

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
☒ 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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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: SMF 8988L Yr Regn: 8/10/18
 Type: ☒ M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: LEXUS RX 300 c.c. 1998
 Colour: white A/C: Insured / Std / Nil / NA
 Sp. Reading: 91112 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: JTSBAMC480906057
 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: 235/55R20
 R: "

☒ BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Front Rear
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 27/7/22 D.O.I. 4/8/22
 Survey held at Borneo Motor
 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

MR 182K

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

Date/Time, File Return to?

2)

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$) _____
☐ : Interview (\$) _____
☐ : Tech. Invs (\$) _____
☐ : Weekend (\$) _____
 Survey Fee: _____
 Transportation: _____
 S + R.S. \$ _____
 Photos _____
 Others _____
 TOTAL _____



Borneo Motors



Inchcape

Co. Reg No. : 196700086Z

GST Reg No. : MR-8500000-9

No 2 Pandan Crescent

Singapore 128462, Tel no.: 6631 1388

ESTIMATE

Account Details			Account No.		Customer Details		
Ergo Insurance Pte Ltd 5 Temasek Boulevard #04-01 Suntec Tower Five Singapore 038985 Attn: Motor Claims Dept <i>67418434</i> <i>Lick Yan</i> <i>Survey on 4/8/22</i> <i>1030hr.</i>			S1000010 / ICN13		Mr Lim Keng Goy (Lin Qinyi) 470 Siglap Road #04-37 Singapore 454943 Mobile: 98582826		
			Document No.				
			0				
			Document Date				
			28/07/2022				

Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2018	AGL25R	AWTGZ L3	08/10/2018	SMF8988L	0	21379	64OD/SMF8988L/270722

Chassis No.	Engine No.	Terms	SA / Counter	Vehicle In	Collected On
JTJBAMCA802060157	8ARW920833	60	Wally Tan G H	--/--/----	0.00 --/--/---- 0.00

L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
1	Z	BP-SUNDRY SUNDRIES POLICY NO.:DMPG21013802 ACC DATE:27.07.2022 TOW/DRIVE IN: EXCESS: DATE-IN: DATE SURVEY: NO OF REPAIR DAYS: BY: AUTHORISED ON:				50 80.00
2	B	BP-LAB3 CHECK WIRING SYSTEM AND FOCUS HEADLAMP. (NETT)				216.50
3	B	BP-LAB3 REMOVE/REFIX FRONT PARKING SENSORS. (NETT)				216.50
4	B	BP-LAB3 REMOVE ALL NECESSARY PARTS, TO ENABLE REPAIRING AND STRAIGHTEN FRONT SUPPORT, R/H AND L/H HEADLAMP PANEL AND FIT NEW PARTS. <i>(Take photo if need repair front panel)</i>				866 2598.00
5	B	BP-RES3 SPRAY PAINT ON DAMAGED AFFECTED PORTION OF CAR. <i>742</i>				742 1484.00
6	B	BP-ECU3 TO RESET ECU & REPROGRAMME. (NETT)				216.50
7	1	L81145-48D30 UNIT, HEADLAMP <i>?</i>	1.00	7900.10		7900.10
8	2	L81185-48D30 UNIT, HEADLAMP	1.00	7900.10		7900.10
9	3	L53121-48130 MOULDING, RADIATOR <i>(chrome upper) - BR</i>	1.00	642.80		642.80

For & on behalf of	Customer's Signature	Charge Summary	Total
Borneo Motors (Singapore) Pte Ltd			
	Please acknowledge receipt of vehicle	Parts Labour Sublet Lubrication/Fluid Others	Less
			Amount Due

Customer Copy

ichscape
Co. Reg No. : 196700086Z
GST Reg No. : MR-8500000-9
No 2 Pandan Crescent
Singapore 128462, Tel no. : 6631 1388

ESTIMATE

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		Document No. 0	470 Siglap Road #04-37 Singapore 454943	
		Document Date 28/07/2022	Mobile: 98582826	

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JTJBAMCA802060157	8ARW920833	60	Wally Tan G H	--/--/----	0.00 --/--/----

