

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 Report: _____ 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: SMJ 6172R Yr Regn: 13/3/19Type: ☒ M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Vezel c.c. 1496Colour: Red A/C: ☒ Insured / Std / NI / NASp. Reading: 32152 T/Radio: ☒ Insured / Std / NI / NA

Eng/No: _____

C/No: RN31322195Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModl: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim orTyre Size: F: 215/60R16R: 11BS / DUN / EXNOVA / GY / FS / LIZA / ☒ MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or . _____

Front: _____ Rear: _____

R/Bal. 2 mm R/Bal. 4 mmL/Bal. 6 mm L/Bal. 4 mmD.O.A. 11/5/22 D.O.I. 26/5/22Survey held at PremiumDes. 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-86R

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech, Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

55 UBI ROAD 1, SINGAPORE 408699
TEL : 6366 2323 FAX : 6841 1183
EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

ESTIMATE : ACCIDENT REPAIRS
WORKSHOP : UBI ROAD 1
CONTACT NO : 6366 2323
FAX NO : 6841 1183
REFERENCE : PA/TP/0377/2022/JT
DATE : 12-May-22
WIP : 23715

VEHICLE NOT IN WORKSHOP. SURVEY TBC
YOUR INSURED VEH NO : PC 8470 T

INDIA INTERNATIONAL INSURANCE Pte Ltd
64 CECIL STREET
#04-00/05-00 IOB BUILDING
SINGAPORE 049711
Attn: Motor Claims Dept
Tel: 6880 4602 - Fax: 6880 4838

OWNER'S NAME : MR WONG PU JUN, JEFFREY
ADDRESS : BLK 296A BUKIT BATOK ST 22
#32-64
SINGAPORE 651296
TELEPHONE : HP +65 97842101
TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : 5116391180-02
VEHICLE NO : **SMJ 6172 R**
MODEL CODE : HONDA VEZEL
MODEL YEAR : 13/3/2019
ENGINE NO : LEB6742206
CHASSIS NO : RU31322195
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 11-May-22
PLACE OF ACCIDENT : BLK 435A BUKIT BATOK WEST AVE 5

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMJ 6172 R

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER REAR PARKING AID.	S/N \$ 280.00	80
2	TO REMOVE AND TRANSFER REAR LID'S CONVENIENCE LOCK SYSTEM, WIRE HARNESS FOR TAIL LIGHTS AND REAR WIPER ASSY.	S/N \$ 480.00	80
3	TO RENEW REAR WINDSCREEN TO FACILITATE RENEWAL OF REAR LID.	S/N \$ 480.00	150
4	TO CARRY OUT WATER SEEPAGE FOR REAR WINDSCREEN.	S/N \$ 200.00	50
5	TO INSTALL SOLAR FILM FOR REAR WINDSCREEN.	S/N \$ 400.00	X
6	TO DISMANTLE AND RENEW REAR BUMPER AND REAR LID. TO REPAIR REAR END PANELLING. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 1,200.00	700
SUB TOTAL LABOUR CHARGES		: \$ 3,040.00	

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMJ 6172 R

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
7	TO RESPRAY REAR BUMPER, REAR LID AND REAR END PANELLING. <i>352 x 2</i>	\$ 1,600.00	<i>700</i>
8	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00	<i>100</i>
TOTAL LABOUR CHARGES		: \$ 4,832.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMJ 6172 R

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
1	REAR LID / <i>DD</i>	1	\$	1,450.00	
2	REAR LID WEATHER STRIP <i>X</i>	1	\$	113.00	
3	REAR LID CHROME TRIM <i>X</i>	1	\$	425.00	
4	HONDA" EMBLEM <i>X</i>	1	\$	38.00	
5	"VEZEL" EMBLEM / <i>MC</i>	1	\$	88.00	
6	"HYBRID" EMBLEM / <i>MC</i>	1	\$	95.00	
7	REAR BUMPER - LOWER / <i>DD</i>	1	\$	1,050.00	
8	REAR BUMPER CLIP / <i>MC</i>	8	\$	5.00	
9	REAR BUMPER REFLECTOR LIGHT - LH <i>X</i>	1	\$	88.00	
10	REAR WINDSCREEN <i>X</i>	1	\$	1,375.00	
11	REAR WINDSCREEN MOULDING <i>X</i> / <i>MC</i>	1	\$	150.00	
12	REAR WINDSCREEN SEALANT / <i>MC</i>	S/N	\$	200.00	
13	REAR NO PLATE <i>X</i>	S/N	\$	80.00	
14	SUNDRIES ?		\$	300.00	
TOTAL SPARE PARTS		:	\$	5,457.00	
TOTAL LABOUR CHARGES		:	\$	4,832.00	
GRAND TOTAL		:	\$	10,289.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST
LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED
SPARE PARTS ARE SPECIAL NETT.

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NAME :
SURVEYED DATE :
AUTHORISED DATE :
EXCESS COST :
LIABILITY :
REMARKS :

ster CLKK)
26/5/22, 7:37p

W R
P/P
M PL Sy
S djs

PLEASE NOTE :

THIS ESTIMATE IS BASED ON VISUAL INSPECTION OF THE AFFECTED VEHICLE. SHOULD WE REQUIRE FURTHER LABOUR CHARGES AND SPARE PARTS IN THE PROGRESS OF REPAIR, WE SHALL INFORM YOU ACCORDINGLY. FOR INSPECTION OF VEHICLE, PLEASE REFER TO MS. NORAH KHAI AT TEL: 6768 9828 / 6768 9911 FOR APPOINTMENT.

YOURS FAITHFULLY,
PREMIUM AUTOMOBILES PTE LTD

- LIK 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:

JOHNNY BOO
BODY REPAIR MANAGER

ALLAN WU
CLAIMS CONSULTANT

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 Authorized Officer.
3. Information provided must be as truthful and accurate as possible. Any willful 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	11/05/2022 18:28 (SGT)
Date of Accident	11/05/2022 08:24 (SGT)
Exact Location of Accident	Near 435a Bukit Batok West Ave. 5, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ6172R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG PU JUN, JEFFREY
NRIC No	SXXXX793Z
Email Address	ahjeff81@hotmail.com
Mobile Phone No	(Phone) +65-97842101
Alternative Phone No	+65-97842101

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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 car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116391180-02
Cover Note Number	-

DRIVER

Name of Driver	WONG PU JUN, JEFFREY
NRIC No	SXXXX793Z

Date of Birth	20/04/1981
Occupation	Indean
Date of Driving Pass	02/07/2001
Driving Experience	20 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97842101
Alt. Phone Number	+65-97842101
Email Address	atjef81@hotmail.com
Address	BLK 200A BUKIT BATOK STREET 22
Address complement	#12-04
Postcode	651200
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	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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

I WAS STATIONARY AT SLIP ROAD FROM BUKIT BATOK WEST AVE 5 TO BUKIT BATOK RD, WHILE WAITING FOR THE ONCOMING TRAFFIC TO CLEAR SUDDENLY I GOT HIT FROM THE BACK BY PC 8470 T.

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	PC8470T
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	PETER
Contact Number	(Phone) +65-93881102
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 willful 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 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.
 - (b) collectively the "Purposes";
 - (c) 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
 - (d) 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

Sketch Plan

11/5/2022

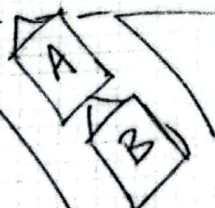
@ 17:06

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

Witnessed by Reporting Centre Personnel

Chang Quey Sui
Fion

A = SMJ 6172 R
B = PC470T



Describe Circumstances of the Accident

I was stationary at slip road from Bukit Batok West Ave 5 to Bukit Batok Rd, while waiting for the oncoming traffic to clear suddenly I got hit from the back by PC 81470T.


Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

 11/5/2022
 @ 17:06.

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

Witnessed by Reporting Centre Personnel

 Chang Chee Sing
 Jov