

ASS. REC. BY:

REF: C721

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

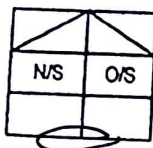
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SL 2 4002P Yr Regn: 04, 18

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

Truck / Trailer or

Make:

Toy Previa Wagon C.C. 2362

Colour

M.P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

97886

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTE G056M 207181303

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

215/55R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

5/9/22

D.O.I.

7/9/2022

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

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:

S + RS. SI

Fees

Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

HWA SENG SPRAY PAINTING PTE LD  
160 Sin Ming Drive  
#05-11 Sin Ming Autocity  
SINGAPORE 575722  
(COMPANY REGISTRATION NO.: 202017045G)  
TEL : 64533100  
FAX : 62669932

Date of Accident: 05/09/22

Your Insured

Vehicle No. GBF 2892Z

Not Insured

6/9/22

Returning After Paint

5 days

ESTIMATE REPAIR COSTS TO TOYOTA PREVIA REG. NO. : SLZ 4002 P

			S\$
1pc	Rear Bumper	An	644.90
1pc	End Panel		817.00
2pcs	Rear Bumper Retainers	(\$62.50/pc) MS011	125.00
2pcs	Rear Bumper Brackets	(\$43.80/pc)	87.60
1pc	Tailgate Lower Lock	n	530.50
2pcs	Rear Bumper Sponge	(\$85.90/pc)	171.80
2pcs	Rear Bumper Sensors	(\$393.60/pc)	787.20
1pc	End Panel Garnish	An	229.40
1pc	Logo Emblem	na	52.20
1pc	Emblem 'PREVIA'	na	72.10

3517.70

Less : 25%

879.43

2638.27

LABOUR & MISC CHARGES

Panel Knocking	900.00
Spray Painting	900.00
Labour to Remove Upholstery	180.00
Wire Checking	80.00

TOTAL

4698.27

HWA SENG SPRAY PAINTING 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 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:



# ACCIDENT STATEMENT

☒ Scene Pic  
☐ Auth Letter

☒ Owner  
☐ Driver

1323 HRS

Date of Accident: 5/9/22 Time (24 HRS): 123 pm Location of Accident: MANDAI ESTATE ST.

## OWNER/ POLICY HOLDER (VEHICLE A) - CLIENT INFORMATION

Vehicle Registration Number: SLZ 4002P  
Name of Policyholder: ONE BEE BEE (MS)  
Full NRIC/ FIN/ Passport/ ROC (if owner is company): 57236088E  
Address: 37 METROPOLE DRIVE. S(456714)  
Address:  
Contact Number: BEE@ONECREATION.SG Tel: 96623176 Hp: 96623176  
(MUST WRITE) - EMAIL ADDRESS (compulsory)\*: bee@onecreation.sg

## VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: Toyota PREVIA  
Type of Vehicle: AUTO/MANUAL Saloon MPV, CRV, Van, Lorry, Bus M/cycle, Others:  
Are you claiming under your own insurance policy? ☐ Yes ☒ No Remarks:  
Vehicle category: ☐ Private Hire ☒ Private ☐ Commercial ☐ Motorcycle

## INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: MSIG  
Type of Policy: ☐ Comprehensive ☐ TP Fire & Theft ☐ Third party  
Fleet Policy: ☐ Yes ☒ No  
Policy Number: A 300551152 AT2

## DRIVER

PLS SKIP THIS SECTION IF OWNER IS DRIVER

Name of Driver: AS ABOVE

NRIC/ FIN/ Passport:

Date of Birth:

Driving Pass Date:

Gender: ☐ Male ☒ Female

Contact Number: Tel: Hp:

Address:

Address:

(MUST WRITE) - EMAIL ADDRESS (compulsory)\*

Was driver an employee of the Insured's Company? ☐ Yes ☒ No OWNER

If No, relationship of Driver with the Insured:

No. of Passenger in vehicle (Including Driver): 1 (Including Driver)

Please state Passenger Names:

Name: Gender:  
Name: Gender:  
Name: Gender:

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

## GENERAL INFORMATION OF THE ACCIDENT

Weather Conditions: ☐ Clear ☒ Raining ☐ Others:  
Road Surface: ☒ Wet ☐ Dry ☐ Others:

## OTHER INFORMATION

Was there any foreign vehicle(s) involved? (Malaysia car) ☒ No ☐ Yes  
Was anybody injured in the accident? (Including Witness) ☒ No ☐ Yes  
Was any other vehicle(s) or property damaged? ☒ No ☐ Yes  
Was there any video captured? (In-car camera in YOUR CAR) ☒ No ☐ Yes  
Ambulance (Yes/ No)

## DETAILS OF POLICE ACTION

Was the accident reported to the Police? ☒ No ☐ Yes  
If Yes, please state which police station.  
Was notice of intended Prosecution given? ☒ No ☐ Yes  
If Yes, against whom?



VEHICLE REGISTRATION NUMBER

**DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED (OTHER PARTY INFORMATION)**

**Other Vehicle or Property 1 (VEHICLE B) - OTHER PARTY INFORMATION**

Vehicle Registration Number GBF 2892 Z

Make/ Model/ Others

Vehicle category

☐ Private Hire

☐ Private

☒ Commercial

☐ Motorcycle

Name of Driver

NRIC/ FIN/ Passport

Contact Number

Number of People in vehicle

**Other Vehicle or Property 2 (VEHICLE C)**

Vehicle Registration Number

Make/ Model/ Others

Vehicle category

☐ Private Hire

☐ Private

☐ Commercial

☐ Motorcycle

Name of Driver

NRIC/ FIN/ Passport

Contact Number

Number of People in vehicle

**DETAILS OF WITNESS**

Name

Phone / Email Address

**DETAILS OF INJURED PERSON 1**

Name

Contact Number

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

**DETAILS OF INJURED PERSON 2**

Name

Contact Number

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

**Declaration**

I/We declare that the above particulars & information provided above are true in every aspect.



Signature of Policy Holder  
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time

Date & Time



# 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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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;

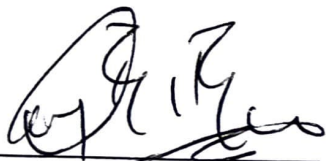
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.



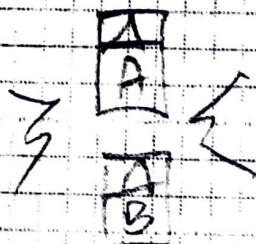
Policyholder's Signature / Date & Time

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

  
KIM HIN AUTO PIE LTD  
TEL: 6452 7018

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

## Sketch Plan



A = SLZ 4002 P  
B = GBE 2812 Z

was driving out of Mandai Estate Street, driving in slow speed as along single lane street with slow moving car traffic. Suddenly being by the van behind me with a loud bang and slight body jerk.

Car behind was a Nissan, car plate GAF 2892Z. Car driver Neo Yi came out to address his on his negligence.

TP CLAIM: other works hop.


**Declaration**

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



Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

