X
4 REAR DOOR TRIMBOARD CLIPS	1.00	50.00	0.00	50.00	Y	X

TOTAL (PARTS) :

200.00

200.00

LABOUR

1 STRAIGHTEN & PANEL BEAT ACCIDENT AREA	1.00	1200.00	0.00	1200.00	Y	400
2 SPRAY PAINTING ON ACCIDENT AREAS	1.00	1400.00	0.00	1400.00	Y	1000
3 CHECK & REPAIR WIRING SYSTEM	1.00	120.00	0.00	120.00	Y	15%
6 R&R FRONT DOOR COMPONENTS	1.00	120.00	0.00	120.00	Y	X
7 R&R REAR DOOR COMPONENTS	1.00	120.00	0.00	120.00	Y	X
9 RESPRAY TUFF KOTE ON ACCIDENT AREA	1.00	120.00	0.00	120.00	Y	X

TOTAL (LABOUR) :

3080.00

3080.00

Not Authorised
6/1 Sep @ 1700h
Returning After Paint
4 days

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 PARTS & LABOUR

12143.40

10364.08

EXCESS : : S\$ _____

NO. OF DAY : _____

RE-SURVEY : BEFORE / AFTER PAINTING

PART-BY-PART OR LUMP-SUM : S\$ _____

DATE OF SURVEY : ____ / ____ / ____

SURVEY BY : _____

CONTACT No : _____

FAX NO : _____

NOTE : LUMP-SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED.

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	3/1/2022	Time of Accident:	1700
Exact Location:	Choa Chu Kang Road		
DETAILS OF OWN VEHICLE			
Vehicle Registration No.	SJX 7965A	NRIC / FIN / Passport no:	S7935828B
Name of Registered Owner:	Ong Eng Leong		
Owner's Email:	eric.ea@gmail.com		
Owner's Address:	Blk 108 Jalan Bukit Merah #09-1780 S16010		
Vehicle Make:	Hyundai	Vehicle Model:	T45
Engine Capacity (cc):	2000	Transmission:	Auto / Manual
Type of Claim:	Own Damage / Third Party / Reporting Only		
Vehicle Category:	Private / Commercial / Motorcycle / Private Hire		
Name of Insurance Co:	China Taipei		
Type of Policy:	Comprehensive / Third Party / Third Party, Fire & Theft		
Policy Number:	DMH CSN W0005404100		

DRIVER			
Name of Driver:	Ong Eng Leong	<input type="checkbox"/>	same as
NRIC / FIN / Passport no:	S7935828B	Date of Birth:	7/11/79
Occupation:	Indoor / Outdoor	Driving Pass Date:	11/3/2004
Contact Number:	8307 4211	Gender:	Male / Female
Address:	Blk 108 Jalan Bukit Merah #09-1780		
Relationship with Owner:	Owner / Employee / Spouse / Child / Hirer / Other: S160108		

GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others: SMRT Bus cut lane		
Weather Condition:	Clear / Raining / Others: Drizzling		
Road Surface:	Dry / Wet / Others:		
Was anybody injured?	Yes / No	Police Report Made?	Yes / No
No. of passenger onboard (including driver):	1		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SMB 1575L		
Vehicle Make / Model:			
Name of Driver:	Mohamed Faris	Umar Janiffer	
NRIC / FIN / Passport no:	S7066919F		
Contact Number:	8300 3972		
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Signature of Driver

Date and time

4/1/2022

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 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 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.

04/01/22
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Choa Chu Kang Road

A - SOX 7965A
B - SMB 1575L

Describe Circumstances of the Accident

I was driving straight in the middle lane along Choa Chu Kang Road when SMART Bus exit from the slip road of Choa Chu Kang way enter the main road and cut abruptly into my lane from the left hit and grazed the left portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



04/01/22

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel