

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: GBK 8880S

Policy No. _____

Claims No. CDMCG22001107

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

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLB 70192 Yr Regn: 19/4/16Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Vezel c.c. 1496Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 96324 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: R011113756Gen. 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: 205/65R16R: 11

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

TOYO / YOKO or _____

Front: _____ Rear: _____

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 21/6/22 D.O.I. 21/6/22Survey held at VantageDes. 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>MIR-51KX</u>
15/9/22	Submit preli report-revised fig \$1047.78 check items \$302.76
	Note: The vehicle has not send in for repair

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 15/9/22-typist

Report Format: _____

Lump Sum / L.B.F. (\$) _____

Days Of Repair: 3

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

Vantage Automotive Limited

Division of Vantage Automotive Limited)
Business Registration No. 192600045M GST Registration No. M2-0000551-1
Alexandra Road
Singapore
Tel : 6272 8828
Fax : 6477 7398



GST Registration No. M2-0000551-1

ESTIMATE

Estimate No. : B9 5430
Date Estimated : 16/06/2022
Prepared By : Shawn Chua Churong

Page No. : 1 of 2

- ESTIMATE REPAIR FOR -

Gan Kah Haw
7 Martia Road
#03-02

Singapore 424794

- ACCOUNT - 23528

ERGO Insurance Pte Ltd
5 Temasek Boulevard
#04-01 Suntec Tower Five
Singapore 038985

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLB7019Z	RU11113756	19/04/2016	HONDA VEZEL	96135

DESCRIPTION	VALUE
TO CONDUCT 3RD PARTY CLAIM AGAINST ERGO (GBK8880S).	0.00
TO REPLACE BONNET, LOCK, GRILLE, FRONT BUMPER, LOWER GRILLE, LOWER LID, REINFORCEMENT, LEFT HEADLAMP ETC. REPAIR PANELS.	300 2,400.00
TO RESPRAY FRONT BONNET, FRONT BUMPER, GRILLE ETC.	300 1,800.00
TO CARRY OUT BODY CAVITY PRESERVATION.	X 60.00
TO CHECK ELECTRICAL WIRING SYSTEM OF THE FRONT SECTION FOR PROPER FUNCTION INCLUDING ADJUSTMENT OF HEADLIGHTS.	50 150.00
TO CONDUCT REPROGRAMMING & RESETTING OF ECU SYSTEM INCLUDING CLEARING OF FAULT CODES.	X 600.00
TO SUPPLY & INSTALL FRONT LICENSE PLATE WITH CASING (NETT).	50 70.00
SUNDRIES.	20 100.00
Total Labour 1:	5,180.00

PART NUMBER	DESCRIPTION	QTY	PRICE	DISC	VALUE
	BONNET X nn	1	895.50	10.00	805.95
	BONNET HINGE X nn	2	45.90	10.00	82.62
	BONNET LOCK X nn	1	98.50	10.00	88.65
	BONNET STAND CLIP X nn	1	9.60	10.00	8.64
	BONNET STAND GROMMET X nn	1	6.40	10.00	5.76
	BONNET HOLE PLUG X nn	1	3.50	10.00	3.15
	BONNET RUBBER FRONT X nn	2	23.40	10.00	42.12
	BONNET RUBBER CORNER X nn	2	23.60	10.00	42.48
	BONNET RUBBER SIDE X nn	2	37.50	10.00	67.50
	FRONT BUMPER X R	1	459.50	10.00	413.55
	FRONT BUMPER TOWING COVER X nn	1	19.40	10.00	17.46
	FRONT BUMPER LOWER GRILLE X nn	1	77.50	10.00	69.75
	FRONT BUMPER LOWER LID X nn	1	210.40	10.00	189.36
	FRONT BUMPER LOWER RUBBER X nn	1	84.90	10.00	76.41
	FRONT HEADLAMP LOWER BRACKET X nn	2	39.40	10.00	70.92
	FRONT BUMPER SIDE RETAINER X	2	17.60	10.00	31.68

GST Registration No. M2-0000551-1

ESTIMATE

Estimate No. : B9 5430
Date Estimated : 16/06/2022
Prepared By : Shawn Chua Churong

Page No. : 2 of 2

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLB7019Z	RU11113756	19/04/2016	HONDA VEZEL	96135

PART NUMBER	DESCRIPTION	QTY	PRICE	DISC	VALUE
	REINFORCEMENT X nn	1	321.40	10.00	289.26
	REINFORCEMENT RUBBER X nn	2	24.20	10.00	43.56
	AIR GUIDE X nn	2	36.60	10.00	65.88
	FRONT GRILLE BASE	1	301.20	10.00	271.08
	FRONT GRILLE OUTER GARNISH CUT	1	285.40	10.00	256.86
	FRONT GRILLE CHROME CUT	2	39.40	10.00	70.92
	FRONT GRILLE CENTER BRACKET X nn	1	32.10	10.00	28.89
	FRONT GRILLE SIDE BRACKET X nn	2	19.40	10.00	34.92
	FRONT GRILLE TOP COVER X nn	1	85.40	10.00	76.86
	HEADLAMP LEFT X nn	1	1,710.20	10.00	1,539.18
Total Parts :					4,693.41

Stev (LKK)
21/6/22 3:30pm

W R
3 dy
M M S
L/S

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 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:

Customer Name & Signature / Company Stamp

Date

Labour 1	:	5,180.00
Parts	:	4,693.41
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	691.14
Grand Total	:	10,564.55

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 03/06/2022 17:34 (SGT)
Date of Accident 02/06/2022 16:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information ARAB STREET
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLB7019Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GAN KAH HAW
NRIC No S6919019G
Email Address GANANDY@GMAIL.COM
Mobile Phone No (Phone) +65-96801530
Alternative Phone No +65-96801530

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D22MTPV010006176
Cover Note Number -

DRIVER

Name of Driver GAN KAH HAW
NRIC No S6919019G

Date Of Birth	08/06/1969
Occupation	Indoor
Date Of Driving Pass	13/04/1991
Driving experience	31 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96801530
Alt. Phone Number	+65-96801530
Email Address	GANANDY@GMAIL.COM
Address	7 MARTIA ROAD #03-02 S424794
Address complement	-
Postcode	-
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

REFER TO ATTACHED REPORT

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	GBK8880S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	GOH KOK LIONG
Passport No/FIN	S1800393G
Contact Number	(Phone) +65-84877734
Address	-

Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

WITNESS DETAILS

WITNESS 1

Name KHAIRUL
Phone (Phone) +65-83300710
Email -

SKETCH PLAN

IMPORTANT NOTICE

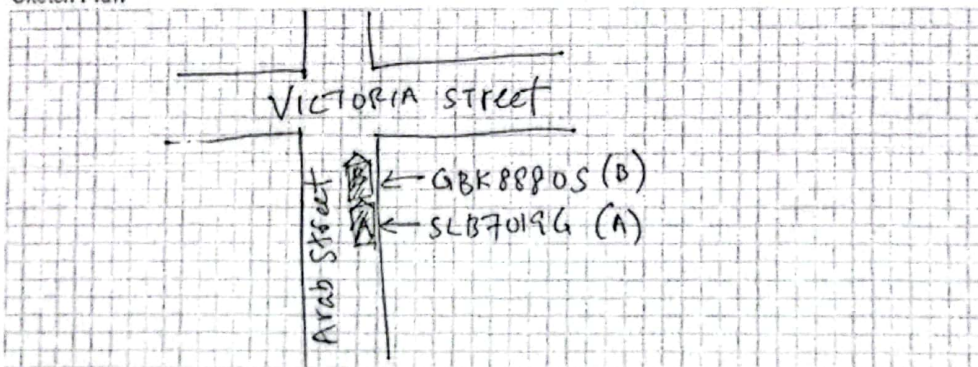
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.
(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.

PA 3/6/22
Policyholder's Signature / Date & Time
16:58

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

- 1) I parked along Arab Street (towards Victoria Street), beside 7-11
- 2) A van GBK8880 drive in front of me, then the van reverses into my car, and damages my bonnet, car plate and front bumper.
- 3) The driver, Mr Goh, did not even know he backed into my car, until I alighted and approach him at his vehicle.

Declaration

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

 3/6/22

Policyholder's Signature / Date & Time 16:58

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

Witnessed by Reporting Centre Personnel