

ASS. REQ. BY:

REF:

C72/ 22010090/KC

C

Kennech

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:

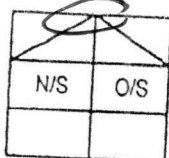
Excess:

(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 No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SCH 144J

Yr Regn:

10.16

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

Truck / Trailer or

Make:

BMW

216d

c.c

1496

Colour

M. Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

133187

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WBA 2 E 320005B 45406

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

225/45R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

8/10/22

D.O.A.

12/10/2022

Survey held at

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

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

Date / Time

Action / Instruction

13/10 11.30pm @ 5900. Cghw (Red. 13.10.20, 68%)

Date/Time, File Pass to?



Prell. Report



Final Report

Date/Time, File Return to?

Days Of Repair:

4

Resurvey No. of Trip:

Survey Fee:

Transportation

S + RS. SI

P. 100

Others

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech Invs (\$



Weekend (\$

Report Format:

TP

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

5,900

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	08/10/2022 12:08 (SGT)
Reported by	Both
Date of Accident	08/10/2022 08:00 (SGT)
Exact Location of Accident	420 Choa Chu Kang Ave 4, Block 420, Singapore 680420
Additional Location Information	Lot237 Blk 420 Choa Chu Kang Ave 4 open carpark
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH144J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Kong Chee Wee
NRIC No	S7502685D
Email Address	mmhugo@yahoo.com.sg
Mobile Phone No	(Phone) +65-91817600
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	216d
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00011332100

DRIVER

Name of Driver	Kong Chee Wee
NRIC No	S7502685D
Date Of Birth	24/01/1975
Occupation	Outdoor

Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

13/11/2001
20 YEARS AND 11 MONTHS
Male
(Phone) +65-91817600
-
mmhugo@yahoo.com.sg
Blk 420 Choa Chu Kang Ave 4 #10-324
-
680420
Yes
-
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?
Translator's name
Translator's ID
Translator's phone number
Translator's email
Original language used in the statement

No
2
No
-
Yes
0
No
-
-
-
-
-

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

Refer attached report

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident

Yes
Yes
Video footage with owner

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver

XE6919A
-
-
-
-
Commercial vehicle
-

Contact Number	(Phone) +65-83235226
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 willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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

Witnessed by Reporting Centre Personnel
Name as in NRIC ID card

Sketch Plan

(A) SLH 114 J	(B) XE 4M18A

Describe Circumstance of the Accident

On 8/10/22 at 8:00am I was parking my vehicle
(A) SLH144J at Lot 237 Blk 420 Choa Chu Kang
Avenue 4 open carpark. My vehicle was stationary
and nobody inside the car. When I go down to
take my vehicle. I found there was a piece of paper
and my car video have got the witness to see
the vehicle (B) XE6919A reverse the vehicle and
hit onto my vehicle front portion.

Declaration

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

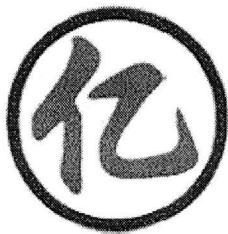
Policyholder's Signature / Date & Time

8/10/22
10:40am

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

8/10/22
10:40am

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



YEE AUTO PTE LTD

160 Sin Ming Drive #02-17/#07-12 Sin Ming AutoCity Singapore 575722

Tel: 6457 5768 Fax: 6252 8459 Mobile: 9687 4031

Email: yeeautopte ltd@gmail.com

Registration No.: 201719251W GST No: 201719251W

M/S : China Taiping Insurance (Singapore) Pte Ltd

3 Anson Road

#16-00 Springleaf Tower

Singapore 079909

ATTN: Motor Claim Department

Your Ref No: -

Claim Type: Third Party

Accident Date: 08/10/2022

TP Veh Reg No: XE6919A

Estimate No: ES2200070

Date: 11 Oct 2022

Policy No:

Veh Reg No: SLH144J

Make/Model: B.M.W. 216D GRAN
TOURER LED NAV 7
SEATER

Chassis No: WBA2E320005B45406

Engine No: 30219660B37C15A

Reg. Date: 21/10/2016

Estimate Repair Cost to Vehicle No :SLH144J

Description	U/Price	Quantity	List Price	Amount
			SS	SS
Net Price				
1 FRONT NUMBER PLATE	60.00	1 PC	nil 60.00	455.00
			60.00	60.00
Spare Parts				
2 AIR FILTER BOX HOSE	205.10	1 PC	CM 205.10	✓
3 FRONT BUMPER 1220	2,200.00	1 PC	CM 2,200.00	✓
4 FRONT BUMPER AIR DUST CENTRE INNER 301.60	365.10	1 PC	CM 365.10	✓
5 FRONT BUMPER CLIPS	80.00	1 SET	na 80.00	✓
6 FRONT BUMPER INNER GARNISH	395.10	1 PC	CM 395.10	✓
7 FRONT BUMPER INNER IMPACT BRACKET - LH	82.10	1 PC	R 82.10	✗
8 FRONT BUMPER INNER IMPACT BRACKET - RH	82.10	1 PC	R 82.10	✗
9 FRONT BUMPER GRILLE - LH 262	285.00	1 PC	CM 285.00	✓
10 FRONT BUMPER GRILLE - RH 262	285.00	1 PC	nil 285.00	✓
11 FRONT BUMPER LOWER GRILLE CENTRE	355.20	1 PC	na 355.20	✗
12 FRONT BUMPER NUMBER PLATE GARNISH	268.10	1 PC	na 268.10	✗
13 FRONT BUMPER REINFORCEMENT	464.00	1 PC	R 464.00	✗
14 FRONT BUMPER SIDE RETAINER - LH	112.00	1 PC	na 112.00	✗
15 FRONT BUMPER SIDE RETAINER - RH	112.00	1 PC	na 112.00	✗
16 FRONT BUMPER SPONGE 149.50	335.10	1 PC	CM 335.10	✓
17 FRONT FENDER - RH	960.00	1 PC	R 960.00	✗
18 FRONT GRILLE MOULDING - LH	189.20	1 PC	na 189.20	✓
19 FRONT GRILLE MOULDING - RH	189.20	1 PC	nil 189.20	✓
20 FRONT EMBLEM 102	238.10	1 PC	na 238.10	✓
21 FRONT HEADLAMP LOWER BRACKET - LH	95.50	1 PC	na 95.50	✗
22 FRONT HEADLAMP LOWER BRACKET - RH	95.50	1 PC	R 95.50	✗
23 FRONT SUPPORT PANEL	985.00	1 PC	CM 985.00	✓
24 HEAD LAMP - LH	3,685.90	1 PC	na 3,685.90	✗
25 HEAD LAMP - RH 2363.65	3,685.90	1 PC	Br 3,685.90	✓
			15,750.20	15,750.20
Labour				
26 TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY.	1,200.00	1 JOB	1,200.00	650.00
27 TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION.	1,200.00	1 JOB	1,200.00	400.00
28 TO APPLY RUST- PROOFING ON REPAIRED, REPLACED PANEL.	250.00	1 JOB	na 250.00	✗

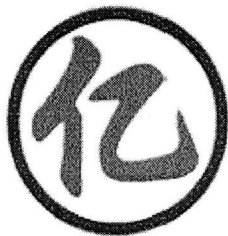
NOT with in

11 hrs & 5900h

Recovery After Party

9 days

58



YEE AUTO PTE LTD

160 Sin Ming Drive #02-17/#07-12 Sin Ming AutoCity Singapore 575722

Tel: 6457 5768 Fax: 6252 8459 Mobile: 9687 4031

Email: yeeautopteltd@gmail.com

Registration No.: 201719251W GST No: 201719251W

M/S : China Taiping Insurance (Singapore) Pte Ltd
3 Anson Road
#16-00 Springleaf Tower
Singapore 079909

ATTN: Motor Claim Department

Your Ref No: -
Claim Type: Third Party
Accident Date: 08/10/2022
TP Veh Reg No: XE6919A

Estimate No: ES2200070
Date: 11 Oct 2022
Policy No:
Veh Reg No: SLH144J
Make/Model: B.M.W. 216D GRAN
TOURER LED NAV 7
SEATER
Chassis No: WBA2E320005B45406
Engine No: 30219660B37C15A
Reg. Date: 21/10/2016

Estimate Repair Cost to Vehicle No :SLH144J

Description	U/Price	Quantity	List Price	Amount
29 COMPUTER DIAGNOSTIC	400.00	1 PC	SS 400.00	SS
30 TO CHECK WIRING FUNCTIONS.	150.00	1 JOB	150.00	200
			3,200.00	3,200.00
Total				SS 19,010.20
Add GST @ 7%				1,330.71
Total Amount Payable				SS 20,340.91

TOTAL: SINGAPORE DOLLAR TWENTY THOUSAND THREE HUNDRED FORTY AND CENTS NINETY ONE ONLY

For Yee Auto Pte Ltd

AUTHORISED SIGNATURE

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:
Title: