

ASS. REC. BY:

REF:

SMR/ 22 001699/Kpf3

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.

Sum Insured:

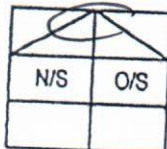
Excess:

(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:

03

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:

SMG 02562

2018

Yr Regn:

17

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

Truck / Trailer or

Make:

Raise Rover

Evogue 1997

Colour

M. Gray

A/C: Insured / Std / NI / NA

Sp. Reading

31739

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

PALVA 2AX8JH 293202

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / RIM or

Tyre Size:

F:

R:

235/60R18

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

Front

Rear

R/Bal.

7

mm

R/Bal.

P

mm

L/Bal.

7

mm

L/Bal.

P

mm

D.O.A.

18/2/22

D.O.I.

22/2/2022

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

17/13 11 hrs @ 35000 Can be Cred @ 4618.60, 57%

Date/Time, File Pass to?



: Prel. Report

1) 25/3/2022



: Final Report

Date/Time, File Return to?

Days Of Repair:

3

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

Report Format :

TP

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

35000

MOTOR EDGEVANTAGE PTE LTD

160 Sin Ming Drive, Sin Ming AutoCity #03-01/02, Singapore 575722 & GST 201534758N

+65 6453 7683 clientservices@edgevantage.com www.edgevantage.com

To:

Mr Scott Sheng

SMG4256L, LAND ROVER , RANGE ROVER EVOQUE 2.0P S

Attn: Scott Sheng (81801689)

Work Order

Job No. : WJ2202208

Date : 21/02/2022

Mil in (KM) : 31793

Time in : 21/02/2022 17:40

Time out : 22/02/2022 17:00

T	Job Description	Operation	Quantity	UOM	Unit Price	Amt
Essential Works						
S	LR front bumper assembly Evoque <i>2450.00 Balcu</i>		1.00	PCS	2,732.00	2,732.00 ✓
S	LR front bumper upper impact absorber Evoque <i>CM</i>		1.00	PCS	732.00	732.00 ✓
S	LR front bumper reinforcement bar Evoque		1.00	PCS	1,310.00	1,310.00 ✗
S	LR front bumper side bracket LH Evoque <i>Dir</i>		1.00	PCS	82.00	82.00 ✓
S	LR front bumper side bracket RH Evoque <i>Dir</i>		1.00	PCS	82.00	82.00 ✓
S	LR front bumper lower defector Evoque <i>656</i>	<i>Radha</i>	1.00	PCS	890.80	890.80 ✓
S	LR front bumper parking sensor center Evoque	<i>Pa</i>	2.00	PCS	280.00	560.00 ✗
S	LR front bumper parking center cap	<i>Pa</i>	2.00	PCS	25.00	50.00 ✗
S	To remove, install ,replace front bumper , front bumper bracket, front upper impact absorber , bumper reinforcement, lower protector, bumper parking center center ,	<i>108</i>	1.00		800.00	800.00 <i>300</i>
S	To spray painting front bumper , bumper outer protector		1.00		800.00	800.00 <i>480</i>
S	Number plate with holder		1.00	<i>By</i>	80.00	80.00 <i>450</i>

*Not with in 11pm @ 3500/-
Previous After Pain 3 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:

Remarks:

Cashcard = nil

This is a computer generated Work Order . No Signature is required.

Subtotal	8,118.80
GST 7.0%	568.32
Total	8,687.12



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	18/02/2022 23:22 (SGT)
Date of Accident	18/02/2022 15:45 (SGT)
Exact Location of Accident	Near 4 Ridgewood Cl, Singapore 276695
Additional Location Information	Mount Senai Drive
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG4256L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SHENG XIAOMING
NRIC No	S8681228B
Email Address	Scott.Sheng.1@gmail.com
Mobile Phone No	(Phone) +65-81801689
Alternative Phone No	(Home) +65-81801689

VEHICLE PARTICULARS

Manufacturer	LandRover
Model	Range rover
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	1999

INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	11029113
Cover Note Number	-

DRIVER

Name of Driver	LOW LING YI, CHARLENE
NRIC No	S9007605A



Date Of Birth	15/02/1990
Occupation	Indoor
Date Of Driving Pass	09/11/2009
Driving experience	12 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91282740
Alt. Phone Number	-
Email Address	charlehn@gmail.com
Address	20 PINE GROOVE
Address complement	05-06
Postcode	597595
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I was driving along Pandan Valley in the way home when suddenly , a vehicle from Mount Senai Drive came out of a sudden and enter the main road that I was in.

We stop and exchange particulars.

The taxi driver at first admit it was his fault . So I wanted him to admit in writing.
He refuses and suddenly denies.

No injury involved.

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	SHB1311R
Vehicle Manufacturer	Toyota

Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	Brown
Vehicle Category	Taxi
Name of Driver	HOW FOOK CHUEN
NRIC No	S1172424H
Contact Number	(Phone) +65-94866828
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 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 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 purposes 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.

VERIFY BY AJAX MARS (ARC)

REPORTING OFFICER

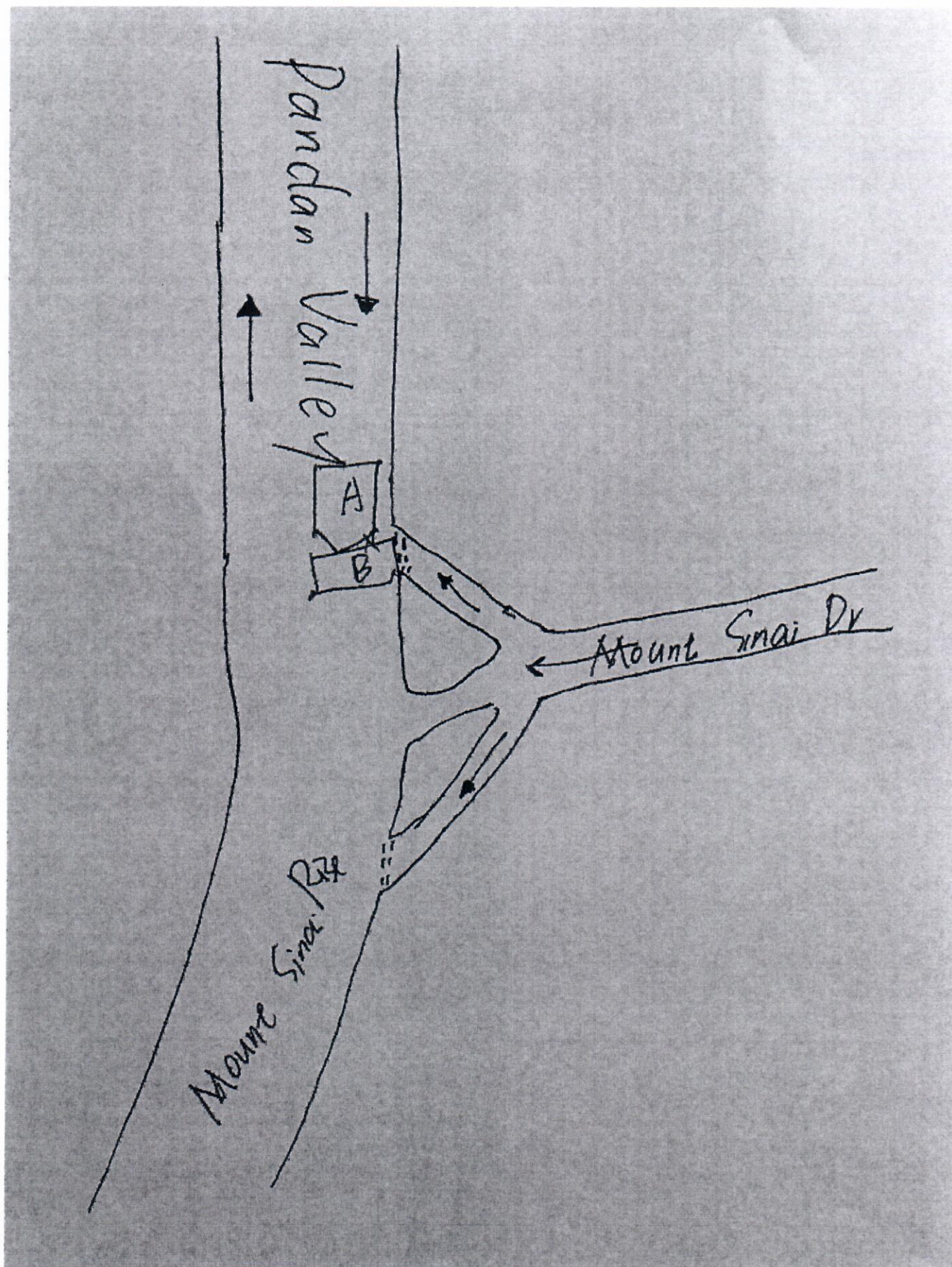
MOHAMMAD AZALY BIN ABDULLAH

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.:

18022022



SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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We stop and exchange particulars.

The taxi driver at first admit it was his fault . So I wanted him to admit in writing.

He refuses and suddenly denies.

No injury involved.

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:

18022022

VERIFY BY AJAX MARS (ARC)

REPORTING OFFICER

MOHAMMAD AZALY BIN ABDULLAH

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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