

Steve

CS/CM022010 8181.EGY3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 () 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: 250
 (Client's Record)
 Make of Veh: _____

N/S	O/S

(Policy Condition)

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

Bd. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 4 days Res.: Yes or No
 Lump Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLR 9516 H Yr Regn: 3/8/17
 Type: () Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Honda Vezel c.c. 1496
 Colour: Brown A/C: Insured / Std / Nil / NA
 Sp. Reading: 8518 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: R411208151
 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: 15/60R16
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIRI / SUMI /
 TOYO / YOKO or: Continental
 Front
 R/Bal. 4 mm
 L/Bal. 4 mm
 D.O.A. 27/10/22
 Rear
 R/Bal. 4 mm
 L/Bal. 4 mm
 D.O.I. 1/11/22
 Survey held at Puan Chew
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
Print RH
 The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time Action/Instruction

MR-69X

Steve finalised LS \$2150, 4 days. (Red \$1047, 33%)

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1) 29/11 Typist

Date/Time, File Return to?

2)

Repair Format: TP

Lump Sum (Red) 2150

Days Of Repair: 4

Resurvey No. of Trip: 1

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

Survey Fee:
 Transportation:

\$ + PS \$

Prints

Others

TOTAL



泛舟修理汽車私人有限公司
PUAN CHEW MOTOR WORK PTE LTD

BLK K, PANDAN LOOP INDUSTRIAL ESTATE #01-12 SINGAPORE 128230

TEL: 6773 0073 FAX: 6773 0928

GST REGN NO: 19-8700614-G

Date: 31.10.2022

Sompo Insurance Singapore Pte Ltd
50 Raffles Place #03-03
Singapore Land Tower
Singapore 048623

Attn: Motor Claims Dept

Dear Sir / Mdm,

OD CLAIM

INSURED'S NAME : MR, LARRY GOH CHAU CHZE
VEH. REG. NO : SLR9516H
MODEL : HONDA VEZEL
ACCIDENT DATE : 27.10.2022

Below are the estimate for SLR9516H

1	1 front bumper	✓ OR	\$ 170.00
2	1 front bumper o/s retainer	✓ OR	\$ 10.00
3	1 front bumper lower lid	✓ CUT	\$ 120.00
4	1 front o/s headlamp	✓ OR	\$ 910.00
5	1 front o/s fog lamp	✓	\$ 115.00
6	1 front o/s fog lamp grille	✓ CUT	\$ 15.00
7	1 front o/s fender	✓ OR	\$ 180.00
8	1 front o/s fender inner shield	✓	\$ 75.00
9	10 front o/s fender inner shield clips @\$3	✓ ?	\$ 30.00
10	1 front o/s wheel arch garnish	✓ CUT	\$ 45.00
			\$ 1,670.00
Cost + 10%:			\$ 167.00
Total:			\$ 1,837.00

Labour Charges

- 11 To remove and replace damaged parts, knock out, cut weld body panel parts where necessary, straighten and reshape, reposition and realign replacement parts to the original position. \$ 680.00 500
- 12 Spray painting of accident sections. \$ 680.00 600
- Grand Total: \$ 3,197.00

PRICES QUOTED EXCLUDE GST CHARGES

LKK Auto Com Repairs is hereby notified
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

We Specialised in Servicing and Repairing all kinds of Motor Vehicles, Panel Beating, Spray Painting

Acknowledged by Repairer
Signature:

專修各種汽車 噴漆打馬呷 燒焊汽車服務。

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	28/10/2022 15:33 (SGT)
Reported by	Both
Date of Accident	27/10/2022 18:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG TUAS AVE 11 TURNING LEFT INTO TUAS CRESCENT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR9516H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LARRY GOH CHAU CHZE
NRIC No	SXXXX428I
Email Address	LARRYGOHCC@GMAIL.COM
Mobile Phone No	(Phone) +65-96804390
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01013340

DRIVER

Name of Driver	LARRY GOH CHAU CHZE
NRIC No	SXXXX428I
Date Of Birth	31/12/1965
Occupation	Indoor

Driving Pass	29/08/1985
Experience	37 YEARS AND 2 MONTHS
Gender	Male
Phone Number	(Phone) +65-96804390
Mobile Number	-
Email Address	LARRYGOHCC@GMAIL.COM
Address	BLK 220 CHOA CHU KANG CENTRAL #06-270
Address complement	-
Postcode	680220
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	Side Swipe
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
yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC6848L
Vehicle Manufacturer	Hyundai
Vehicle Model	Elantra
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN KIAN HUAT
NRIC No	SXXXX884H

Number	(Phone) +65-96629793
S	-
ss complement	-
code	-
urance Company Name	-
ature Of Damage	-
etails of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

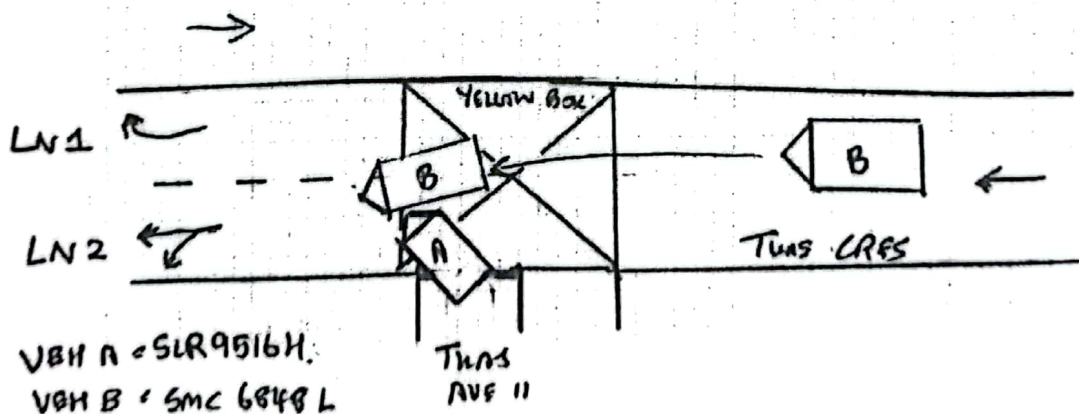
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.
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' 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 Repolling Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 27/10/22 I WAS DRIVING VEH-A SLR 9516H ALONG
TUNAS AVE 11 TURNING LEFT INTO TUNAS CRES. I
NOTICE THE YELLOW BOX WAS CLEAR AND A VEH-B
SMC 6848L WAS APPROACHING ON MY RIGHT, MORE
TO OUTER LANE GOING TO LANE 1 AFTER THE YELLOW
BOX

I MOVED MY VEH-A SLOWLY, TURNING LEFT INTO LANE 2.
BUT VEH-B DRIVER DID A LANE CHANGE WHILE HE WAS
IN THE YELLOW BOX, COLLIDED ONTO MY CAR VEH-A
RIGHT CORNER FRONT BUMPER.

I (Owner/ In-charge/ Driver)

Nric No:

Vehicle no:

will be sending my above stated damaged vehicle to Company name:

for my vehicle damaged repairs and
insurance claims.

GBE had clearly informed me on new GIA rules. I accepted all liabilities and discharged Goldbell Engineering Pte Ltd

Declaration

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


Witnessed by Reporting Centre
Personnel