ASS. REC. BY: Steve | CS/SMR2200389/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
	X

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SNA8423P Yr Regn: 16/7/21

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Mini One c.c 1499

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

Sp.Reading 14684 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WMW22DK0407R0133

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 205/45R17

R: "

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.	23/4/22	D.O.I.	27/4/22

Survey held at Trans Euro Kars

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

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

Date / Time	Action / Instruction
	MV-133K

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech, Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
$ + RS. SI	
Photos	
Others	
TOTAL	

EUROKARS HABITAT PTE LTD
27A TANJONG PENJURU, SINGAPORE 609042
EUROKARS GROUP

ESTIMATE COST OF REPAIRS

FIRST CAPITAL INSURANCE LTD	**NAME :**	**WIP :**	54405
36 ROBINSON ROAD	**ADDRESS :**	**EXCESS :**	
#16-01 CITY HOUSE		**DATE:**	25-Apr-22
SINGAPORE 068877			
ATTN. : MOTOR CLAIMS	**TEL :**		

VEH NO :	**SNA8423P**	**DATE IN :**		**CONTACT PERSON :**			JOBI	63310682
CHASSIS NO :	WMW22DK0402R01333	**MILEAGE :**		**TYPE OF CLAIM :**			THIRD PARTY	
MODEL :	MINI One 5 Door RHD	**DATE REG.:**	16-Jul-21	**POLICY NO. :**				

NATURE OF WORKS

S/NO	Parts Description	QTY			1ST	SUPP	REVISED	PRICES
1	REAR BUMPER	1	✓	M51.12.5.A3C.AC1				$ 787.61
2	REAR BUMPER LOWER	1	✓	M51.12.5.A3C.AC5				$ 213.33
3	COVER REAR BUMPER (BLACK)	1		M51.11.5.A40.E35				$ 198.19
4	RETAINER S.S ULTRASONIC	1	✓	M51.12.5.A3C.AC7				$ 108.88
5	COVER TOWING HOOK REAR	1		M51.11.9.450.684				$ 49.98
6	BRACKET RH REAR BUMPER	1		M51.11.9.450.585				$ 188.56
7	BRACKET LH REAR BUMPER	1		M51.11.9.450.586				$ 188.56
8	WHEEL ARCH REAR RH	1	✓	M51.11.9.450.676				$ 151.32
9	CLIP	4	✓	M51.71.7.154.239				$ 8.84
10	CLIP	4	✓	M51.71.7.048.316				$ 5.72
11	SENSOR ULTRASONIC SIDE	1		M66.20.9.302.550				$ 498.10
12	GASKET SENSOR ULTRASONIC	4	✓	B66.20.9.283.203				$ 26.80
13	TAIL LAMP REAR RH	1	✓	M63.21.7.435.134				$ 518.18
14	CHROME RING RH TAIL LAMP	1	✓	M63.21.8.495.332				$ 59.41
15	CHROME RING LH TAIL LAMP	1		M63.21.8.495.331				$ 59.41
16		0		0				$ -
				TOTAL PARTS				$ 3,062.89
				TOTAL PARTS COST				**$ 3,062.89**

SUPPLEMENTARY

NO	DESCRIPTION	QTY	PARTS NO	1st	Supp	REVISED	PRICES
1							
2							
3							

	Labour Description				
1	TO REPLACE REAR BUMPER . TO REPAIR REAR FENDER RH AND ALL AREAS AFFECTED BY THE ACCIDENT.			840	$ 2,100.00

	TO RESPRAY REAR BUMPER AND REAR FENDER RH .			1600	$ 1,800.00
3	TO CARRY-OUT BODY CAVITY PRESERVATION.			150	$ 250.00
4	TO TRANSFER / SUPPLY THE REVERSE SENSORS.			180	$ 500.00
5	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.			150	$ 250.00
6	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.			250	$ 350.00
7	SUNDRIES.			NETT 20	$ 50.00
	TOTAL LABOUR			$ -	$ 5,300.00
	TOTAL PARTS			$ -	$ 3,062.89
	TOTAL			$ -	$ 8,362.89
	LESS EXCESS			$ -	$ -
	TOTAL AFTER EXCESS			$ -	
	GST 7%			$ -	$ -
	GRAND TOTAL			$ -	$ -

Steve (CKK)
27/4/22, 12.xL
in R
P/P
by BL ay
4 dys

REMARKS:

THIS IS ONLY AN ESTIMATE FROM VISUAL INSPECTION AND SHOULD THERE BE MORE DAMAGES FOUND DURING THE PROCESS OF REPAIRING,YOU WILL BE INFORMED BEFORE THE REPAIRS ARE BEING CARRIED OUT.

TAKE NOTE THAT SHOULD YOU DECIDE NOT TO PROCEED WITH THE REPAIRS, A QUOTATION FEE OF $400.00 WILL BE APPLY AS ACCORDINGLY FOR MAN-HOURS INVOLVED IN SOURCING FOR PARTS PRICE AS WELL AS LABOUR CHARGES.

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 modifications is allowed
- Supplementary items 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 witholding 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	25/04/2022 10:14 (SGT)
Date of Accident	23/04/2022 14:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA8423P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Wong Hui Bee
NRIC No	SXXXX125B
Email Address	jojoben@singnet.com.sg
Mobile Phone No	(Phone) +65-98713600
Alternative Phone No	+65-98713600

VEHICLE PARTICULARS

Manufacturer	Mini
Model	One
Variant	-
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	1499

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	Wong Hui Bee
NRIC No	SXXXX125B

Of Birth	06/11/1977
cupation	Indoor
Date Of Driving Pass	21/05/1999
Driving experience	22 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98713600
Alt. Phone Number	+65-98713600
Email Address	jojoben@singnet.com.sg
Address	Blk 437 Fajar Road
Address complement	#06-368
Postcode	670437
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	Raining
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MANDY LEONG
Gender	Female

PASSENGER 2

Name	LEONG YEN KWONG
Gender	Male

PASSENGER 3

Name	LEONG YEN MING
Gender	Male

PASSENGER 4

Name	LIEW KIM THYE
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 ATTACHED 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	SHF180L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
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 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

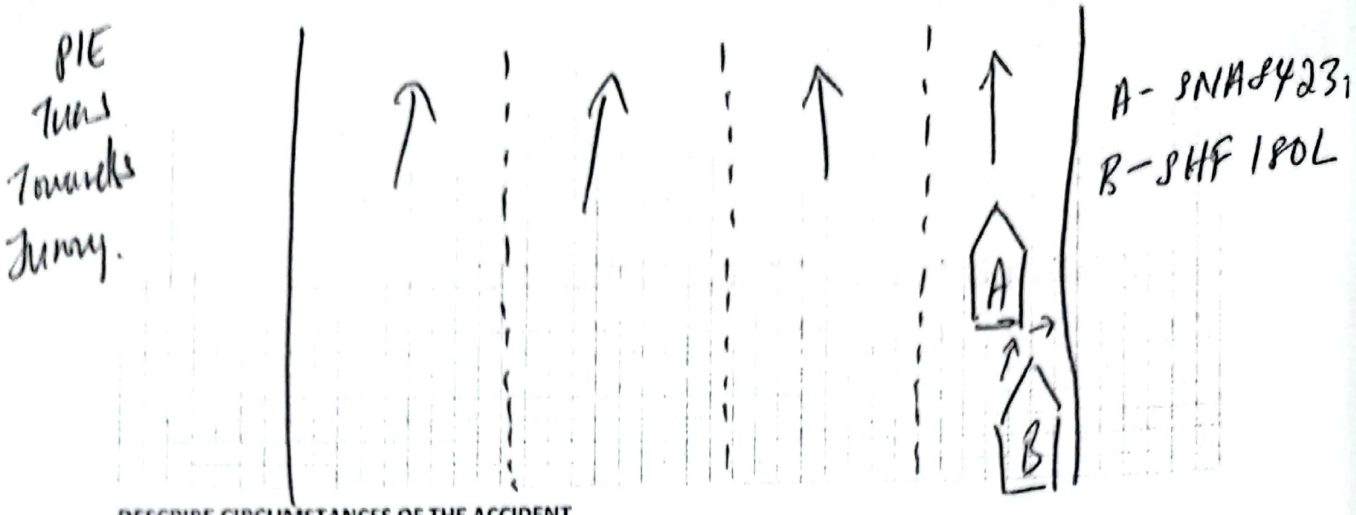
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 25/4/22 8.50a.m

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

Happened at PIE Tuas (towards Jurong) on about 2.35pm. The other car (B) crashed onto my car (A) at rear end (right side). B then crashed towards the expressway divider.

DECLARATION

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

Policyholder's Signature
Date & Time: 25/4/22 8.50am.

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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