

CS/INC22002397/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.

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLN5002X Yr Regn: 5/5/17
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mazda 3 c.c. 1496
 Colour: Red AC: Insured / Std / NI / NA
 Sp. Reading: 86564 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JMGBN74A8F1P144820
 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: 205/60 R16
 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. 13/3/17 D.O.A. 15/3/17
 Survey held at KHANA Ethoz

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

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

Date / Time	Action / Instruction
	<u>MV-60K</u>
	<u>lump sum of \$2550 with 5 days of repair, subject to their approval.</u>
	<u>red:1346.76;34%</u>

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: 5

1)

☐ : Final Report

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

2)

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Report Format: _____

Lump Sum / L.B. (\$) _____

PLEASE ARRANGE TO SURVEY
VEHICLE AT 30 BUKIT BATOK
CRESCENT (S 658075)

Lee Chen Sin
CLAIM DEPARTMENT
DID : 66547520
FAX :

Date : 12/03/2022

To : NTUC INCOME INSURANCE CO-OPERATIVE LTD
ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : LEE SIEW CHIAT
: AXA INSURANCE PTE LTD

Certificate No : GA192428

Accident Date : 13/02/2022

Vehicle No : SLN-5002-X

Make & Model : MAZDA MAZDA3 5-DOOR HATCHBACK 1.5L

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
List Item			
1	REAR DOOR RH / 00	1,358.40	
1	REAR DOOR STICKER RH (SET) / NK	85.60	
1	REAR DOOR HINGE RH (UPPER) X	45.50	
1	REAR DOOR HINGE RH (LOWER) X	45.50	
1	REAR DOOR CHECKER RH X	64.20	
1	REAR FENDER RH X R		RESTORE
1	REAR FENDER PROTECTOR STICKER RH / NK	64.20	
1	REAR BUMPER / CR4	1,124.50	
10	REAR BUMPER CLIPS / NK	30 50.00	

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 and fraudulent claims
- Supplementary to insurance policy surveyed and is subject to final approval from insurance Company

Acknowledged by Repairer

Signature:

Date:

PAGE : 1

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	REAR BUMPER SIDE BRACKET RH <i>BR</i>	64.30	
	Sub Total	2902.20	
	Discount 20% On Parts	(580.44)	
	<u>Labour & Misc</u>		
	LABOUR TO FACILITATE REPAIR	800.00	<i>600</i>
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	35.00	<i>30</i>
	TO SPRAY PAINTING ON AFFECTED AREAS	700.00	<i>600</i>
	SPRAY RUST PROOF ON AFFECTED AREA	40.00	<i>30</i>

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
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Sub Total

1575.00

Stake (LKK)
15/3/22, 12.00n

WL AL
LIS
My AL 14
5 djs

3,896.76

Remarks:

SUB TOTAL

GST 7.0 % 272.77

TOTAL 4,169.53

Surveyor's name: _____

Principal's name: LEE SIEW CHIAT

Survey Date & Time: _____

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 16:59 (SGT)
Date of Accident	13/02/2022 20:46 (SGT)
Exact Location of Accident	Near 8RM7+C9 Singapore
Additional Location Information	Adam Road > PIE (TUAS)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN5002X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Lee Siew Chiat
NRIC No	SXXXX180J
Email Address	adelinelee1968@gmail.com
Mobile Phone No	(Phone) +65-91180462
Alternative Phone No	+65-91180462

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	MAZDA3 5-DOOR HATCHBACK 1.5L SP.6EAT
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1498

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA192428
Cover Note Number	05/05/2021-04/05/2022

DRIVER

Name of Driver	Chua Hong Huei
NRIC No	SXXXX283F



Date Of Birth	12/08/1995
Occupation	Indoor
Date Of Driving Pass	26/06/2014
Driving experience	7 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97878896
Alt. Phone Number	-
Email Address	chua_brandon@hotmail.com
Address	Blk 531 Choa Chu Kang St 51 #12-317
Address complement	-
Postcode	680531
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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 - Change/cross lane
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Tio Wanyi Shannon
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

Kindly refer to the sketch plan

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	XE850C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver
Passport No/FIN
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

Zhao Yingguang
GXXXX441M
(Phone) +65-89121317

-
-
-
-
-
-
-

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.
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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:

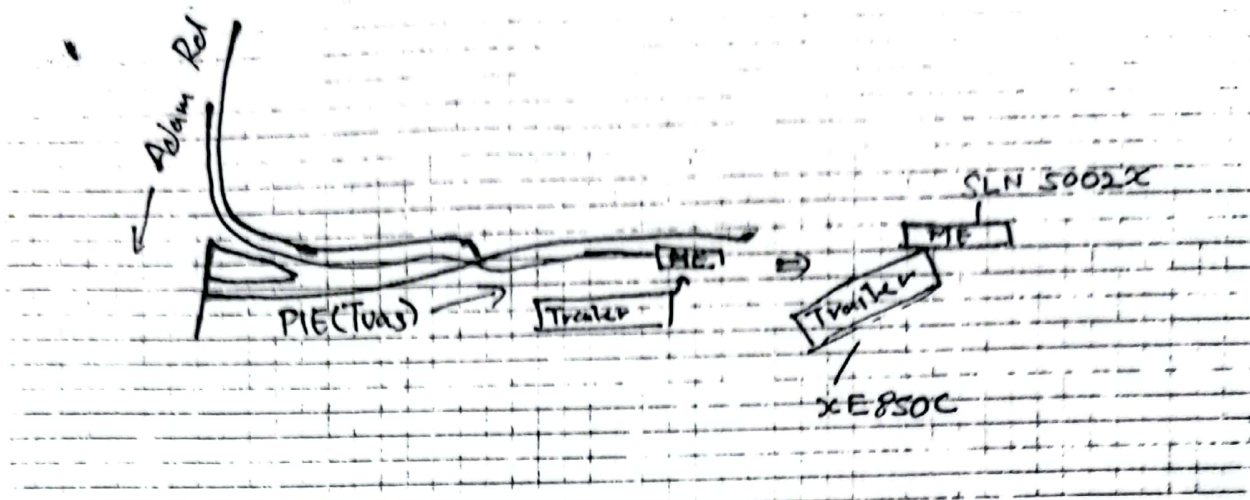
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 14/02/2022
15:36


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Just Entered PIE towards Tms from Adam Road. Was driving along the left most lane when trailer altered to the left and knock/hit my car at the rear right rear wheel. Immediately stopped and confronted driver of the other vehicle.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

	Reporting Only
	Claim OD
✓	Claim TP
	Claim OD / TP at other workshop

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: 14/02/2022

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

15:36