

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: 700

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs:	days	Res.: Yes or No
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Turn Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMG.61504 Yr Regn: 27/11/18
Type: M.Cat / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Percept 308 c.c. 1199
Colour: White A/C: Insured / Std / Nil / NA
Sp. Reading 101009 T/Radio: Insured / Std / Nil / NA
Eng/No: V F36RH114 WJ5091806
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In Order / Jammed / Leaked / Burnt or
Brake: In Order / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 205/65R16
R: 17
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or .

Front
 R/Bal. 14 mm
 L/Bal. 1 mm
 D.O.A. 3/10/92
 Survey held at Vantage
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

[illegible]

Date/Time, File Pass to?

☐: Prel. Report

☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / L.B.B. (%)

Days Of Repair: _____

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$

☐ : Tech. Invs (9)

☐ : Weekend (5)

Survey Fee:

Transportation:

$$S + RS \rightleftharpoons SI$$

1. Photos

5. Others

TOTAL

AUTOFRANCE

(A Division of Vantage Automotive Limited)

Business Registration No. 52907220C GST Registration No. M2-0000551-1

305 Alexandra Road

159942, Singapore

Tel : 6376 2288

Fax : 6477 7373



GST Registration No. M2-0000551-1

ESTIMATE



Estimate No.	Date Estimated	Page No.
BP 5537	06/10/2022	1 of 1
	Prepared By	
	Clement Chia Cher-Yang	

ESTIMATE REPAIR FOR	ACCOUNT
Bryan Lew (Liao Weiting)	31432
Blk 3 Tiong Bahru Road	China Taiping Insurance (Singapore) Pte Ltd
#01-08	3 ANSON ROAD
	#16-00 Springleaf Tower
Singapore 162003	Singapore 079909

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMG6150U	VF3LRHNYWJS091806	27/12/2018	308SW ALL16	100420

DESCRIPTION	VALUE
TO CONDUCT THIRD PARTY CLAIM AGAINST CHINA TAIPING INS(YP4916B). DOA:03.10.2022	0.00
TO REMOVE AND REPLACE REAR BUMPER.	600.00
SPRAY PAINT REAR BUMPER.	600.00
SPRAY PAINT REAR TAILGATE.	600.00
TO CONDUCT ECU RE-PROGRAMMING AND CLEAR OF FAULT CODES TO ENSURE PROPER FUNCTION.	600.00
SUNDRIES	100.00
Total Labour 1:	2,500.00

PART NUMBER	DESCRIPTION	QTY	PRICE	DISC.	VALUE
1611608880	REAR BUMPER - W/OUT SENSOR	1	920.00	10.00	828.00
98009970XT	RR BUMPER SKIRT	1	282.00	10.00	253.80
9800981980	RR BUMPER CENTRAL BRACKET	1	118.00	10.00	106.20
1611616780	RR BUMPER BRACKET SUPERIEUR	1	195.00	10.00	175.50
9677378480	RR BPR REINFORCEMENT	1	418.00	10.00	376.20
1608321780	SENSOR-OBSTACLE DETECTION FRT/REAR	4	208.00	10.00	748.80

Total Parts : **2,488.50**

Steve (LKK) 12/10/22, 10.00
m R
PIP
4 Bk 4, 3 Lp

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 1	S\$	2,500.00
Parts	S\$	2,488.50
Labour 2	S\$	0.00
Excess	S\$	0.00
Total GST @ 7%	S\$	349.20
Grand Total	S\$	5,337.70

Customer Name & Signature / Company Stamp

Date

The above estimates are base on visual inspection and it is possible that further materials and labour may be required upon dismantling. Should this occur, we will submit supplementary quotation for further approval. This estimate is valid for a period of 30 days only.

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	03/10/2022 16:09 (SGT)
Reported by	Both
Date of Accident	03/10/2022 09:10 (SGT)
Exact Location of Accident	Near 211 Henderson Rd, #01-01A, Singapore 159552
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG6150U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BRYAN LEW
NRIC No	SXXXX934Z
Email Address	BRYANLEW@LIVE.COM
Mobile Phone No	(Phone) +65-86688990
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Peugeot
Model	308
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	1199

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	P2224850

DRIVER

Name of Driver	BRYAN LEW
NRIC No	SXXXX934Z
Date Of Birth	29/11/1984
Occupation	Indoor

.....	07/07/2006
.....	16 YEARS AND 3 MONTHS
.....	Male
.....	(Phone) +65-86688990
.....	-
.....	BRYANLEW@LIVE.COM
.....	3 TIONG BAHRU ROAD, #01-08
.....	-
.....	162003
.....	Yes
.....	-
.....	No
.....	-
.....	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
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)	2
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	-

PASSENGER 1

Name	JESSICA TEO
Gender	Female

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 ACCIDENT REPORT

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	YP4916B
Vehicle Manufacturer	Isuzu
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour
Vehicle Category
Name of Driver
NRIC No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
Goods vehicle
SARMUNI BIN MOHAMAD SHARIFF
SXXXX759D
(Phone) +65-89228851
-
-
-
-
-
-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/10/22 at about 0910, I was driving veh 'A' with my wife along Henderson ROAD waiting to turn left. Suddenly veh 'B' knock on to my REAR while I was stationary.

DECLARATION

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


Policyholder's Signature
Date & Time:

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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLANIMPORTANT 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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




Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: