

ASS. REC. BY:

Kenneth

0121

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. _____

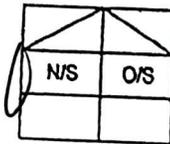
Sum Insured: _____ Excess: _____

(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: SMK 5776A Rr Regn: 04, 19

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

Truck / Trailer or

Make: Honda Crane C.C. 1496

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

Sp. Reading: 213477 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GM4 1207031

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: _____ R: 185/60R15

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

TOYO / YOKO or Pailwin

Front

Rear

R/Bal. 5 mm

R/Bal. 6 mm

L/Bal. 5 mm

L/Bal. 6 mm

D.O.A. 29/3/22

D.O.I. 5/4/2022

Survey held at _____

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

N/S body

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prell. Report

Days Of Repair: _____

1) Date/Time, File Return to?

: Final Report

Resurvey No. of Trip: _____

Survey Fee:

2) _____

Add Fee: : Site Insp (\$ _____)

Transportation: _____

: Interview (\$ _____)

Fuel: _____

: Tech Invs (\$ _____)

Others: _____

: Weekend (\$ _____)

TOTAL

Report Format :

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

Yr Regn: 03, 22
Truck / Trailer or
M.Cycle / Bus / Van / Lorry / Taxi / Prime M...

HWA SENG SPRAY PAINTING PTE LD

160 Sin Ming Drive
#05-11 Sin Ming Autocity
SINGAPORE 575722

(COMPANY REGISTRATION NO.: 202017045G)

TEL : 64533100

FAX : 62669932

Date of Accident: 29/03/2022

Your Insured

Vehicle No.: SNB 3921 X

Not Notified

1 Day @

Resurvey After Paint 3 days

ESTIMATE REPAIR COSTS TO HONDA GRACE REG. NO. : SMK 5776 A

		S\$	
1pc	Left Rear Door	904.70	<i>At/way</i> ✓
1pc	Left Rear Door Sticker	48.50	<i>m</i> ✓
		953.20	
	Less : 20%	190.64	
		762.56	

LABOUR & MISC CHARGES

Panel Knocking	360.00	<i>300</i>
Spray Painting	680.00	<i>400</i>
Labour to Transfer Door Trim & Attach Parts	200.00	<i>60</i>
		2002.56
TOTAL	2002.56	

HWA SENG SPRAY PAINTING PTE LTD



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:

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 29/03/2022 16:38 (SGT)
Date of Accident 29/03/2022 13:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information HILLION MALL B2 CARPARK, BUKIT PANJANG
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK5776A
INSURED/POLICYHOLDER
Is company? Yes
Name Of Registered Owner THE CAR REGENCY PTE. LTD.
Company Reg No 200703745Z
Email Address STEVE@THONGLEEAUTO.COM
Mobile Phone No (Phone) +65-96919911
Alternative Phone No +65-96919911

VEHICLE PARTICULARS

Manufacturer Honda
Model Grace
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 hire
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5121815884-000001
Cover Note Number -

DRIVER

Name of Driver WONG CHEE WAH
NRIC No S7231701G

Yr Regn: 03, 22
Truck / Trailer or
Van / Lorry / Taxi / Prime Mover /
A.A.
Make: Cptimo



Yr Regn: 03, 22
 Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make

Date Of Birth 04/09/1972
 Occupation Outdoor
 Date Of Driving Pass 19/11/1992
 Driving experience 29 YEARS AND 4 MONTHS
 Gender Male
 Mobile Number (Phone) +65-96540685
 Alt. Phone Number -
 Email Address STEVE@THONGLEEAUTO.COM
 Address BLK 6 TECK WHYE AVENUE #09-108
 Address complement -
 Postcode 680006
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Hirer
 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) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name TEE SIEW HOON
 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 THE STATEMENT

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 SNB3921X
 Vehicle Manufacturer Jaguar
 Vehicle Model E-pace
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car

SKETCH PLAN

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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' 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.



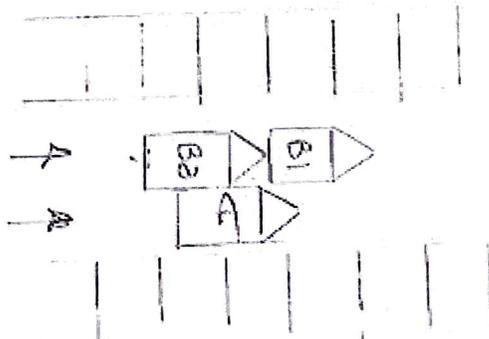
Policyholder's Signature / Date & Time

Wong

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SMK5776A

B - SNB3921X

MILLION MALL
B2 CARPARK

Describe Circumstances of the Accident

1. CAR DRIVING STRAIGHT GOING 110%
2. CAR WAS REVERSING CAR IN CRASH HITTING
3. CAR LEFT DOORS DESPITE WORKING IN 10
4. CAR WAS IMPROVED MINOR DAMAGES NO ONE IS

REPORTED

Declaration

We declare the foregoing particulars are true in every respect.

