

ASS. REC. BY:

REF:

FC2/23 002613/1kv

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: GBH 5079A

Policy No. _____

Claims No. D23000877MFCV

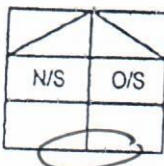
Sum Insured: _____

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: \$54k

IDAC Accident Rpt: _____

Consistent?: Yes or No

GIA / PR Seen: _____

Consistent?: Yes or No

Est. Repairs: _____

6 days

Res.: Yes or No

Lum Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

01/07

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No: SKP940Y

Yr Regn: 01, 07

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

Truck / Trailer or

Make: Toy

EPAmp

c.c

2362

Colour: M. Silver

A/C: Insured / Std / Nil / NA

Sp. Reading: 205171

T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: ACR 50

7008962

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: Runho

235/45ZR18

R: mic

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

Front

R/Bal. 7

mm

Rear

R/Bal. 8

mm

L/Bal. 7

mm

L/Bal. 8

mm

D.O.A. 10/3/23

D.O.I. 14/3/2023

Survey held at _____

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

16/13 212m @ 3900h Carhu

(red 3409.75, 46%)

Date/Time, File Pass to?

☐

Prel. Report

☐

Final Report

Date/Time, File Return to?

2) 29/3/23-typist

Days Of Repair: 6

Resurvey No. of Trip: 1

Survey Fee:

Transportation

S - RS. SI

Fees

Others

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format: TP

Lump Sum / +B.+ (\$ 3900

TOTAL

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 GlA 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
Reported by
Date of Accident
Exact Location of Accident
Additional Location Information
Country/State of Loss

11/03/2023 13:00 (SGT)
Both Policyholder and Actual Driver
10/03/2023 17:15 (SGT)
Singapore
BRADDELL ROAD TOWARDS CTE (CITY) L/P 108
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKP940Y

INSURED/POLICYHOLDER

Is company?
Name Of Registered Owner
NRIC No
Email Address
Mobile Phone No
Alternative Phone No

No
DONNY YEO GUOWEN
SXXXX238H
donnyeo81@gmail.com
(Phone) +65-90101049
-

VEHICLE PARTICULARS

Manufacturer
Model
Variant
Exact purpose for which vehicle was being used at time of accident
Are you claiming under your own insurance policy for repair to your vehicle?
Vehicle Category
Transmission
CC

Toyota
ESTIMA AERAS
-
-
No - Claiming third party
Private car
Auto
2362

INSURANCE COMPANY

Name of Insurance Company
Policy Number / Cover Note Number

ERGO Insurance Pte. Ltd.
DMPG23001676

DRIVER

Name of Driver
NRIC No
Date Of Birth
Occupation

DONNY YEO GUOWEN
SXXXX238H
23/06/1981
Indoor

Date Of Driving Pass	06/04/2001
Driving experience	21 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90101049
Alt. Phone Number	-
Email Address	donnyeo81@gmail.com
Address	BLK 671B EDGEFIELD PLAINS #13-521
Address complement	-
Postcode	822671
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 - 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)	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.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP - GUAN MOTOR

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	GBH5079A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

(Phone) +65-98337469



SKETCH PLAN


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4. The issue and acceptance of this Form by insurance companies is not an admission of 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:

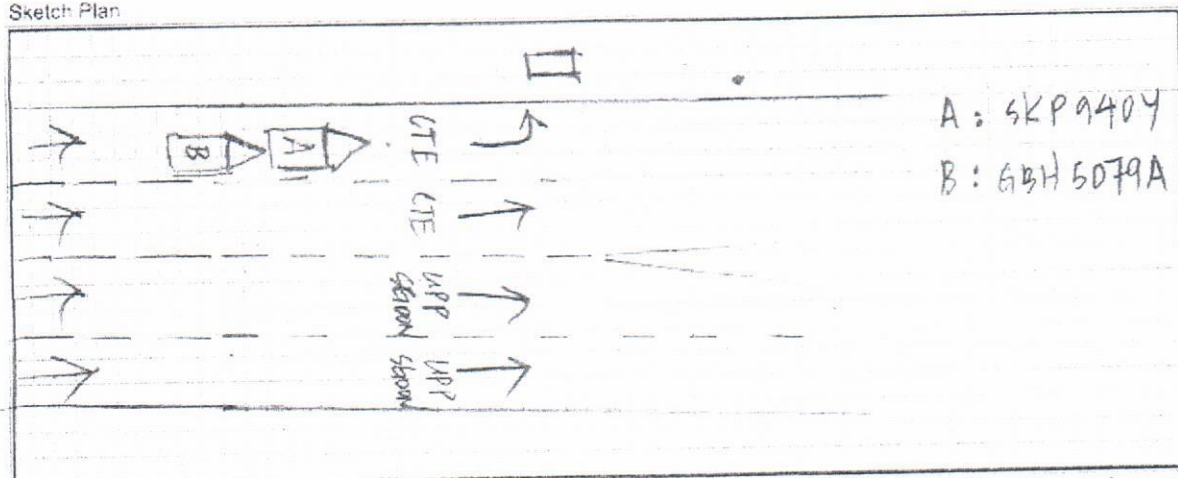
- (a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may/are permitted to collect, use and disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and to 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.
- (b) collectively the "Purposes";
- (c) 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
- (d) 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.

 11/03/2023
Policyholder's Signature / Date & Time

 11/03/2023
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

 11/03/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



vJun2022

Describe Circumstance of the Accident


On 10 March 2023, @ about 1715 hrs, I was driving my vehicle (SEP 8404) along Braddell Road toward ITE (CITY) on the lane 4 of a 4 lanes road. When suddenly I felt an impact at the rear of my vehicle. I stopped my vehicle near Lamp post 109 and realised that vehicle - GBH 507AA had rear-ended my vehicle. Driver informed that he was not able to brake in time. We proceed to exchange particular and he informed me his company will contact me about the claims.

~~I hereby~~
On the same day @ 1815 hrs, I made call to him on the insurance claim and he advised me to make a insurance report as advise by him.

Declaration

We declare the foregoing particulars are true in every respect

 11/03/23
Policyholder's Signature (Date & Time)

 11/03/23
Driver's Signature (if driver is not the policyholder) (Date & Time)



Witnessed by Reporting Officer/Personnel
(Name(s) & NR C.D. date)

Produce later

源摩哆廠 GUAN MOTOR WORKS

Business Regn. No. 081026001

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

REPAIR ESTIMATE SKP940Y

Not Airbrake
11Pm @ 3900h
Resurvey After Paint
6day

No.	Qty	List Items		
1	1	Rear bumper	\$ Bn	880.23 ✓
2	2	Rear bumper reflector	\$ Pn	115.20 X
3	2	Rear bumper side retainer	n/s \$ D.Y	78.80 ✓
4	2	Rear bumper corner retainer	n/s \$ D.Y	64.80 ✓
5	1	Rear tailgate centre "TOYOTA" logo	\$ Pn	58.90 —
6	1	Rear tailgate RH "AERAS" emblem	\$ Pn	69.20 —
7	1	Rear tailgate LH "ESTIMA" emblem	\$ Pn	66.70 —
8	1 set	Rear tailgate inner trim board clips	\$ Pn	80.00 X
9	1	Rear tailgate weatherstrip	\$ Del/Di	392.10 306.10
10	1	Rear tailgate top lock	\$ Pn	469.60 ✓
11	1	Rear end panel	\$ Pn	669.40 ✓
12	1	Rear end panel top garnish	My Pn	272.60 ✓
13	1	Rear end panel inner garnish	My D.Y	198.40 ✓
14	1	Rear end panel keyless sensor	\$ Pn	256.40 X
15	1	Rear end panel buzzer	\$ CM	186.30 ✓
16	1	Rear floor panel top board	\$ Del	1,167.70 X
17	1 set	Rear fender inner side garnish clips	\$ Pn	80.00 X
			\$	5,106.33
Less 25%			\$	1,276.58
Total :			\$	3,829.75

Special Nett Items				
18	1 set	Rear end panel sealant	\$ Pn	80.00 30.00
19	1 set	Reverse sensors	\$ Pn	280.00 200.00
20	1 set	Reverse camera	\$ Pn	650.00 X
Total :			\$	1,010.00

Labour				
1		Labour Charges for remove/refit, panel beating, cutting welding and replacement of damages.	\$	1,000.00 700
2		To putty and spray Spray Paintings charges.	\$	1,000.00 660
3		To check wirings and lightings.	\$	40.00 20
4		To remove, refit reverses and reverse camera.	\$	150.00 80
5		To remove, refit rear tailgate fittings.	\$	80.00 60
6		To remove, refit rear upholstery and attachments.	\$	120.00 80
7		To apply anti rust treatment	\$	80.00 80
Total :			\$	2,470.00

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:

Date:

Total Parts and Labour : \$ 7,309.75