

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OO: IWS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: YQ 6220G
 Policy No: DMCVSNW00045602200
 Claims No: SNM22D206277/C02/TANKL
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: GA 8888E Yr Regn: 3/2/16
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Hilux c.c. 1393
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 173996 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MR 0CB8DD700451255
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 15/80R16
 R: 11
 BS: DUY / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

(Policy Condition)

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

X	
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
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Front Rear
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 31/8/22 D.O.I. 13/10/22
 Survey held at Accord Auto
 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
	<u>MP-45K</u>
<u>17/10/22</u>	<u>Steve informed LS \$800 (red 747.50, 48%)</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
 Date/Time, File Return to?

Days Of Repair: 3
 Resurvey No. of Trip: 1

Survey Fee:	_____
Transportation:	_____
\$ + RS	_____
Photos	_____
Others	_____
TOTAL	_____

1) 17/10/22-typist

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Repair Format: Merimen
 Lump Sum H&H (\$ 800)

ACCORD AUTO SERVICES PTE LTD

BLOCK 1009 BUKIT MERAH LANE 3
 #01-80 SINGAPORE 159723
 TEL: 62715133/ 62717433 FAX: 62745715

Pg2

ESTIMATE REPAIR

China Taiping Insurance (Singapore) Pte Ltd

Date: 12.10.2022

Owner's Name : TCE Productz & Services

Vehicle No : GQ8888E

Claim Type: Third Party Claim

Vehicle Make & Model : Toyota Hilux Double Cab

Chassis No: MR0CB8DD200451855

Registration Date : 3 Feb 2016 (YOM 2015) COE Expiry Date 2 Feb 2026

DOA: 31.8.2022

No	Description	Unit	List (\$)
Special Nett			
1	FRONT BUMPER CLIPS / n/c	SET	\$ 30 40.00
Labour			
1	Spray Painting to All Affected Areas	1	\$ 200 300.00
2	Labour Remove / Refix Accident Damages parts to knock , jack, cut weld and realign accident affected area	1	\$ 200 500.00
3	Anti Rust Treatment	1	\$ 30 100.00
4	Check Wiring System & Light	1	\$ 30 120.00
<p>STEN (LKK) 13/10/22, 12.00P W L L/S L/A ALY 3 days</p>			
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> 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 			
<p>Acknowledged by Repairer</p> <p>Signature: _____</p> <p>Date: _____</p>			
Total (B) :			\$ 1,060.00
Grand Total:			\$ 1,547.50

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 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. 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	04/09/2022 11:39 (SGT)
Reported by	Owner
Date of Accident	31/08/2022 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	121A YUAN CHING RD (MSCP LEVEL 3B)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GQ8888E

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TCE PRODUCTZ & SERVICES
Company Reg No	5XXXX457A
Email Address	mailbox@tceps.net
Mobile Phone No	(Phone) +65-96408466
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hilux
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	Goods vehicle
Transmission	Auto
CC	2393

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPCVE000189

DRIVER

Name of Driver	CHEW CHEE PANG
NRIC No	SXXXX501E
Date Of Birth	21/09/1967
Occupation	Outdoor

Date Of Driving Pass 01/09/1988
 Driving experience 33 YEARS AND 11 MONTHS
 Gender Male
 Mobile Number (Phone) +65-96408466
 Alt. Phone Number -
 Email Address tceproductz@outlook.sg
 Address BLK 128 MARSILING RISE #07-256
 Address complement -
 Postcode 730128
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured OWNER
 Does Driver Own Other Vehicles? No
 Vehicle Registration Number of Other Vehicle Owned by Driver -
 Insurance Company of Other Vehicle Owned by Driver -

Vehicle Colour
 Vehicle Category
 Name of Driver
 Contact Number
 Address
 Address complement
 Postcode
 Insurance Company
 Nature of
 Date

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? Yes
 Police Station Name Traffic Police
 Police Station Phone No (Phone) +65-65470000
 Alt. Police Station Phone No (Fax) +65-65474900
 Police Station Address 10 Ubi Avenue 3 Singapore 408865
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ACCIDENT SKETCH PLAN .

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YQ6220G
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -

Vehicle Colour -
Vehicle Category Goods vehicle
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

Veh A: G1 8888E
Veh B: YG 6220G

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. 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

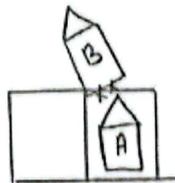
*I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS


Policyholder's Signature / Date & Time

Sketch Plan


Driver's Signature (If driver is not the policyholder) / Date & Time
1530 hrs 03.9.2022


Witnessed by Reporting Centre Personnel



121 A Yuan Ching Rd
Level 3B (MSCP)

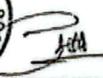
Describe Circumstances of the Accident

Veh A GA 8888 E
Veh B YG 6220G

Yesterday (02 Sep 2022) about 1830 hrs I discovered a dent on my left front bumper. This morning I run through my dashcam & located the accident shot.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

 03.9.2022
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel