ASS. REC. BY: Kenneth | REF: EQ / 2201037 4/Kn

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cwan Motor

of 253D

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: $91k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 2 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: SNJ 7322T Yr Regn: 03, 19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or A) Wagon

Make: Honda Shuttle c.c 1496

Colour M.P. White A/C: Insured / Std / NI / NA

Sp.Reading 39662 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GP7 - 2008105

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 205/50R16

R: _____

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	5 mm
D.O.A.	15/10/22	D.O.I.	19/10/2022

Survey held at _____

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
/	$340

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ - RS. _____ St

Parking: _____

Others: _____

TOTAL: _____

Report Format : _____

Lump Sum / I.B.I: (S _____)

源摩哆廠

GUAN MOTOR WORKS

Business Regn. No. 08102600l

176 Sin Ming Drive #02-03 Sin Ming Autocare Singapore 575721 Tel: 6453 6111 Fax: 6453 8292 H/P: 9742 6003

REPAIR ESTIMATE SMJ7322T

No.	Qty	List Items		
1	1	Front bumper 1050	$	1,050.00
2	2	Rear bumper side retainer	$	244.00
3	2	Front bumper corner retainer	$	86.00
4	1 set	Rear bumper clips	$	40.00
5	1	Rear bumper inner reinforcement	$	320.00
6	1	Front grille 395	$	395.00
7	1	Front grille upper chrome	$	365.50
8	1	Front grille lower chrome 231.	$	280.70
9	1	Front grille centre "H" logo	$	72.40
10	2	Headlamp @2250	$	4,500.00
11	2	Headlamp top chrome	$	426.00
12	2	Headlamp lower bracket @116.00	$	440.00
			$	8,219.60
		Less 20%	$	1,643.92
		Total :	$	6,575.68

No.	Qty	Special Nett Items		
13	1	Front number plate	$	50.00

No.	Labour			
1	Labour Charges for remove/refit, cutting/welding and replacement of damages.	$	600.00	250
2	To putty and spray Spray Paintings charges.	$	600.00	220
3	To check wirings and lightings.	$	40.00	15
4	To supply and apply anti rust treatment	$	50.00	
	Total :	$	1,290.00	

Total Parts and Labour : $ 7,915.68

Not Authorise
Resurvey B4 pain
2 days
[illegible] @ 3400/-

REF: AILI

SS2E22AH0008 / S & H Motor Pte Ltd
ENTRY DATE & TIME: 17/10/2022 16:55 (SGT)
SUBMITTED BY: Wong Kee Nyuk
VERSION: 1 (17/10/2022 16:55 (SGT))

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 witholding 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	17/10/2022 16:55 (SGT)
Reported by	Both
Date of Accident	15/10/2022 17:28 (SGT)
Exact Location of Accident	Rochor Rd, Singapore
Additional Location Information	Rochor Road flyover
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ7322T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Fong Jiancong
NRIC No	S8216253D
Email Address	chivaz_boyz@yahoo.com.sg
Mobile Phone No	(Phone) +65-94577322
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1500

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00060062200

DRIVER

Name of Driver	Fong Jiancong
NRIC No	S8216253D
Date Of Birth	20/06/1982
Occupation	Indoor

SKETCH PLAN

SKETCH PLAN

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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 Record 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 making 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 its third-party service providers or agents (including their lawyers/law firms) which may be sited outside of S'pore 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 / Date

Sketch Plan