

ASS. REC. BY:

Steve

REF:

CS/SMR22000770/Eqf3

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/01/22/5017

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
X	X

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 2 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: SMY 59562 Yr Regn: 16/3/21

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

Truck / Trailer or

Make: Peugeot 3008 c.c. 1199

Colour: white A/C: Insured / Std / NI / NA

Sp. Reading: 10948 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF3MRHNS4MS024140

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: 215/65R17

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / 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. 5/1/22 D.O.I. 28/1/22

Survey held at Vintage

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

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

Date / Time Action / Instruction

MV-175K

We will be advising our Principal a cost of repair of \$1895 (P/P before GST) - with 2 days of repair, subject to their approval. (Red \$1712.60, 47%)

Date/Time, File Pass to?

☐

Prell. Report

1) 07/03 Typist

☐

Final Report

Date/Time, File Return to?

2)

Report Format: TP

Lump Sum / I.B.I: (\$ 1895)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

TOTAL

TOFRANCE

Division of Vantage Automotive Limited)

Business Registration No. 52907220C GST Registration No. M2-0000551-1

Alexandra Road

942, Singapore

Tel : 6376 2288

Fax : 6477 7373



PEUGEOT

Steve (LKK) 28/1/21, 11:30am
GST Registration No. M2-0000551-1

ESTIMATE

Estimate No. : BP 5278
Date Estimated : 06/01/2022
Prepared By : Edwin Yeo Wei Meng

Page No. : 1 of 1

- ESTIMATE REPAIR FOR -
Wong Shi Yun Cheryl (Huang Shiyun Cheryl)
101 West Coast Vale
#16-04

Singapore 126753

- ACCOUNT - 14356
MS First Capital Insurance Limited
36 Robinson Road
#16-01 City House
Singapore 068877

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMY5956Z	VF3MRHNSUMS024140	16/03/2021	3008 1.2 Active Prem	9834

DESCRIPTION	VALUE
TO CONDUCT THIRD PARTY CLAIM AGAINST MS FIRST CAPITAL INS (SMB5047T) DOA:05/01/2022	0.00
TO REMOVE & REPLACE REAR BUMPER AND ALL OTHER AFFECTED AREAS	600.00
TO CONDUCT RE-PROGRAMMING AND RESETTING OF ECU INCLUDING CLEARING OF FAULT CODES	600.00
SUNDRIES	20 100.00
Total Labour 1:	1,300.00

PART NUMBER	DESCRIPTION	QTY	PRICE	DISC	VALUE
1636403680	REAR BUMPER	1	750.00	10.00	675.00
168008801T	CENTRAL STRIP, BPR/R	1	413.00	10.00	371.70
1618040780	OVERRIDE - RH REAR BUMPER	1	276.00	10.00	248.40
1618040880	OVERRIDE - LH REAR BUMPER	1	276.00	10.00	248.40
1618040980	RECESS DOOR-REAR BUMPER (TOW HOOK)	1	55.00	10.00	49.50
9811280580	BRACKET - CENTRAL REAR BUMPER	1	120.00	10.00	108.00
9810591580	BUMPER BRACKET LH	1	92.00	10.00	82.80
9816071580	REINFORCEMENT - REAR BUMPER	1	490.00	10.00	441.00
9810591480	BRACKET - OVERRIDE RHR BUMPER	1	92.00	10.00	82.80
Total Parts :					2,307.60

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

Labour 1	:	1,300.00
Parts	:	2,307.60
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	252.53
Grand Total	:	3,860.13

Customer Name & Signature / Company Stamp

Date

The above estimates are based on visual inspection and it is possible that further materials and labour may be required upon dismantling. Should this occur, we will submit supplementary quotation for further approval. This estimate is valid for a period of 30 days only.

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	06/01/2022 15:44 (SGT)
Date of Accident	05/01/2022 17:55 (SGT)
Exact Location of Accident	Singapore, Jurong Town Hall
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY5956Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG SHI YUN CHERYL
NRIC No	SXXXX957Z
Email Address	CHERYL2R@MSN.COM
Mobile Phone No	(Phone) +65-86688676
Alternative Phone No	(Office) +65-86688676

VEHICLE PARTICULARS

Manufacturer	Peugeot
Model	3008
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	1199

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VPAP2429686
Cover Note Number	-

DRIVER

Name of Driver	WONG SHI YUN CHERYL
NRIC No	SXXXX957Z

Date Of Birth	13/12/1984
Occupation	Indoor
Date Of Driving Pass	15/06/2005
Driving experience	16 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-86688676
Alt. Phone Number	(Office) +65-86688676
Email Address	CHERYL2R@MSN.COM
Address	BLK 362 YUNG AN ROAD #07-129
Address complement	-
Postcode	S (610362)
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to police report T/20220105/7052

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	SMB5047T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus

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)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WONG SHI YUN CHERYL
Gender	Female
Phone No	(Phone) +65-86688676
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMY5956Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


SKETCH PLAN

IMPORTANT NOTICE


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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.
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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.

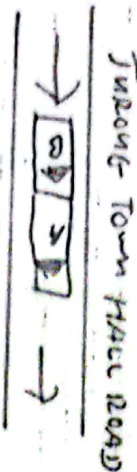

Policyholder's Signature
Date & Time:

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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SKETCH PLAN



A: SMY5956Z
B: SMB5047T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5/1/22 at about 5:55pm, I was travelling in
VEH 'A' at was at a Traffic Junction just after
the yellow box. A SMART BUS 'B' stopped behind
me at the yellow box. The BUS 'B' Bumped onto
my VEH REAR. no one was Injured.



PLEASE refer to POLICE REPORT: T/2022.0105/7052

DECLARATION

I/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:

 
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: