

ASIS REC BY: Tough

REF: CS/EG/22008920/Twy 3

ASSIGNMENT

From: _____ Date: _____

Estimated cost: _____

OD / TP / IS / 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.

N/S	O/S

Bal. or Market Value: 452K

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKR8773A Yr Regn: 2015, Madh

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

Truck / Trailer or

Make: Volvo S60 C.C. 1969

Colour: Beige A/C: Insured / Std / NI / NA

Sp. Reading: 155175 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: YU1F540LDF2348244

Gen. 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: 235/45R17

R: _____

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

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 23/9/24

Survey held at KFS

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

Date/Time, File Pass to?

☐ : Preli. Report

1) _____
Date/Time, File Return to?

☐ : Final Report

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Report Format: _____

Lump Sum / L.B.H. / P _____



簡 福 星 摩 工 廠
KAN FOOK SING MOTOR WORKSHOP

61 Defu Lane 12 Singapore 539147
Tel : (65) 6747 9560, 6858 2126, 6858 4361
Fax : (65) 6748 1006, 6281 8428
E-mail: kanfs@pacific.net.sg • Website: www.carparts.com.sg

Insurance Reg. No. 01734612E
SPT Reg. No. M9-0062212

TP INSURER:
NG WEI JIE CALVIN

ERGO Insurance Pte. Ltd. (HQ)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	01/09/2022
Vehicle Reg. No.:	SKR8773A	Driveable?	
Party At Fault:	UNKNOWN		
Make/Model:	VOLVO S60, 2.0 T5 (A)	Vehicle Reg. Date:	16/03/2015
Vehicle Colour:	GOLD	Chassis No:	YV1F540LDF2348244
Engine No:	B4204T111117413		
Odometer:	0 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	5		
Present Location:	KAN FOOK SING MOTOR WORKSHOP (DEFU)		

COST OF CLAIMS	Amount
Parts	14,662.50
Miscellaneous Items	40.00
Labour	830.00
Paintwork Labour	680.00
Towing	0.00
Gross Total (S\$)	16,212.50
+ GST 7.00% (S\$)	1,134.88
Nett Amount (S\$)	17,347.38

This claim is handled by: MT TAN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 09 Sep 2022)

Parts: 143 VOLVO S60 2.0 T5 (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: Kan Fook Sing Motor Workshop/SKR8773A/09/09/2022 17:55

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*FRONT BONNET	0.00	0.00	× *1,250.00 F
2	1		*FRONT BONNET LOCK RH	0.00	0.00	× *150.00 F
3	1		*FRONT BONNET LOCK LH	0.00	0.00	× *150.00 F
4	1		*FRONT SUPPORT PANEL	0.00	0.00	? *2,200.00 F
5	1		*FRONT GRILLE	0.00	0.00	wa ✓ *420.00 F
6	1		*FRONT BUMPER	0.00	0.00	de ✓ *2,300.00 F
7	1		*FRONT BUMPER FOAM	0.00	0.00	? *230.00 F
8	1		*FRONT BUMPER REINFORCEMENT	0.00	0.00	? *750.00 F
9	1		*FRONT BUMPER LOWER GRILLE	0.00	0.00	× *100.00 F
10	1		*FRONT HEADLAMP RH	0.00	0.00	× *2,600.00 F
11	1		*FRONT HEADLAMP LH	0.00	0.00	? *2,600.00 F

F=Franchise part.

Sub Total (S\$)	12,750.00
+ Margin on L,N Items 15.00% (S\$)	1,912.50
Total Parts (S\$)	14,662.50

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Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	FRONT NUMBER PLATE	40.00
Sub Total (S\$) <i>bf</i>			40.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Paintwork Labour</u>			
1	SPRAYPAINTING CHARGES	New	<i>250</i> 680.00
<u>Labour Items</u>			
2	TO CHECK WIRING SYSTEM	New	<i>30?</i> 50.00
3	TO REMOVE/REFIT/REFILL AIR CON GAS	New	<i>?</i> 100.00
4	TO REMOVE ALL NECESSARY AFFECTED PARTS WELD CUT PANEL BEAT AND FITTING NEW PARTS	New	<i>250</i> 680.00
Gross Labour Cost (S\$)			1,510.00

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< END OF ESTIMATES >

Taufiq 97495749
'WP' 23/9/22 3pm
taufiq @khawtawm
2 days - 3 days
Resurvey before paint
To check EIS or P/R

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:

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	05/09/2022 14:53 (SGT)
Reported by	Both
Date of Accident	01/09/2022 17:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NASSIM ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR8773A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG WEN JIE CALVIN
NRIC No	SXXXX767B
Email Address	CALVING1989@GMAIL.COM
Mobile Phone No	(Phone) +65-97662858
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	S60
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	1998

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	NG WEN JIE CALVIN
NRIC No	SXXXX767B
Date Of Birth	31/05/1989
Occupation	Outdoor

Date Of Driving Pass	29/02/2008
Driving experience	14 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97662858
Alt. Phone Number	-
Email Address	CALVING1989@GMAIL.COM
Address	11 SENGKANG SQUARE #09-37 S(545076)
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	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)	0
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

SEE ATTACHED REPORT

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	GBL8108J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TOH CHIN HONG
Contact Number	(Phone) +65-64595585

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

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

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

Sketch Plan

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

Nassim Road

Veh A -> SKR 8773A
Veh B -> GBL 8108J

Describe Circumstance of the Accident

My vehicle (SKR 8773A) was parked at Nassim Road (this area is a sloppy area)


Then vehicle (GBL 8108J) was attempting to park in front of my vehicle. I believe that in the process of parking his vehicle in front of my vehicle, his vehicle rolled back due to sloppy road.

His vehicle hit the front of my vehicle.

Declaration

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

Policyholder's Signature / Date & Time

 5/9/22
11:30am

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

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

