

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLN 754/S Yr Regn: 21/07/17Type: ☒ M.Cap / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: Volvo c.c. 1698Colour: Silver A/C: ☒ Insured / ☐ Std / ☐ NI / ☐ NASp. Reading: 73416 T/Radio: ☒ Insured / ☐ Std / ☐ NI / ☐ NA

Eng/No: _____

C/No: VIMV781CH 2496934Gen. 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: 205/55R16R: 11BS / DUN / EXNOVA / GY / FS / LIZA / ☒ MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 2 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 3/6/17 D.O.I. 7/5/17Survey held at WearnesDes. of Damages: ☒ Frt / ☐ Rear / ☐ O/S / ☐ N/S / ☐ UIC / ☐ Rooftop orFront LH

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

Date / Time Action / Instruction

11/11/17

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report1) _____
Date/Time, File Return to?

2) _____

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL

SERVICE ESTIMATE

88898 - C00001 SL: SERVICE SALES - PC

Mr Wong Wei Chen
556 Yishun Avenue 6
#11-13

Singapore 768964

Closed by : Michelle Ong Siew Be
Svc Consultant :
Remarks : Mr Wong Wei Chen

GST Reg.No: M28920628X
Inv.No. : B&P 0 Page 1
Inv.date : 06/06/2022
WIP No. : 27877
Veh.In/Out:
*Tel.No. : Mobile: 92203780
Reg.No. : SIN754S
Reg.date : 21/04/2017
Mileage : 0
Chassis No: YV1MV28H0H2426934

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE LHF FENDER, FRONT BUMPER, BRACKETS, CLIPS, ETC	850 x 1.5 0	2550.00	0		2,550.00 S	1275
800	TO BLEND AND SPRAY PAINT ON LHF FENDER, FRONT BUMPER, ETC.	750 x 2 0	2250.00	0		2,250.00 S	1500
0031	TO REPLACE LHF RIM	0	50.00	0		50.00 S	/
10	WHEEL ALIGNMENT	0	280.00	0		280.00 S	/
280	TO CHECK WIRING INCLUDE RESETTNG OF ALL ELECTRICAL MODULES	0	588.00	0		588.00 S	/
	BUMPER COVER FRT V40	1.0 EA	1865.70			1,865.70 S	
	BUMPER BRACKET FRT L	1.0 EA	107.90			107.90 S	
	BUMPER BRACKET LHF V	1.0 EA	182.10			182.10 S	
	BUMPER REINFORCEMENT	1.0 EA	182.10			182.10 S	
	FENDER PANEL FRT LH	1.0 EA	1262.80			1,262.80 S	
	WHEELARCH FRT LH V40	1.0 EA	253.00			253.00 S	
	ALLOY RIM 16 "Markeb	1.0 EA	749.10			749.10 S	
	BUMPER CLIP GREEN S6	10.0 EA	6.00			60.00 S	

Acknowledged by Repairer
Signature:
Date:

SINGAPORE ACCIDENT STATEMENT

SERVICE ESTIMATE

88898 - C00001
Mr Wong Wei Chen
556 Yishun Avenue 6
#11-13

SL: SERVICE SALES - PC

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 2

Inv.date. : 06/06/2022

WIP No. . : 27877

Veh.In/Out:

*Tel.No. . : Mobile: 92203780

Reg.No. . : SLN754S

Reg.date . : 21/04/2017

Mileage . : 0

Chassis No: YV1MV28HOH2426934

Singapore 768964

Closed by : Michelle Ong Siew Be

Svc Consultant :

Remarks : Mr Wong Wei Chen

Op.No	Description	Mech Qty	Price Disc%	Pkg Amount	G
	BUMPER CLIP XC90 16-	10.0 EA	8.80	88.00	S
	BUMPER CLIP 8x8,5	10.0 EA	8.20	82.00	S
	BLIND RIVET 4.0*21 P	10.0 EA	5.00	50.00	S
	BUMPER INSTALLING MT	1.0 EA	101.40	101.40	S

Steve CLKK)
25/7/22, 9-45u

W R
P-IP
L BL Y
5 Lr

Gross Total. 10,702.10

Net..... 10,702.10

GST @ 7.0% 749.15

Total..... 11,451.25

Paid..... 0.00

Please Pay.. 11,451.25

Labour Total 5,718.00
Parts Total 4,984.10
Package Total 0.00

GST: S=StdRated; O=OutOfScope; Z=ZeroRated

SW0822640001 / Wearnes Automotive Pte Ltd
 ENTRY DATE & TIME: 04/06/2022 12:02 (SGT)
 SUBMITTED BY: Michelle Ong
 VERSION: 1 (04/06/2022 12:02 (SGT))

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	04/06/2022 12:02 (SGT)
Date of Accident	03/06/2022 09:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ROBINSON ROAD TO FINLAYSON GREEN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN754S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WONG WEI CHEN
NRIC No	SXXXX108I
Email Address	wongweichen@gmail.com
Mobile Phone No	(Phone) +65-92203780
Alternative Phone No	+65-92203780

VEHICLE PARTICULARS


Manufacturer	Volvo
Model	V40
Variant	V40 T2
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	1498

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI22V03757/VPC/R03/E00
Cover Note Number	-

DRIVER

Name of Driver	WONG WEI CHEN
NRIC No	SXXXX108I

 Accident report SW0822640001

Date Of Birth	05/07/1971
Occupation	Indoor
Date Of Driving Pass	08/07/1993
Driving experience	28 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92203780
Alt. Phone Number	+65-92203780
Email Address	wongweichen@gmail.com
Address	556 YISHUN AVE 6
Address complement	#11-13
Postcode	768964
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 - Change/cross lane
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

REFER TO ATTACHMENT.

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	SMB3546H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reassess 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 Traffic Police Department for investigation.
6. This report will be forwarded by the Insurers to 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' law firms/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

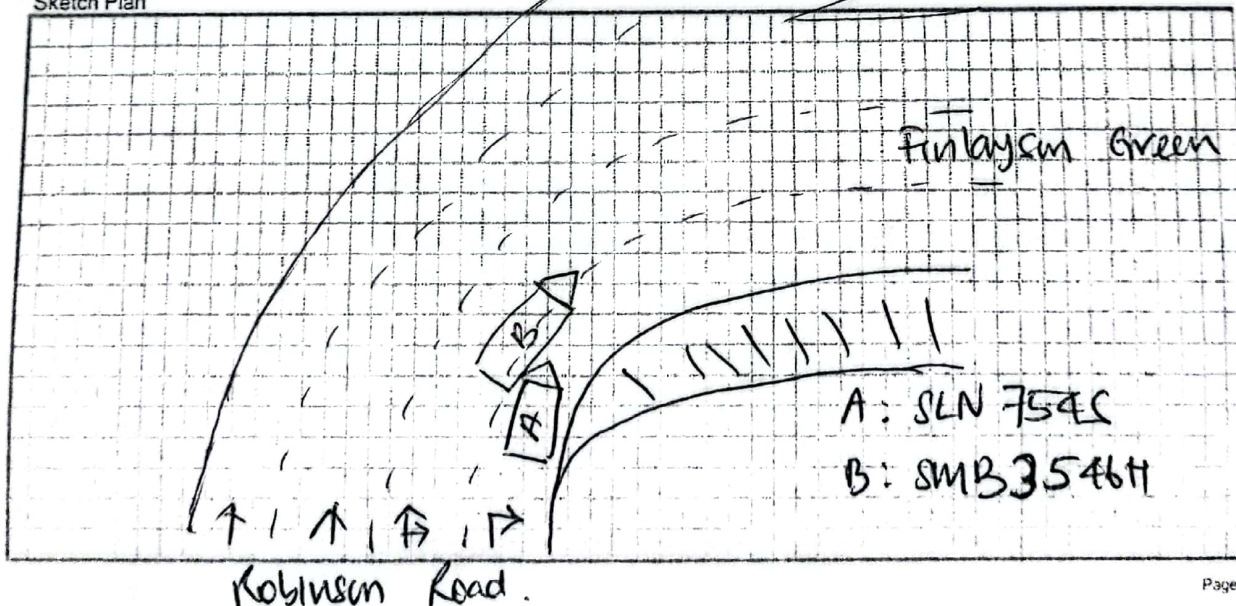
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

I was at the rightmost lane of Robinson Road, that intersected with Finlayson Green, waiting to turn right onto Finlayson Green.

When the traffic light turned green, Tower Transit bus, ~~SM~~ SM B 3546H, which was also turning right, went into my lane.

When the bus came too close, I came to a complete stop. But the bus continued to come further into my lane, and subsequently damaged my car - even though I had stopped completely.

IMPORTANT NOTE

Under General Condition - Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

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



4 June 2022, 11:17am

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel