

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/CT122004297/4943**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SLR 70355at Workshop m/s SianghuiInsured: GBJ 8139E

Policy No. _____

Claims No. SNM22D203022/002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: \$105k.

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: 420C17A 65347Veh No: SLR 70355 Yr Regn: 25/08/17Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAMake: Lexus ES250 c.c. 2494Colour: Black A/C: Insured / Std / NI / NASp. Reading: 198444 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTHBJ1G6602103747Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/55 R17
R: _____BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 30/04/22

Survey held at _____

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

N/S Inf.

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

Date / Time Action / Instruction Dep 16k.Letter \$1420.50. headly \$6185.2013/5/22 2/5 \$6300 inboard AH long CRed \$2359.20, 27%13/5/22 @ 12.24pm revised to Pauline Tham via Mestman.

Date/Time, File Pass to?

1) 13/5 12.15

Date/Time, File Return to?

2) _____

☐ : Preli. Report☐ : Final ReportDays Of Repair: 3Resurvey No. of Trip: 2

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

TOTAL

Report Format: NER-TPLump Sum / I.B.I. (\$) 6300Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

祥輝汽車修理 SIANG HUI MOTOR WORKS

Blk 3006, Ubi Road 1 #01-338, Singapore 408700.

Tel: 67444605 Fax: 67440726

REG. No. 322208/00M

Date, 6/5/2022

Vehicle No SLR 7035S

1	IPC Front fender nls	no/suc	\$1416.60
2	IPC Front fender inner shield	nls torn	\$295.20
3	IPC Front bumper	nls torn	\$1016.60
4	IPC Front bumper side retainer	nls one	\$60.90
5	IPC Fog light cover nls	suc	\$150.40X
6	IPC Headlamp nls	one	\$6185.20
			\$9124.90
Less 20%			\$1824.98
			\$7299.20

Labour charges:-

1)	To remove replace headlamp front bumper & fender	\$680.00
2)	To Spray Painting	\$680.00
Total:		\$8659.20

not Authorised
alter
warranty

9/5/22

1/5 \$6300
3 days

Wk ph: After rep-

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:

P-897450
20%
P-7179.60
L-700
7879.60
20%
6202

SP0U22550002 / PROGRESSIVE CAR CARE PTE LTD
ENTRY DATE & TIME: 05/05/2022 11:07 (SGT)
SUBMITTED BY: Liang Siew Chin
VERSION: 1 (05/05/2022 11:07 (SGT))

Your NCD will be affected due to late reporting



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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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 05/05/2022 11:07 (SGT)
Date of Accident 30/04/2022 22:30 (SGT)
Exact Location of Accident Clarke Quay, Singapore
Additional Location Information CLARKE QUAY MULTI STOREY CAR PARK SINGAPORE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR7035S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHIN KWEE YUEN
NRIC No S1850420C
Email Address CHINKY@SINGNET.COM.SG
Mobile Phone No (Phone) +65-82682630
Alternative Phone No +65-82682630

VEHICLE PARTICULARS

Manufacturer Lexus
Model Es250
Variant TOYOTA / LEXUS ES250 LUXURY A/T S/R
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 2494

INSURANCE COMPANY

SP0U22550002 / PROGRESSIVE CAR CARE PTE LTD
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Date of Submission	05/05/2022 11:07 (SGT)
Date of Accident	30/04/2022 22:30 (SGT)
Exact Location of Accident	Clarke Quay, Singapore
Additional Location Information	CLARKE QUAY MULTI STOREY CAR PARK SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR7035S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHIN KWEE YUEN
NRIC No	S1650420C
Email Address	CHINKY@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-82682630
Alternative Phone No	+65-82682630

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Es250
Variant	TOYOTA / LEXUS ES250 LUXURY A/T S/R
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	2494

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA547151 / 1
Cover Note Number	-

DRIVER

Name of Driver	CHIN WEI XI
NRIC No	S9930575D

Date Of Birth 01/09/1999
 Occupation Indoor
 Date Of Driving Pass 25/05/2018
 Driving experience 3 YEARS AND 11 MONTHS
 Gender Male
 Mobile Number (Phone) +65-96206670
 Alt. Phone Number
 Email Address CHINWEIXI@GMAIL.COM
 Address APT BLK 226C COMPASSVALE WALK #12-365
 Address complement
 Postcode 543226
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Child
 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 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 PAX 1
 Gender Male

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

VEHICLE B REVERSE
 REFER TO ATTACHED
 STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD
 TEL 67415336

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 GBJ8139E
 Vehicle Manufacturer
 Vehicle Model

Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver Commercial vehicle
Contact Number
Address (Phone) +65-85540099
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)


SKETCH PLAN

SKETCH PLAN

IMPORTANT NOTICE

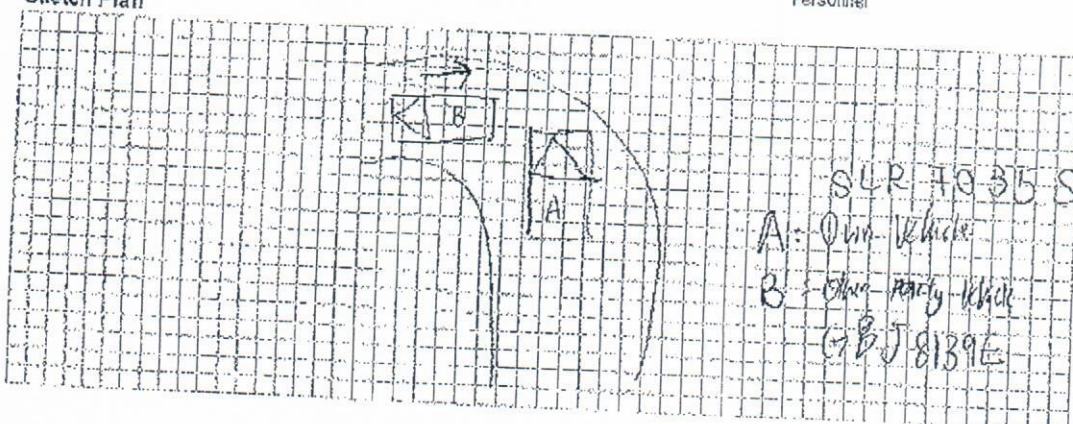
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, 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 making 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

 05/05/22
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan



SKETCH PLAN #2

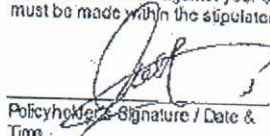
Describe Circumstances of the Accident

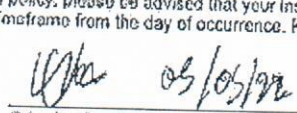
I was at the entrance of Clarke Quay multi-story car park. I was waiting for the car ahead of me to clear the gantry. The car ahead of me suddenly reversed and accelerated and hit the front left of my vehicle.

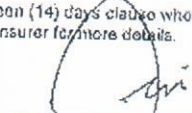
Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date & Time

 05/05/22
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel