

Steve

CS/CT172002347/Egy31

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. SNM22D201743/C02

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
<input checked="" type="checkbox"/>	

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 4 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: SMV 1457P Yr Regn: 17/9/20Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Renault Grand Scenic c.c 1461Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 36034 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VFIRFA00X64896755Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/50R17R: 11BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 10/3/22 D.O.I. 25/4/22Survey held at WearnesDes. 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-120K

04/05/22 @ 5.52pm revised to Cecilia Lee via Merimen.

Finalize \$11,038.62 (P/P, before GST). 4 days. (Red \$5279.98, 32%)

Date/Time, File Pass to?

1) 05/05 Typist

Date/Time, File Return to?

2)

Report Format: MER-TPLump Sum / L.B.L. (\$) 11038.62Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

SERVICE ESTIMATE

- C00001 SL: SERVICE SALES - PC

Mr Duan Ning
Blk 337C Tah Ching Road
#15-05

Singapore 613337

Closed by : Michelle Ong Siew Be
Svc Consultant :
Remarks : Mr Duan Ning

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 1
Inv.date. : 11/03/2022
WIP No. . : 16737
Veh.In/Out:
*Tel.No. . : Mobile: 87980652
Reg.No. . : SMV1457P
Reg.date . : 17/09/2020
Mileage .. : 0
Chassis No: VF1RFA00X64896755

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE TAILGATE, REAR BUMP REINFORCEMENT, END PANEL, LOWER BUMPER, BUMPER MOULDING, EMBLEMS, BRACKETS, CLIPS, ETC. 2 x 550	0	3300.00	0		3,300.00 S	1100
800	TO BLEND AND SPRAY PAINT ON TAILGATE, REAR BUMPER, END PANEL, ETC. 2 x 500	0	2000.00	0		2,000.00 S	1000
802	TO REPLACE REAR WINDSCREEN	0	550.00	0		550.00 S	?
0080	TO INSTALL REAR WINDSCREEN	0	280.00	0		280.00 S	?
SOLAR FILM							
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	450.00	0		450.00 S	/
	BUMPER REAR GS4 BOSS / CRU	1.0 EA	1000.10			1,000.10 S	
	TOWING COVER REAR BU / CRU	1.0 EA	91.40			91.40 S	
	BUMPER REAR PAD GS4 / CUT	1.0 EA	595.20			595.20 S	
	BUMPER REAR LOWER MO / CUT	1.0 EA	615.40			615.40 S	

Steve CLKK)
25/4/22, 12.17p

ML PL
P/P
Lg BL Lg
4 Lg

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- C00001

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#15-05

Singapore 613337

Closed by : Michelle Ong Siew Be

Svc Consultant :

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GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 2

Inv.date. : 11/03/2022

WIP No. . : 16737

Veh.In/Out:

*Tel.No. . : Mobile: 87980652

Reg.No. . : SMV1457P

Reg.date . : 17/09/2020

Mileage .. : 0

Chassis No: VF1RFA00X64896755

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	BUMPER MOUDLING CLIP / Mc	10.0 EA	4.00			40.00	S
	BUMPER REAR CENTER B ?	1.0 EA	384.00			384.00	S
	BUMPER REAR PAD SUPP ?	1.0 EA	93.70			93.70	S
	TAILGATE OUTER PANEL / BR	1.0 EA	644.40			644.40	S
	RIVET FIX P / Mc	10.0 EA	12.50			125.00	S
	TAILGATE OUTER PANEL ?	1.0 EA	403.80			403.80	S
	LOGO REAR "DIAMOND" / Mc	1.0 EA	172.10			172.10	S
	EMBLEM "SCENIC" GS4 / Mc	1.0 EA	137.40			137.40	S
	EMBLEM "RENAULT" REA / Mc	1.0 EA	108.40			108.40	S
	PARKING SENSOR FRT/B ?	4.0 EA	273.50			1,094.00	S
	BUMPER REAR REINFORC ?	1.0 EA	787.20			787.20	S
	TAILGATE ASSY GS4 ?	1.0 EA	2181.70			2,181.70	S
	WINDSCREEN REAR GS4 ?	1.0 EA	792.10			792.10	S
	WINDSCREEN SEALANT ?	2.0 EA	134.00			268.00	S
	PRIMER ?	1.0 EA	204.70			204.70	S

Gross Total. 16,318.60

Labour Total 6,580.00
 Parts Total 9,738.60
 Package Total 0.00

Net..... 16,318.60
 GST @ 7.0% 1,142.30
 Total..... 17,460.90
 Paid..... 0.00
 Please Pay.. 17,460.90

GST: S=StdRated; O=OutOfScope; Z=ZeroRated

18738
China
Taiping - TP

SW08223B0001 / Wearnes Automotive Pte Ltd
ENTRY DATE & TIME: 11/03/2022 13:52 (SGT)
SUBMITTED BY: Michelle Ong
VERSION: 1 (11/03/2022 13:52 (SGT))

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	11/03/2022 13:52 (SGT)
Date of Accident	10/03/2022 20:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NEAR BLK 337D CORPORATION DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV1457P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DUAN NING
NRIC No	SXXXX333J
Email Address	DUANNINGSG@GMAIL.COM
Mobile Phone No	(Phone) +65-87980652
Alternative Phone No	+65-87980652

VEHICLE PARTICULARS

Manufacturer	Renault
Model	Scenic
Variant	GRAND SCENIC IV
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	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V12187
Cover Note Number	-

DRIVER

Name of Driver	DUAN NING
NRIC No	SXXXX333J

Date Of Birth	02/06/1991
Occupation	Indoor
Date Of Driving Pass	17/07/2020
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87980652
Alt. Phone Number	+65-87980652
Email Address	DUANNINGSQ@GMAIL.COM
Address	BLK 337C TAH CHING ROAD
Address complement	#15-05
Postcode	613337
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	Wet

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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ZHANG SHUPING
Gender	Female

PASSENGER 2

Name	ASTRIT DUAN YOU YOU
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 ATTACHMENT.

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	PC8852A
Vehicle Manufacturer	Toyota

Describe Circumstance of the Accident

When I drove straightly, the traffic light changed to red, so I stopped in front of the yellow box, after the vehicle stopped for few seconds, the van hit my car back, then we came outside to check our condition.

IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

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

Deen Nish
13/3

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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' law yers/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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or
 - (v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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.

Driver Kim B3
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Handwritten notes on the sketch plan grid:

- Top right: A- SMV 1457P, A- PC 8852A
- Center: Corporation Drive
- Left side: Two arrows pointing right, one above the other.
- Bottom left: One arrow pointing left.
- Right side: A vertical box labeled "Traffic Light C/N".
- Inside the grid: A diagram showing a road intersection. A road from the left (indicated by arrows) meets a road from the top (labeled "Corporation Drive"). At the intersection, there are three boxes: a circle with a dot, a square with a dot, and a square with an 'X'. The road continues to the right, passing the "Traffic Light C/N" box.