L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
10	4	L53122-48050 MOULDING, RADIATOR / BR (che 12)	1.00	1051.80		1051.80
11	5	L53395-48080 SEAL, HOOD TO / RC	1.00	55.40		55.40
12	6	L53111-48330 GRILLE, RADIATOR / BR (up)	1.00	1433.40		1433.40
13	7	L53112-48320 GRILLE, RADIATOR, / BR (12)	1.00	354.30		354.30
14	8	T90975-02125 EMBLEM, SYMBOL	1.00	516.60		516.60
15	9	L89348-48040 RETAINER, ULTRASONIC	1.00	20.90		20.90
16	0	L89348-48050 RETAINER, ULTRASONIC	1.00	20.90		20.90
17	1	L52535-48050 RETAINER, FR BUMPER	1.00	135.70		135.70
18	2	L52536-48040 RETAINER, FR BUMPER	1.00	135.70		135.70
19	3	L52021-48051 REINFORCEMENT	1.00	802.50		802.50
20	4	L52611-48181 ABSORBER, FR BUMPER	1.00	120.90		120.90
21	5	L52618-48021 ABSORBER, FR BUMPER	1.00	199.70		199.70
22	6	L52119-4D938 COVER, FR BUMPER	1.00	1223.90		1223.90
23	7	L52125-48091 BRACKET, FOG LAMP	1.00	169.20		169.20
24	8	L52126-48091 BRACKET, FOG LAMP	1.00	173.80		173.80
25	9	L52127-48140 COVER, FR BUMPER	1.00	52.10		52.10
26	0	L52128-48110 COVER, FR BUMPER	1.00	52.10		52.10
27	1	L81481-48220 COVER, FOG LAMP, RH X	1.00	134.40		134.40
28	2	L81482-48200 COVER, FOG LAMP, LH X	1.00	134.40		134.40
29	3	L53141-48090 GARNISH, RADIATOR X	1.00	81.90		81.90

For & on behalf of	Customer's Signature	Charge Summary	Total
Borneo Motors (Singapore) Pte Ltd	Please acknowledge receipt of vehicle	Parts	
		Labour	
		Sublet	
		Lubrication/Fluid	
		Others	
			Less
			Amount Due

Customer Copy

Inchcape
Co. Reg No. : 196700086Z
GST Reg No. : MR-8500000-9
No 2 Pandan Crescent
Singapore 128462, Tel no.: 6631 1388

ESTIMATE

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			Document No. 0		470 Siglap Road #04-37 Singapore 454943			
			Document Date 28/07/2022		Mobile: 98582826			
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Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In		Collected On	
JTJBAMCA802060157		8ARW920833	60	Wally Tan G H	--/--/----		0.00 --/--/---- 0.00	
L	Cd	Job/Parts Description			Qty	Unit Price	Disc %	Amount
30	4	L53142-48040	GARNISH, RADIATOR X			1.00	81.90	81.90
31	5	L53285-48030	COVER, FR BUMPER ARM			1.00	108.40	108.40
32	6	L53286-48020	COVER, FR BUMPER ARM			1.00	87.40	87.40
33	7	L52437-48020	COVER, FR BUMPER			1.00	145.80	145.80
34	8	L52438-48020	COVER, FR BUMPER			1.00	145.80	145.80
35	9	L52411-48030	GUARD, FR BUMPER			1.00	173.80	173.80
36	0	L52114-48350	BRACKET, FR BUMPER			1.00	173.80	173.80
37	1	L75392-35220	RETAINER, OUTSIDE			2.00	4.30	8.60
38	2	T90467-07215	CLIP			2.00	2.80	5.60
39	3	L89348-48010	RETAINER, ULTRASONIC			2.00	20.90	41.80
40	4	L81210-48051	LAMP ASSY, FOG X			1.00	516.00	516.00
41	5	L81220-48051	LAMP ASSY, FOG, LH X			1.00	516.00	516.00
42	6	L81360-48130	LAMP ASSY, X			1.00	1199.90	1199.90
43	7	L81390-48090	LAMP ASSY, X			1.00	1199.90	1199.90
Steve CLKK 4/8/22, 1245 00-11 AL EXC 1-7					P/P Lg Bel H			
For & on behalf of		Customer's Signature		Charge Summary		Total		
Borneo Motors (Singapore) Pte Ltd		Please acknowledge receipt of vehicle the Repairer of the following: • To resurvey before/after spray painting • To display damaged part(s) during resurvey • Part 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		Parts		27,717.30		
				Labour		4,811.50		
				Sublet		0.00		
				Lubrication/Fluid		0.00		
				Others		0.00		
				GST 7.00%		2,277.02		
				Less		0.00		
				Amount Due		34,805.82		

Acknowledged by Repairer
Signature:
Date:

Customer Copy

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 Actual 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	27/07/2022 11:15 (SGT)
Reported by	Both
Date of Accident	27/07/2022 07:10 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF8988L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM KENG GOY
NRIC No	SXXXX421A
Email Address	EUGENELKG@GMAIL.COM
Mobile Phone No	(Phone) +65-98582826
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Rx300
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG21013802

DRIVER

Name of Driver	LIM KENG GOY
NRIC No	SXXXX421A
Date Of Birth	25/02/1972
Occupation	Indoor

Date Of Driving Pass 22/11/1991
 Driving experience 30 YEARS AND 8 MONTHS
 Gender Male
 Mobile Number (Phone) +65-98582826
 Alt. Phone Number -
 Email Address EUGENELKG@GMAIL.COM
 Address 470 SIGLAP ROAD #04-37
 Address complement -
 Postcode 454943
 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
 Translator's name -
 Translator's ID -
 Translator's phone number -
 Translator's email -
 Original language used in the statement -

PASSENGER 1

Name UNKNOWN
 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

ON 27/07/2022 AT AROUND 0710HRS, I WAS DRIVING VEHICLE A (SMF8988L) BEHIND VEHICLE B (SMV7548X) AT HWA CHONG INSTITUTION DROP OFF POINT. WHILE AT THE GIVE WAY JUNCTION GOING INTO BUKIT TIMAH ROAD, I SAW VEHICLE B DRIVING OFF ALMOST PAST THE GIVE WAY LINE. THEREFORE, I CHECKED FOR TRAFFIC BEFORE PROCEEDING. UNFORTUNATELY, AS I WAS CHECKING, I DID NOT REALISE THAT VEHICLE B BRAKED AND STOPPED AND HENCE, VEHICLE A SLIGHTLY REAR ENDED VEHICLE B. NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMV7548X

Vehicle Manufacturer	Mazda
Vehicle Model	2
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	NG FENNY
NRIC No	SXXXX896Z
Contact Number	(Phone) +65-93384525
Address	-
Address complement	15S KANG CHOO BIN ROAD
Postcode	548289
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

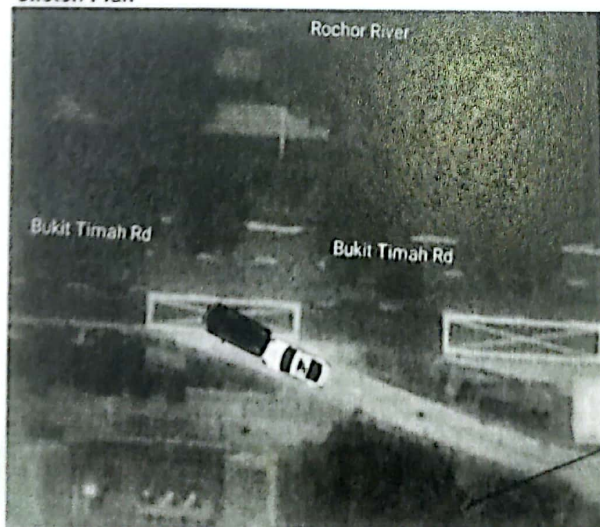
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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 be 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 insurers who have insured vehicles involved in this accident; all insurers who have insured vehicles 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 purposes 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 Insurers who have insured vehicles involved in this accident and the Insurers, law firms, law firms, may be 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 be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms, law firms) which may be based 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: 27/07/2022 1000 HRS

Witnessed by Reporting Centre Personnel: FRO Sufiyan

Sketch Plan



A-SMF8988L

B-SMV7548X

Hwa Chong Institution

Describe Circumstances of the Accident

ON 27/07/2022 AT AROUND 0710HRS, I WAS DRIVING VEHICLE A (SMF8988L) BEHIND VEHICLE B (SMV7548X) AT HWA CHONG INSTITUTION DROP OFF POINT. WHILE AT THE GIVE WAY JUNCTION GOING INTO BUKIT TIMAH ROAD, I SAW VEHICLE B DRIVING OFF ALMOST PAST THE GIVE WAY LINE. THEREFORE, I CHECKED FOR TRAFFIC BEFORE PROCEEDING. UNFORTUNATELY, AS I WAS CHECKING, I DID NOT REALISE THAT VEHICLE B BRAKED AND STOPPED AND HENCE, VEHICLE A SLIGHTLY REAR ENDED VEHICLE B. NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





27/07/2022

1000#25

FRO Sufiyan