

Vehicle No:
shop m/s

Colour

T/Radio: Insured

ASS. REC. BY:

REF: C72 /

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Optima

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: 11-30am

(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: 2-3 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMC 7907X Yr Regn: 06, 19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: MW A180 c.c. 1332

Colour MP. White A/C: Insured / Std / NI / NA

Sp. Reading 40192 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 177 0842 J0 74743

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 15/8/22

D.O.I. 18/8/2022

Survey held at _____

Des. of Damages: Fr / Rear / O/S / NIS / U/C / Rooftop or

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

\$ + RS. \$

Fixtures

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

Lump Sum / I.B.I: (\$

TOTAL

OPTIMA WERKZ™

SINGAPORE

OPTIMA WERKZ PTE LTD
Co. Reg. No. 201212465W

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Date: 17/08/2022

Vehicle No: SML7907X

Model: MERCEDES BENZ A180

Chassis: WDD1770842J074743-2019

Reg. Year: 2019

Third Party Insurer: CHINA TAIPING

Third Party Veh No: PD7700G

Date of Accident: 15/08/2022

Estimator:

TING AN

Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT BUMPER	1	Per cm	\$1,200.00
2	FRONT BUMPER LOGO EMBLEM	1		\$100.00
3	FRONT BUMPER REINFORCEMENT	1		\$800.00
4	FRONT BUMPER ABSORBER FOAM	1		\$160.00
5	FRONT HEADLAMP LH	1		\$1,560.00
6	FRONT HEADLAMP RH	1		\$1,560.00
7	FRONT GRILLE OUTER GARNISH	1		\$240.00
8	FRONT GRILLE CHROME MOULDING RH	1		\$90.00
9	FRONT BONNET	1		REPAIR
SUB TOTAL				\$5,710.00
LESS 10%				-\$571.00
PARTS TOTAL				\$5,139.00

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	FRONT BUMPER CLIPS	1		\$50.00
S/N TOTAL				\$50.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX & READJUST FRONT ACCIDENT AREAS & ETC.

\$600.00 250

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT BUMPER, FRONT BONNET & ETC.

\$600.00 250

TO DAIGNOSIS FAULT CODE & RESET MEMORY.

\$150.00 7

TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.

\$120.00 20

TING AN

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

LABOUR TOTAL \$1,470.00

TOTAL \$6,659.00

Head office

6 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Acknowledged by Repairer

Signature: _____
Date: _____

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind. Park #01-05 Singapore 568047
Tel: (+65) 6481 1622 | Fax: (+65) 6481 1011

OW™

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	16/08/2022 17:17 (SGT)
Reported by	Both
Date of Accident	15/08/2022 17:44 (SGT)
Exact Location of Accident	Prince George's Park, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML7907X

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Kok Tai Hooi Ashley (Guo Dahui Ashley)
NRIC No	S7306495C
Email Address	kok.ashley@gmail.com
Mobile Phone No	(Phone) +65-96643766
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A180
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	1332

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210043966-01

DRIVER

Name of Driver	Chua Nya Nya Janet
NRIC No	S7516584F
Date Of Birth	25/05/1975
Occupation	Indoor

498

Date Of Driving Pass	22/02/1994
Driving experience	28 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90606549
Alt. Phone Number	-
Email Address	janetnchua@gmail.com
Address	140 Hillview Avenue #04-08
Address complement	-
Postcode	669600
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Hit and run / Vandalism / Damaged whilst parked
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

Please refer to the sketch plan.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	The video is with the workshop.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PD7700G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Commercial vehicle
Vehicle Category	Tay Hock Lye
Name of Driver	


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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.
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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 :

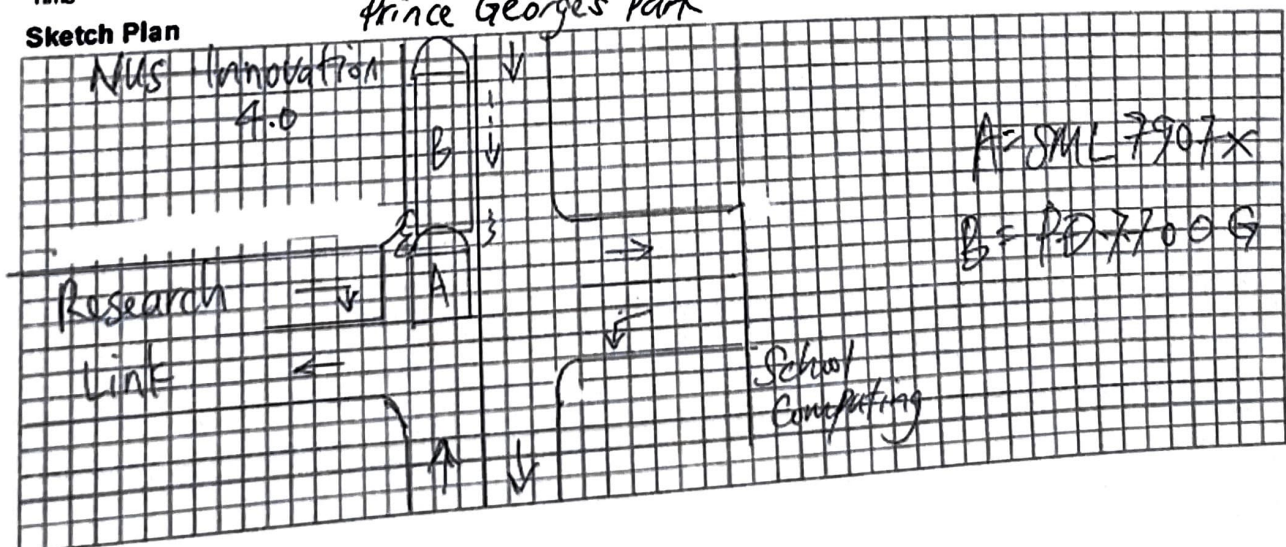
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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.


 16/8/2022
 Policyholder's Signature / Date & Time


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


 Witnessed by Reporting Centre Personnel **SOH JIT HOON**

Sketch Plan





Describe Circumstances of the Accident


On 15/8/2022, ~~at~~ at 17:44h, I was on a slope at Pina George's Park. Due to some traffic congestion, all the vehicles in front of me and behind me were at a stop. I honked at it but it continued rolling down and crashed into the front of my car. When the bus in front of me suddenly rolled backwards.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time
16/8/2022


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


Witnessed by Reporting Centre Personnel SOH JIT HOON