

ASS. REC BY: Steve

CS/CT/11006808/EQ 93

## 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. SNM21D206608C02  
 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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 4 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: SLM 75172 Yr Regn: 24/3/17  
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Renault Megane c.c. 1461  
 Colour: White A/C: Insured / Std / NI / NA  
 Sp. Reading: 106284 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: VFJREFBOL656859731  
 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: 215/55R16  
 R: 1  
 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. 5/11/21 D.O.I. 18/7/22  
 Survey held at WEEKENDS  
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or  
 The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time Action/Instruction

MP-51K

02/08/22@11.20am revised to SO CHOW by email.

Steve finalised final fig \$3693.55, 3 days. (Red \$5929.75, 62%)

Order/Time, File Pass to?

☐: Prelim. Report

1)

☐: Final Report

Date/Time, File Return to?

2)

Report Format: MER-TPLump Sum / I.B.L. (\$) 3693.55Days Of Repair: 4Resurvey No. of Trip: 1

Add Fee: ☐: Site Insp (\$ \_\_\_\_\_)  
☐: Interview (\$ \_\_\_\_\_)  
☐: Tech, Invs (\$ \_\_\_\_\_)  
☐: Weekend (\$ \_\_\_\_\_)

Survey Feet:

Transportation:

S + RS. \$ \_\_\_\_\_

Photos

Others

TOTAL

### SERVICE ESTIMATE

89063 - C00001 SL: SERVICE SALES - PC

Mr Toong Seng Ern  
BLK 323 Yishun Central  
#08-275

Singapore 760323

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 1

Inv.date. : 21/04/2022

WIP No. . : 54939

Veh.In/Out:

\*Tel.No. . : Mobile: 81612083

Reg.No. . : SLM2527Z

Reg.date . : 24/03/2017

Mileage ... : 0

Chassis No: VF1RFB00656852731

Closed by .... : Michelle Ong Siew Be

Svc Consultant :

Remarks ..... : Mr Toong Seng Ern

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BUMPER, REAR LOWER BUMPER,	0	1650.00	0		1,650.00 S	550
800	TO BLEND AND SPRAY PAINT ON UPPER BOOTLID, OUTER BOOTLID, REAR BUMPER, BRACKETS, CLIPS, ETC.	0	2600.00	0		2,600.00 S	1950
R06	TO REPLACE REAR NUMBER PLATE WITH HOLDER	0	60.00	0		60.00 S	/ CM
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	450.00	0		450.00 S	/
	BUMPER REAR M4S X - R	1.0 EA	950.70			950.70 S	
	BUMPER REAR OUTER SI	1.0 EA	220.00			220.00 S	
	BUMPER REAR INNER SI	1.0 EA	242.30			242.30 S	
	BOOT OUTER PANEL WIT X R	1.0 EA	990.50			990.50 S	
	R908922947R/EMBLE "M	1.0 EA	148.90			148.90 S	
	LOGO REAR M4S - AK	1.0 EA	181.30			181.30 S	



### SERVICE ESTIMATE

89063 - C00001  
 Mr Toong Seng Ern  
 BLK 323 Yishun Central  
 #08-275

Singapore 760323

Closed by .... : Michelle Ong Siew Be  
 Svc Consultant :  
 Remarks ..... : Mr Toong Seng Ern

SL: SERVICE SALES - PC  
 GST Reg.No:M28920628X  
 Inv.No. . : B&P 0 Page 2  
 Inv.date. : 21/04/2022  
 WIP No. . : 54939  
 Veh.In/Out:  
 \*Tel.No. . : Mobile: 81612083  
 Reg.No. . : SLM2527Z  
 Reg.date . : 24/03/2017  
 Mileage .. : 0  
 Chassis No: VF1RFB00656852731

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	BODY PANEL SEALANT X	1.0 EA	955.20			955.20	S
	ADHESIVE SEALER FL2	1.0 EA	745.10			745.10	S
	BUMPER PAD LOWER M4S	1.0 EA	429.30			429.30	S

ster CLKK)

18/7/22, 4.21

in in  
 P/P  
 by Bel y  
 4 & 4s

- LKK Auto Centre (Pte) Ltd. hereby  
 the Repairer to the following:
- To resurvey before after repair
  - To display damaged part(s) during survey
  - 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:

Labour Total 4,760.00  
 Parts Total 4,863.30  
 Package Total 0.00

Gross Total. 9,623.30  
 Net..... 9,623.30  
 GST @ 7.0% 673.63  
 Total..... 10,296.95  
 Paid..... 0.00  
 Please Pay.. 10,296.95

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

54939  
China - TP  
Taping

## 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	06/11/2021 14:04 (SGT)
Date of Accident	05/11/2021 12:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Woodlands Ave 9
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM2527Z
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TOONG SENG ERN
NRIC No	S7975791H
Email Address	vincenttoong@gmail.com
Mobile Phone No	(Phone) +65-81612083
Alternative Phone No	+65-81612083

#### VEHICLE PARTICULARS

Manufacturer	Renault
Model	MEGANE SEDAN 1.5 DCI AT EU6
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	1461

#### INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MP316858
Cover Note Number	24/03/21 - 23/03/22

#### DRIVER

Name of Driver	TOONG SENG ERN
NRIC No	S7975791H



Date Of Birth	10/12/1979
Occupation	Indoor
Date Of Driving Pass	17/11/2001
Driving experience	20 YEARS
Gender	Male
Mobile Number	(Phone) +65-81612083
Alt. Phone Number	+65-81612083
Email Address	vincenttoong@gmail.com
Address	BLK 792 YISHUN RING ROAD #09-3442
Address complement	-
Postcode	760792
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	WIFE
Gender	Female

#### 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 ATTACHED (REPAIR BY AGENT WORKSHOP)

#### 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	SLU480U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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) ..... -

SKETCH PLAN

SKETCH PLAN

1 VEHICLE NO. 32M2537Z

2 INSURER CO. YJ

3 ACCIDENT  
DATE & TIME: 5/11/21 12:55pm

**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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





