

ASSIGNMENT:

Front: _____ 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 Report: _____ 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: SKL 4976P Yr Regn: 20/11/13Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes-Benz CLA 200 c.c. 1595Colour: White A/C: Insured / Std / Nil / NASp. Reading 121478 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: WDD 1173432 N 005442

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/40 R18R: "

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

TOYO / YOKO or _____

Front R/Bal. 5 mmL/Bal. 5 mmD.O.A. 13/6/22Survey held at Premium

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

MV-45K

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / L.B.A. (%) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS. SI

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/0496/2022/CCS
DATE : 15-Jun-22
WIP :

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE SURVEY 16/06/2022.
YOUR INSURED VEH NO : YL 9605 L

CHINA TAIPING INSURANCE (S) PTE LTD

3 ANSON ROAD
#16-00 SPRINGLEAF TOWER
SINGAPORE 079909

OWNER'S NAME : MR. LIN HENGYONG
ADDRESS : BLK 465 CHOA CHU KANG AVENUE 4
#13-09
SINGAPORE 680465
TELEPHONE : HP +65 92745628
TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : 5115436297-02
VEHICLE NO : SKL 4976 P
MODEL CODE : MERCEDES BENZ CLA200 AMG LINE
MODEL YEAR : 20/11/2013
ENGINE NO : 2.7091E+13
CHASSIS NO : WDD1173432N045442
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 13-Jun-22
PLACE OF ACCIDENT : 450 CLEMENTI AVENUE 3 CARPARK

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

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SKL 4976 P.

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE, CHECK AND REINSTALL FRONT WIRE HARNESS FOR HEADLIGHTS, HORNS, OUTSIDE TEMPERATURE SENSOR, HEADLIGHTS WASHER ASSY AND FRONT PARKING AID.	S/N \$ 480.00	X
2	TO REMOVE AND TRANSFER RHS FRONT DOOR AND RHS REAR DOOR'S MULTI-LOCK SYSTEM AND POWER WINDOW DEVICES. INSPECT FOR DAMAGES.	S/N \$ 800.00	700
3	TO DISMANTLE AND REINSTALL FRONT BUMPER. TO RENEW RHS FRONT FENDER, RHS FRONT DOOR AND RHS REAR DOOR. RE-ORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED. 400 X 2	\$ 4,000.00	800
4	TO RESPRAY RHS FRONT FENDER, RHS FRONT DOOR, DOOR HANDLES, RHS MIRROR COVER AND RHS REAR DOOR. 350 X 3 + 100	\$ 4,000.00	1150
5	TO CARRY OUT WHEEL ALIGNMENT.	S/N \$ 240.00	X
6	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00	150
TOTAL LABOUR CHARGES		: \$ 9,712.00	



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

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SKL 4976 P.

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	FRONT FENDER - RH X R	1	\$ 870.00	
2	SIDE MIRROR ASSY - RH X R	1	\$ 2,240.00	
3	FRONT DOOR - RH ✓ M	1	\$ 2,120.00	
4	FRONT DOOR SEAL - RH ✓ MC	1	\$ 290.00	
5	FRONT DOOR HINGE - RH UPPER X	1	\$ 136.00	
6	FRONT DOOR HINGE - RH LOWER X	1	\$ 136.00	
7	REAR DOOR - RH ✓ DO	1	\$ 2,312.00	
8	REAR DOOR SEAL - RH ✓ MC	1	\$ 290.00	
9	REAR DOOR HINGE - RH UPPER X	1	\$ 144.00	
10	REAR DOOR HINGE - RH UPPER X	1	\$ 144.00	
11	SUNDRIES		\$ 200.00	
TOTAL SPARE PARTS		:	\$ 8,882.00	-10%
TOTAL LABOUR CHARGES		:	\$ 9,712.00	
GRAND TOTAL		:	\$ 18,594.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST

LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED
 SPARE PARTS ARE SPECIAL NETT.

PREMIUM AUTOMOBILES



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

NAME
SURVEYED DATE
AUTHORISED DATE
EXCESS COST
LIABILITY
REMARKS

:
:
:
:
:
:

Steve (LKK)

16/6/22 - 11.30L

W N

5-6 yrs

PIP

by BL by

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

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 surveys 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 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	14/06/2022 10:28 (SGT)
Date of Accident	13/06/2022 20:00 (SGT)
Exact Location of Accident	450 Clementi Ave 3, Singapore 120450
Additional Location Information	450 CLEMENTI AVE 3 CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL4976P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIN HENG YONG
NRIC No	SXXXX011C
Email Address	HENGYONG.LIN@GMAIL.COM
Mobile Phone No	(Phone) +65-92745628
Alternative Phone No	+65-92745628

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla200
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	1595

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5115436297-02
Cover Note Number	-

DRIVER

Name of Driver	LIN HENG YONG
NRIC No	SXXXX011C

Date Of Birth
 Occupation
 Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

07/05/1988
 Indoor
 04/10/2011
 10 YEARS AND 8 MONTHS
 Male
 (Phone) +65-92745628
 +65-92745628
 HENGYONG.LIN@GMAIL.COM
 BLK 465 CHOA CHU KANG AVE 4
 #13-09
 680465
 Yes
 -
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Collision - Major/Minor Rd
 Clear
 Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
 Number of vehicles involved in the accident
 Was anybody injured in the Accident?
 Was any injured conveyed to hospital by ambulance?
 Was any other vehicle or property damaged?
 Number of Passengers (Including Driver)
 Has the driver been approached by unknown person(s)
 soliciting/offering accident claims assistance?

No
 2
 Yes
 No
 Yes
 3
 No

PASSENGER 1

Name
 Gender

SEAN CHEN KUA LIANG
 Male

PASSENGER 2

Name
 Gender

LENA CHOOI SHI LAI
 Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?
 Police Station Name
 Police Station Phone No
 Alt. Police Station Phone No
 Police Station Address
 Was notice of intended Prosecution given?
 If yes, against whom?

Yes
 Traffic Police
 (Phone) +65-65470000
 (Fax) +65-65474900
 10 Ubi Avenue 3 Singapore 408865
 No
 -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?
 Was there any video captured by Car Camera?
 Was there any audio recorded?

Yes
 No
 No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YL9605L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Commercial vehicle
Vehicle Category	-
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIN HENGYONG
Gender	Male
Phone No	(Phone) +65-92745628
Address	BLK 465 CHOA CHU KANG AVE 4
Address Complement	#13-09
Post Code	680465
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKL4976P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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 persons 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 yers/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 and 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

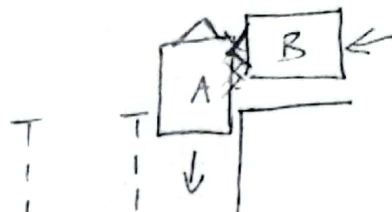

Policyholder's Signature / Date & Time
14/6/2022
Sketch Plan @ 09:52

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

Witnessed by Reporting Personnel

Chang Aig Sing

A = SKL 4976 P
B = YL 9605 L




Describe Circumstances of the Accident


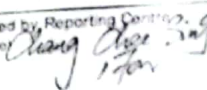
Please refer to Police Report (7/20220614/7006)

Declaration

We declare the foregoing particulars are true in every respect


Policyholder's Signature / Date &
Time 14/6/2022 @ 09:53.

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


Witnessed by Reporting Officer,
Personnel 



**SINGAPORE
POLICE FORCE**



T/20220614/7000

1 of 1

Report No. T/20220614/7000

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2022 09:38		Vide Report No.:		Station Diary No:	
Informant's Particulars					
Name of Informant: LIN HENGYONG			Address: 465 CHOA CHU KANG AVENUE 4 #13-09 SINGAPORE 680465		
ID Type / ID No.: NRIC NO / S8817011C			Contact No.: Home/Office: Mobile: 92745828		
Nationality: SINGAPORE CITIZEN			Email: HENGYONG.LIN@GMAIL.COM		
Sex: Male	Age: 34	Date of Birth: 07/05/1988	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/06/2022 20:00	Type of Location: Car Park
Location: CLEMENTI AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SKL4976P	Car					0
YL9605L	Lorry					0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20220614/7006

2 of 2

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220614/7006

CONTINUATION OF REPORT

Vehicle Owner		ID No.	S8817011C
Name	LIN HENGYONG	Contact No.	92745628
Related Vehicle	SKL4976P (Car)	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Date	13/06/2022
Date	13/06/2022	Degree of	Slight
No. of Days granted Medical Leave	05		
Passenger		ID No.	NIL
Name	LENA CHOOI SHI LAI	Contact No.	NIL
Related Vehicle	SKL4976P (Car)	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL	Date	NIL
Date	NIL	Degree of	NIL
No. of Days granted Medical Leave	NIL		
Passenger		ID No.	NIL
Name	SEAN CHEN HUA LIANG	Contact No.	NIL
Related Vehicle	SKL4976P (Car)	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL	Date	NIL
Date	NIL	Degree of	NIL
No. of Days granted Medical Leave	NIL		

Brief Details.

At about 8pm at 450 Clementi Ave 3 carpark, I was reversing to park in the empty lot and a lorry (vehicle num YL9605L) bang to the side of my car. As I reverse and vehicle was straightened to the parking lot the lorry which was stationery with hazard light on suddenly turned on the engine/headlight and moved immediately towards me.

**SINGAPORE
POLICE FORCE**

T/20220614-7006

3 of

Report No. T/20220614

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
14/06/2022 09:38

Classification Of Case: