

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

SMP 889GR  
Focus

at Workshop m/s

of

Insured:

XD 9559R

Policy No.

Claims No.

MT/1174411-002

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:

\$140k.

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

days

Res.:

Yes or No

Lum Sum:

20

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

764e

Vehicle: IN / OUT

Date:

Person Contacted:

L714 877635

Date / Time

Action / Instruction

Sep 21k.

Veh No:

SMP 889GR

Yr Regn:

28/03/17

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

Truck / Trailer or

CA/

Make:

Mer Benz E250 c.c 1991

Colour:

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

112428

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDJ2130452A164801

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

245/45ZR18

R:

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

TOYO / YOKO or

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

25/05/22

D.O.I.

31/05/22

Survey held at

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

O/S Rear, O/S Body.

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

6/6/22 4/542200 informed MR Wong (Ref \$ 4334.10, 667.)

Date/Time, File Pass to?

☐

Preli. Report

1) 06/6 2022

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

TP

Lump Sum / L.B.1: (\$

2200

)

Add Fee:

☐

Site Insp (\$

)

☐

Interview (\$

)

☐

Tech. Invs (\$

)

☐

Weekend (\$

)

# FOCUS AUTO PTE LTD

NO. 1 KAKI BUKIT AVENUE 6 #02-48/50

AUTOBAY @ KAKI BUKIT SINGAPORE 417883

TEL: 6886 9097 FAX: 6844 4625 Email: [claims@focusauto.com.sg](mailto:claims@focusauto.com.sg)

## NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

75 Bras Basah Road  
NTUC Income Centre  
Singapore 189557

Estimate No. : E22050056

Date : 31/05/2022

Veh Reg No : SMP 8896 R

Make / Model : MERCEDES BENZ  
E250 AVG (18 LED)

Chassis No. : WDD2130452A164801

Engine No. : 27492030919163

Reg. Date : 28/03/2017

ATTN : Motor Claim Department

Your Ref No: : SMP 8896 R

Claim Type : THIRD PARTY

Accident Date : 25/05/2022

### Estimate Repair Cost for Vehicle No. : SMP 8896 R

S/N	Description	Quantity	Unit	Price SS	Amount SS
1	Front Fender - RH <i>Body</i>	1	PCS	826.00	826.00
2	Front Fender Dust Cover - RH <i>17</i>	1	PCS	189.00	189.00 X
3	Front Door - RH <i>R</i>	1	PCS	1365.00	1365.00 X
4	Front Door Rubber - RH <i>17</i>	1	PCS	298.00	298.00 X
5	Front Door Lock - RH <i>17</i>	1	PCS	586.00	586.00 X
6	Front Door Side Mirror <i>assy RH Daye</i>	1/028.10	PCS	1125.00	1125.00
7	Rear Door - RH <i>17</i>	1	PCS	1262.00	1262.00 X
8	Rear Door Rubber - RH <i>17</i>	1	PCS	298.00	298.00 X
TOTAL :					5949.00
DISCOUNT 10% :					594.90
SUB TOTAL :					5354.10

### LABOUR CHARGES

	SS	SS
1 Panel Beating	450	850.00 450
2 Check Wiring	20	80.00 20
3 To Remove & Refix Door Assembly	17	160.00 X
4 To Spray Painting	650	900.00 900.00

TOTAL	1180.00
GRAND TOTAL	6534.10

*not authorized*

*31/05/22*

*mercus 9009 660f*

*2/5 #2200*

*2019/10/12*  
*3 days*

### FOR FOCUS AUTO PTE LTD

I KK Auto Consultants hereby certify 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 Prejudices" basis  
The total cost of repair (S) is allowed  
Jenny Koh  
Claims Executive  
HP 8139 9800

Acknowledged by Repairer  
Signature:  
Date:

*2-184/102*  
*166869*  
*1120*  
*278869*  
*202*  
*2230*



## 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	25/05/2022 17:29 (SGT)
Date of Accident	25/05/2022 11:30 (SGT)
Exact Location of Accident	Keppel Rd Off Street (K 0108), Singapore
Additional Location Information	JUNCTION OF KEPPEL ROAD TOWARDS TANJONG PAGAR COMPLEX
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP8896R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOH KIA YEONG
NRIC No	SXXXX764E
Email Address	JENNIFERX4325@GMAIL.COM
Mobile Phone No	(Phone) +65-97882666
Alternative Phone No	+65-97882666

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
Variant	BENZ E250 AVG (R18 LED)
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	Manual
CC	1600

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI22V04085/VPE/R01
Cover Note Number	-

#### DRIVER

Name of Driver	KOH KIA YEONG
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NRIC No	SXXXX764E
Date Of Birth	22/02/1957
Occupation	Outdoor
Date Of Driving Pass	19/08/1978
Driving experience	43 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97882666
Alt. Phone Number	+65-97882666
Email Address	JENNIFERX4325@GMAIL.COM
Address	BLK 121 ANG MO KIO AVENUE 3
Address complement	#03-1705
Postcode	560121
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	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)	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

ON 25/05/2022 AT ABOUT 1130HRS, I STOPPED AT JUNCTION OF KEPPEL ROAD TOWARDS TANJONG PAGAR COMPLEX.

THERE WAS A TOW TRUCK NEXT TO ME.

SUDDENLY, THE TOW TRUCK MOVE INTO MY LANE AND HIT ON MY RIGHT SIDE, CAUSING DAMAGE AT THE FRONT AND GLAZED ALONG THE BODY.

#### 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	XD9559R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Goods vehicle
Name of Driver	-
Contact Number	(Phone) +65-94497097
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: 25-5-22 1630hrs

Driver's Signature

(if driver is not the policyholder)

Date & Time: 25-5-22 1630 hrs

Reporting Centre Personnel's Signature

Name:

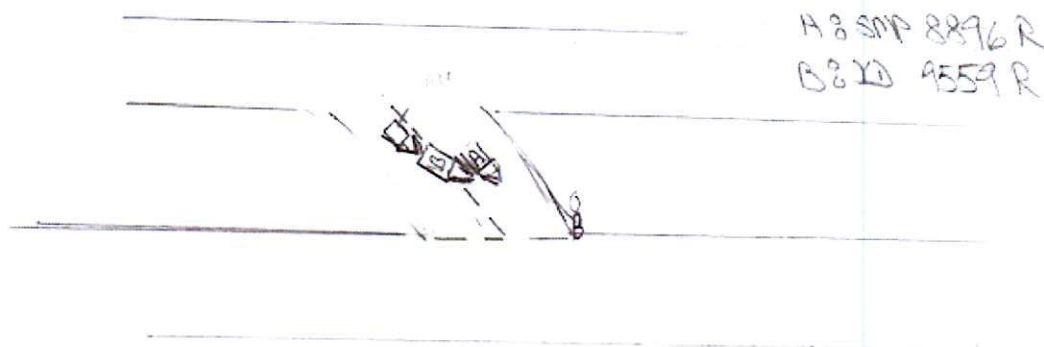
NRIC/FIN No.:

Jenny Koh  
Claims Executive  
HP: 8139 9800

25/5/22  
@1700hrs

SKETCH PLAN

JUNCTION OF KEPPEL ROAD TOWARDS TIMBONG PASAR COMPLEX



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/05/2022 at about 1130hrs, I stopped at junction of Keppel Road towards Timbong Pasar Complex.

There was a taxi truck next to me.

Suddenly, the taxi truck move into my lane and hit on my right side, causing damage at the front and glided along the body.

DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time: 25.5.22 1630hrs

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time: 25.5.22 1630hrs

*[Signature]* Jenny Koh 25/05/2022  
Claims Executive  
HP: 8139 9800 1700hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: