

ASS. REC. BY:

REF:

C72/ 22009626/KW

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

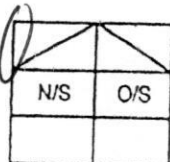
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Helvin

Date / Time Action / Instruction

16/12/21 Lmp @ 1300d Calh

17/01/2023 Finalise L/S \$1,300 @ 03 Days (Red \$2,748.00 / 68%)

Veh No: SLG 1943R Yr Regn: 06.17Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mit Lancer C.C. 1590Colour: M. Blue A/C: Insured / Std / NI / NASp. Reading: 31801 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JMY SRC Y1AGU 006903Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/80R16

R: _____

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

TOYO / YOKO or

Front

R/Bal. P mmL/Bal. P mmD.O.A. 4/9/22

Rear

R/Bal. P mmL/Bal. P mmD.O.I. 5/10/2022

Survey held at _____

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

N/S

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

OPC

Date/Time, File Pass to?

17/02/2023

1) Typist

Date/Time, File Return to?

2)

☐ : Prell. Report☒ : Final ReportDays Of Repair: 3

Resurvey No. of Trlp: _____

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

) S + RS. \$

) Fuel

) Others

TOTAL

Report Format: TP

Lump Sum / I.B.I. (\$) \$1,300



ComfortDelGro Engineering

205 Braddell Road S(579701)

ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : TPVehicle No. : SLQ1943RMake & Model : MITSUBISHI LANCERYear of Manufacture : 2017Chassis No. : JMYSRCY1AGU006903Ins Company : GEEngine No. : 4A92CP5440

Excess : _____

Policy No. : _____

Date of Accident : 04.09.2022Time of Accident : 1120

Suggested Days of Repair : _____

In-house Vehicle Assessor

Repair EstimatesCase Owner : Johari BH

Signature : _____

Contact No

Frt Counter Operation

63837103 - Patrick Tia

PatrickTia@sparkcarcare.com

63837730 - Brenda Ng

BrendaNg@sparkcarcare.com

63837466 - Rohani

RohaniM@sparkcarcare.com**Workshop Operation**

63837656 - Ngo Toh Wee

Ngotw@sparkcarcare.com

63838115 -

63837362 -

Parts (a) Cost / List Price Items \$ 2,398.00Plus/Less 25% \$ 599.50Total of Cost / List \$ 1,798.50(b) Nett Price Items \$ -

Less _____

Total of Nett Item _____

(c) Special Nett Items \$ -Total Parts Cost (Appendix A) \$ 1,798.50Labour (Appendix B) \$ 1,650.00Total Repair Cost \$ 3,448.50

The above total will be subjected to 7% G.S.T.

Name of Surveyor : HeatherCompany : CKCSurvey conducted on : 5/10/22 at _____**Remarks By Surveyor**(a) The repair of this vehicle is not authorized / is not authorized until further notice.(b) Recommended Days of Repair : 03 day(s)(c) Resurvey : Required / Not Required

(d) Excess : \$ _____

(e) Signature of surveyor : De Date: 5/10/22

*Not Authorized
L1 Rem @ 1300/-
Returning After Repair*

Spark Car Care

ComfortDelGro Engineering Pte Ltd
205 Braddell Road S (579701)
Tel: 63837168 / 63837466 Fax: 62815767

Spare Parts

Vehicle No : SLQ1943R Case Owner : Johari BH

Make & Model : MITSUBISHI LANCER Year Manufacture : _____

Chassis No : JMYSRCY1AGU006903 Engine No : 4A92CP5440

Sales Order : _____ Supplier : _____

Order By : _____ Type of Claim : TP

S/No	Part Description	QTY	Cost Price	List Price	Nett Price	S/N	Disposit Surveyo
1	LHF HEADLAMP	1	<i>h</i>	\$ 792.00			<input checked="" type="checkbox"/>
2	LHF FENDER	1	<i>R</i>	\$ 588.00			<input checked="" type="checkbox"/>
3	FRONT BUMPER	1	<i>R</i>	\$ 858.00			<input checked="" type="checkbox"/>
4	FRONT BUMPER CLIP	15	<i>nn</i>	\$ 90.00			<input checked="" type="checkbox"/>
5	FRONT BUMPER SIDE RETAINER LH	1	<i>h</i>	\$ 22.00			<input checked="" type="checkbox"/>
6	LHF FENDER CLIP	8	<i>nn</i>	\$ 48.00			<input checked="" type="checkbox"/>
7							
8							
9							
10							
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Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

Tel: 63837168 / 63837466 Fax: 62815767

Case Owner	:	<u>Johari BH</u>
Year of Manufacture	:	<u>2017</u>

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) are allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature: _____
Date: _____

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.

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	06/09/2022 10:46 (SGT)
Reported by	Both
Date of Accident	04/09/2022 11:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Northshore Walk
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ1943R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Wong Kah Mun
NRIC No	SXXXX065F
Email Address	bonkerz16@hotmail.com
Mobile Phone No	(Phone) +65-98622033
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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	1600

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	V5005446

DRIVER

Name of Driver	Wong Kah Mun
NRIC No	SXXXX065F
Date Of Birth	16/12/1974
Occupation	Indoor

Date Of Driving Pass	27/03/1995
Driving experience	27 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98622033
Alt. Phone Number	-
Email Address	bonkerz16@hotmail.com
Address	Block 317D Anchorvale Road #12-208
Address complement	-
Postcode	544317
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 - Change/cross lane
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

Refer to 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	Will Retrieve

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK9480G
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Poh Tze Key



NRIC No	SXXXX151G
Contact Number	(Phone) +65-93855546
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 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.
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.
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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/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.

06.09.2022 08:30hrs

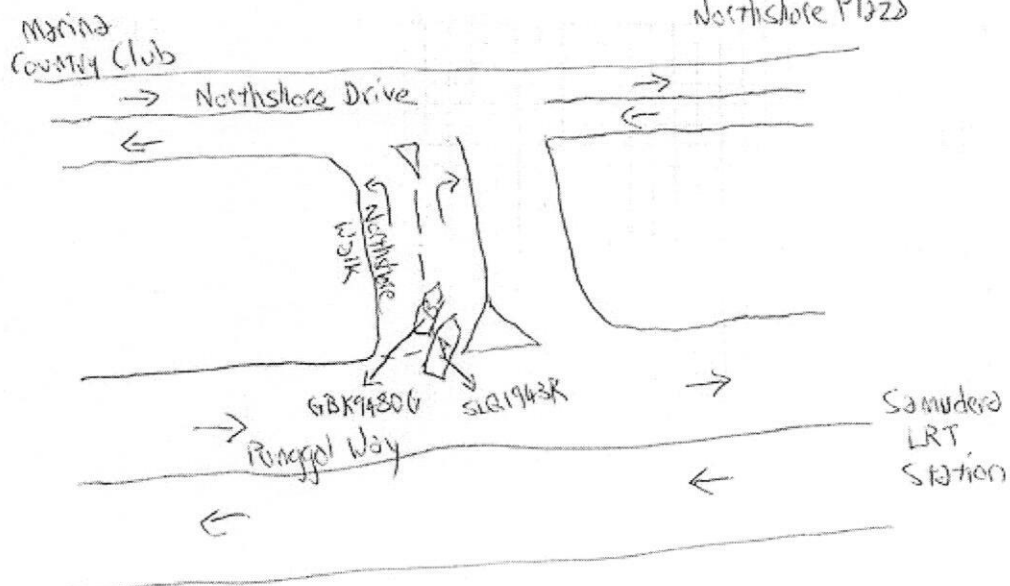
N.A.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the morning of Sunday 04 September 2022 at around 1120hrs, I was driving my vehicle SLQ1943R along Punggol Way in the direction towards Sanderia MRT Station. I then turned left into Northshore Walk towards the direction of Northshore Drive.


As Northshore Walk is a 2-lane Road, the other vehicle GBK9480G which was on the leftmost lane, also turned left at the same time as my vehicle SLQ1943R which was on the rightmost lane. Subsequently, the other vehicle GBK9480G drove into my lane while still negotiating the left turn. I braked immediately and sounded my horn. However, the right rear of vehicle GBK9480G collided onto the front left of my vehicle SLQ1943R.

We stopped, and inspected the damages on both our vehicles. There were scratches on the right rear body and bumper of vehicle GBK9480G, while there were scratches on the front left body and bumper of my vehicle SLQ1943R.

The driver Poh Tze Kay (NRIC 576251516) of vehicle GBK9480G acknowledged he did not check that I was on his right when driving into my lane, and apologized. We drove away from the scene after exchanging contact information. The weather was clear, and the roads were dry at that time of accident.

Declaration

We declare the foregoing particulars are true in every respect.

 06.09.2022 0830hrs

Policyholder's Signature / Date & Time

N.A.

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



Witnessed by Reporting Centre Personnel