

ASS. REC. BY:

Steve

REF:

CS/CT122001517/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. \_\_\_\_\_

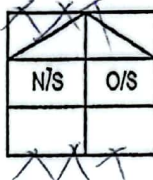
Claims No. \_\_\_\_\_

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: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 7 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: SMP 71132 Yr Regn: 10/19/19

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

Truck / Trailer or

Make: Honda Freed c.c 1496

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

Sp. Reading: 25523 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: 6351114468

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R16

R: 11

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

TOYO / YOKO or

Front Rear

R/Bal. 4 mm R/Bal. 4 mm

L/Bal. 4 mm L/Bal. 4 mm

D.O.A. 11/2/22 Sng Ah Tee D.O.I. 16/2/22

Survey held at

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-98K

final fig : \$7785.96 and 7 days  
(red.\$6246.76,45%)

Date/Time, File Pass to?

1) 08/07/22

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I. (\$) 7785.96

Days Of Repair: 7

Resurvey No. of Trip: 1

Add Fee:

Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 ANSON ROAD #16-00

SPRINGLEAF TOWER SINGAPORE 079909

MOTOR CLAIMS DEPT

ATTENTION:

CONTACT: 62222366

FAX NO: 62221033

EST/QUOTE NO. SQ007147

DATE 15/02/2022

ACCIDENT DATE: 11/02/2022

VEHICLE NO: SMP7113Z

CHASSIS/ENG.NO: GB51114468

VEHICLE MODEL: HONDA FREED

CLAIM NO:

POLICY NO:

REMARK

7113CHINA TP AGST  
GBK5965B

S/N.	QTY	UNIT	DESCRIPTION	PRICE	DISC %	DISC/MARKUP	TOTAL AMT
<b>** LIST PRICE **</b>							
1	1	PC	FRT BUMPER / BR	897.00	20	717.60	717.60
2	1	PC	FRT BUMPER RETAINER(LH) / BR	19.50	20	15.60	15.60
3	1	PC	FRT BUMPER LOWER GRILLE / ?	180.00	20	144.00	144.00
4	1	PC	FRT BUMPER REINFORCEMENT / ?	373.20	20	298.56	298.56
5	10	PC	FRT BUMPER CLIPS / APC	3.80	20	3.04	30.40
6	1	PC	FRT GRILLE ASSY (COMPLETE) / BR	883.80	20	707.04	707.04
7	10	PC	FRT GRILLE CLIPS / APC	3.80	20	3.04	30.40
8	1	PC	FRT HEADLAMP(LH) / ?	1,453.30	20	1,162.64	1,162.64
9	1	PC	FRT HEADLAMP LWR BRKT LH / ?	30.50	20	24.40	24.40
10	1	PC	FRT BONNET LOCK X	121.30	20	97.04	97.04
11	1	PC	FRT SUPPORT PANEL / ?	606.40	20	485.12	485.12
12	1	PC	FRT SUPPORT AIR GUIDE LH / ?	35.20	20	28.16	28.16
13	1	PC	AIRCON CONDENSER / ?	985.00	20	788.00	788.00
14	1	PC	RADIATOR ASSY / ?	1,383.10	20	1,106.48	1,106.48
15	1	PC	REAR BUMPER / OO	819.40	20	655.52	655.52
16	10	PC	REAR BUMPER CLIPS / APC	3.80	20	3.04	30.40
17	1	PC	REAR BOOT LID / OO	1,132.90	20	906.32	906.32
18	1	PC	REAR BOOT INNER TRIM BOARD / ?	288.00	20	230.40	230.40
19	1	PC	REAR BOOT CENTER TRIM / ?	320.40	20	256.32	256.32
20	1	PC	REAR NUMBER PLATE LAMP X	42.80	20	34.24	34.24

JANICE

PAGE: 1 of 3



ON BEHALF OF SNG AH TEE PANEL & SERVICE PTE LTD E & OE

Disclaimer clause:

The above estimate/quotation is meant for solely the intended party stated above and in any event, we are not liable to any other parties arising from the circumstances of this or any action taken in reliance on such estimates or quotations.

Quotation is only valid for 14 days.



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ACCIDENT DATE : 11/02/2022

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CHASSIS/ENG.NO : GB51114468

VEHICLE MODEL : HONDA FREED

CLAIM NO :

POLICY NO :

REMARK : 7113CHINA TP AGST  
GBK5965B

S/N.	QTY	UNIT	DESCRIPTION	PRICE	DISC %	DISC/MARKUP	TOTAL AMT
21	1	PC	REAR BOOT EMBLEM / <i>MC</i>	32.10	20	25.68	25.68
22	1	PC	REAR BOOT 'FREED' LOGO / <i>MC</i>	55.00	20	44.00	44.00
23	2	PC	REAR BOOT LAMP X	363.30	20	290.64	581.28
24	1	PC	REAR BOOT LOCK ?	157.10	20	125.68	125.68
25	1	PC	REAR BOOT WEATHERSTRIPE ?	168.00	20	134.40	134.40
26	1	PC	REAR WINDSCREEN MOULDING / <i>MC</i>	118.30	20	94.64	94.64
27	1	PC	REAR END PANEL ?	423.70	20	338.96	338.96
28	1	PC	REAR END PANEL TOP GARNISH ?	74.30	20	59.44	59.44

SUB-TOTAL: 9,152.72

**\*\* SPECIAL NETT PRICE \*\***

1	1	PC	FRT NUMBER PLATE - <i>BR</i>	35.00		35.00	35.00
2	1	PC	REAR NUMBER PLATE X	35.00		35.00	35.00
3	1	PC	REAR WINDSCREEN GUM / <i>MC</i>	40.00		40.00	40.00
4	1	PC	COOLANT ?	40.00		40.00	40.00
5	1	PC	REAR REVERSE SENSOR / <i>Sh-1</i>	280.00		280.00	280.00

SUB-TOTAL 430.00

**\*\* WORK LABOUR \*\***

TO KNOCK FRT BONNET, FRT FENDER LH, WELD, REMOVE & REPLACE 0.00 0.00

JANICE

PAGE: 2 of 3



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CLAIM NO :

POLICY NO :

REMARK : 7113CHINA TP AGST  
GBK5965B

S/N.	QTY	UNIT	DESCRIPTION	PRICE	DISC %	DISC/MARKUP	TOTAL AMT
			ABOVE PARTS	600		1400.00	1,400.00
			TO PUTTY & RESPRAY PAINTING ON AFFECTED AREA	600		1400.00	1,400.00
			TO CHECK WIRING			30.00	30.00
			TO REMOVE & REPLACE REAR WINDSCREEN			120.00	120.00
			TO TOP UP AIRCON GAS	?		100.00	100.00
			TO APPLY ANTI RUST COATING	30		100.00	100.00
SUB-TOTAL							3,150.00

Steve (LKK)  
16/2/22, 4.17p

m n  
P/P  
Lg Bk g  
5 dgs

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:

JANICE



PAGE: 3 of 3

SUB-TOTAL : S\$ 12,732.72

ADD 7% GST. S\$ 891.29

GRAND TOTAL : S\$ 13,624.01

ON BEHALF OF SNG AH TEE PANEL & SERVICE PTE LTD E & O E

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# 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 ..... 14/02/2022 15:51 (SGT)  
Date of Accident ..... 11/02/2022 21:00 (SGT)  
Exact Location of Accident ..... Yuan Ching Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMP7113Z  
INSURED/POLICYHOLDER .....  
Is company? ..... No  
Name Of Registered Owner ..... TAY JIN HIONG  
NRIC No ..... SXXXX829H  
Email Address ..... JHTAY77@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-98574537  
Alternative Phone No ..... +65-98574537

## VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Freed  
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 ..... 1496

## INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... GA504938  
Cover Note Number ..... -

## DRIVER

Name of Driver ..... TAY JIN HIONG  
NRIC No ..... SXXXX829H

Birth	15/05/1977
Location	Indoor
Of Driving Pass	28/11/1996
Driving experience	25 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98574537
Alt. Phone Number	+65-98574537
Email Address	JHTAY77@HOTMAIL.COM
Address	10 TOA CHING ROAD #17-20
Address complement	-
Postcode	618725
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	ZHENG YU DE
Gender	Male

#### PASSENGER 2

Name	ZHENG YU AN
Gender	Male

#### PASSENGER 3

Name	TAN NGO MOY
Gender	Female

#### 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	GBK5965B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHAN KAH FEE
Passport No/FIN	GXXX581X
Contact Number	(Phone) +65-86139828
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YP9281R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KARUPPIAH MATHAVAN
Passport No/FIN	GXXXX466W
Contact Number	(Phone) +65-85862062
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

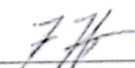


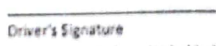
## SKETCH PLAN

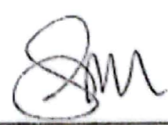
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8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, acknowledge, agree and consent that:
  - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose 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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

  
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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/07/2022 (A) around 2100 hrs, I was travelling along Yuan Chong Road. While driving suddenly vehicle C stop his vehicle at the bus stop & I stop in front of his back. But however I felt an impact on my rear & caused me move forward. I went down to check & found vehicle B had collided onto me & caused my front & rear portion.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

7/7  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)

☐ Claim own policy  
☒ Claim third party  
☐ Claim OD / TP at other workshop  
☐ For record purpose  
 Policy No. 61604738  
 Insurer AKA Ver. No. IMP71132

SM  
Reporting Centre Personnel's Signature  
Name: