

Steve

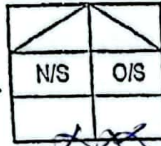
CS/SMR22004944/13

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 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: SLH4066A Yr Regn: 2/1/16
 Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Ford Mondeo c.c. 1999
 Colour: Silver A/C: Insured / Std / Nil / NA
 Sp. Reading: 142943 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: WFODXXWPLDGC 8.1948
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rm / STD A/Rm or
 Tyre Size: F: 195/50R16
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front Rear
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 12/5/22 D.O.I. 9/10/5/22
 Survey held at Vantage
 Des. 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
	<u>MV-67K</u>

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

\$ + RS. \$

Police

Others

TOTAL

Date/Time, File Return to?

2)

Report Format: _____

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

Add Fee:

☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

REGENT MOTORS

(A Division of Vantage Automotive Limited)

Business Registration No. 53055563L GST Registration No. M2-0000551-1

305 Alexandra Road

159942 Singapore

Tel : 6477 7400

Fax : 6477 7398



GST Registration No. M2-0000551-1

ESTIMATE

3 dys

Star (LKK)
9/6/22, 1039

W PIP, M B C

Estimate No.	Date Estimated	Page No.
BG 5405	26/05/2022	1 of 1
	Prepared By	
	Clement Chia Cher-Yang	

ESTIMATE REPAIR FOR	ACCOUNT
Ang Soh Khim	14356
Bik 454 Clementi Ave 3	MS First Capital Insurance Limited
#04-550	36 Robinson Road
	#16-01 City House
	Singapore 068877
Singapore 120454	

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLH4066A	WF0DXXWPCDGC81948	02/11/2016	Mon 2.0 4Dr	141406

DESCRIPTION	VALUE
TO CONDUCT THIRD PARTY CLAIM AGAINST MS FIRST CAPITAL INS(SHB5952P). DOA:12.05.2022	0.00
TO REMOVE AND REPLACE REAR BUMPER.	600.00
TO REMOVE AND REFIT OR INSTALL PARKING SENSORS.(DRILL HOLE)	120.00
TO SPRAY PAINT REAR BUMPER AND ALL OTHER AFFECTED AREAS.	900.00
TO CONDUCT ECU RE-PROGRAMMING AND CLEARING OF FAULT CODES.(NETT)	600.00
SUNDRIES	100.00
Total Labour 1:	2,320.00

PART NUMBER	DESCRIPTION	QTY	PRICE	DISC	VALUE
DS7317K835KAX WAA	BUMPER ASSY - REAR, PRIMED / CR4	1	2,200.00	10.00	1,980.00
DS7317E911ME5 UAW	MOULDING-FOG LIGHT REAR BUMPER / (W (Black)	1	620.00	10.00	558.00
DS7317A894VEX WAA	SPOILER - LOWER RR BUMPER, PRIMED X	1	469.00	10.00	422.10
F1CT15K859AA5 AK5	RR SENSOR - PARKING AID SYSTEM ?	2	95.00	10.00	171.00
Total Parts :					3,131.10

- LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
 - To display damaged parts during resurvey
 - Parts prices are subject to confirmation
 - Third party survey is on a non-binding basis
 - No illegal modification is allowed
 - Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Customer Name & Signature / Company Stamp

Date

Labour 1	S\$	2,320.00
Parts	S\$	3,131.10
Labour 2	S\$	0.00
Excess	S\$	0.00
Total GST @ 7%	S\$	381.58
Grand Total	S\$	5,832.68

The above estimates are base on visual inspection and it is possible that further materials and labour may be required upon dismantling. Should this occur, we will submit supplementary quotation for further approval. This estimate is valid for a period of 30 days only.

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 13/05/2022 18:52 (SGT)
Date of Accident 12/05/2022 13:18 (SGT)
Exact Location of Accident Syed Alwi Rd, Singapore
Additional Location Information Syed Alwi Road.
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLH4066A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Ang Soh Khim
NRIC No S1721626J
Email Address phtan007007@gmail.com
Mobile Phone No (Phone) +65-96821925
Alternative Phone No +65-96821925

VEHICLE PARTICULARS

Manufacturer Ford
Model Mondeo
Variant Titanium 2.0 A/T GTDI 240PS 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 1999

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MT/00372338/05
Cover Note Number -

DRIVER

Name of Driver Tan Boon Hua
NRIC No S1672053D

Date Of Birth	19/05/1964
Occupation	Indoor
Date Of Driving Pass	20/10/1994
Driving experience	27 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96821925
Alt. Phone Number	*
Email Address	phtan007007@gmail.com
Address	Blk 454 Clementi Ave 3 #04-550
Address complement	*
Postcode	120454
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collided into Parked Vehicle
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)	0
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please refer attached.

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	SHB5952P
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
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) -

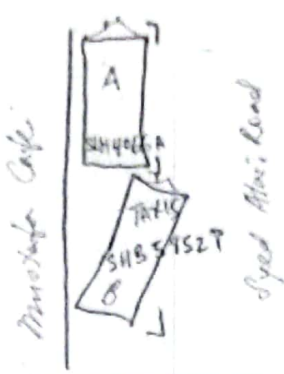
Accident Toolkit

Sketch plan

Sketch of accident scene:

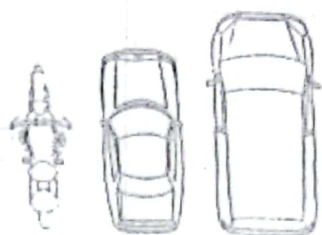
Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

If safe, please take photos or videos from all angles.



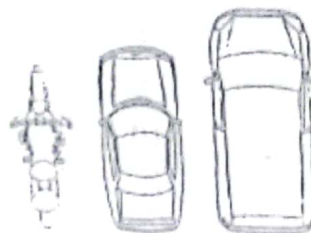
My car was parked at Mustafa Cade area open car park.
My car camera camera captured the taxi as shown hit my car right rear bumper causing slight damages, cracks paint as peeled off, dent, and bend. The taxi then drove off after hitting my car.
Date: 12 May 2022, time: 1318 hrs.
Syed Alwi Road. weather Dry.

Please indicate on vehicle A (your vehicle) and, vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow.



Vehicle A

SLH4066A



Vehicle B

SHB 5952P

direct
asia
Insurance

Call us direct
Customer Care
6665 5555
Claims Support 24/7 Hotline
6532 1818
+60 9412 1505 (toll-free)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report accurately the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Person.
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 truth 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 statement 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 (a) 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:

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

Printed Name of Reporting Centre

13/5/2022
1600 HR