

ASS. REC. BY:

REF:

LPC / 23004991/kw

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: \_\_\_\_\_

Policy No. \_\_\_\_\_

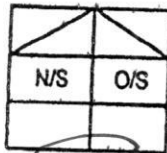
Claims No. \_\_\_\_\_

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: 05 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SLM 414P Yr Regn: 03, 17Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy Altis c.c. 1598Colour: th. Gray A/C: Insured / Std / NI / NASp. Reading: 123777 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: MR053RE14104559152Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/45R17

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 4 mmL/Bal. 4 mmD.O.A. 15/5/2

Survey held at

Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

1 Est not ready116 85586.28 Cash @ 5 days (Red \$ 637.59 / 10%)

Date/Time, File Pass to?

01/06/2023

1) typed

Date/Time, File Return to?

2) \_\_\_\_\_

☐ : Prell. Report☒ : Final ReportDays Of Repair: 5

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

Report Format: TPLump Sum / I.B.I. (\$ p/p \$5,586.28)

(Draft)

SL0M235F000C / Lai Huat (Meng Kee) Motor Pte Ltd  
ENTRY DATE & TIME: -  
SUBMITTED BY: [To Be Confirmed]  
VERSION: 1 (15/05/2023 16:19 (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 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	Both Policyholder and Actual Driver
Reported by	15/05/2023 11:50 (SGT)
Date of Accident	Defu Ave 1, Singapore
Exact Location of Accident	nearer Hougang Avenue 3 side, beside Singapore Girls' Home
Additional Location Information	Singapore
Country/State of Loss	

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM414D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Chan Meng Piow
NRIC No	SXXXX166F
Email Address	mengpiow@gmail.com
Mobile Phone No	(Phone) +65-90057212
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	Altis
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

## INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTPV01004409

## DRIVER

Name of Driver	Chan Meng Piow
NRIC No	SXXXX166F
Date Of Birth	19/10/1968
Occupation	Indoor

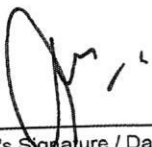


Describe Circumstance of the Accident

Please refer to attachment.

Declaration

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



Policyholder's Signature / Date & Time

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

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

## SKETCH PLAN

### IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

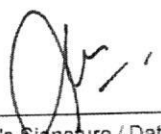
.. This Form must be completed by the Policyholder and/or the Actual Driver.

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 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

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

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

#### Sketch Plan

Please refer to attachment.

(Draft)

24/02/1986

37 YEARS AND 3 MONTHS

Male

(Phone) +65-90057212

mengpiow@gmail.com

25 Ang Mo Kio Avenue 9 #09-17

NUOVO

569788

Yes

No

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

#### 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?

No

Number of vehicles involved in the accident

2

Was anybody injured in the Accident?

Yes

Was any injured conveyed to hospital by ambulance?

No

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

Please refer to the attachment.

#### 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

GBF9996L

Vehicle Manufacturer

-

Vehicle Model

-

Vehicle Variant

-

Vehicle Colour

-

Vehicle Category

Commercial vehicle

Name of Driver

Nornazrul Bin Nordin

NRIC No

SXXXX074B



# ESTIMATE RC AUTO

160 Sin Ming Drive #06-20 Sin Ming Autocity Singapore 575722  
Tel : 97619383 Email: rcauto5555@gmail.com  
Reg. No. 53199168K

*Not Authored  
Previous B4 paint  
@ 5586.28*

SLM 414 D

Date : 22.05.2023

Quantity	Description/Particular	Unit Price	Amount	
1 PC	REAR BOOTLID		By 852	90
1 PC	REAR END PANEL		By 727	70
1 PC	REAR BUMPER REINFORCEMENT <i>398.70</i>		By 432	50
2 PCS	REAR BOOT LAMP@377.60		CM 755	20
1 PC	REAR BOOT GANISH(CHROME)		CM 263	40
2 PCS	REAR LAMP@391.70		MD 783	40
1 PC	REAR BOOTLID LOGO		Me 56	70
1PC	REAR END PANEL GANISH		DD 261	60
1 PC	REAR BUMPER		By 423	40
10 PCS	REAR BUMPER CLIP@4.50		Me 45	00
10 PCS	SIDE CLIP@3.50		DI 35	00
1 PC	ANTENNA ELECTRICAL <i>165.00</i>		CM 208	00
1 PC	REAR BUMPER <del>STAY</del> <i>bracket</i>		DI 73	70
1 PC	COROLLA EMBLEM		Me 45	00
1PC	ALTIS EMBLEM		Me 55	00
		TOTAL	5018	50
		LESS 25	3763	87

Received the above goods in good order and condition

for RC AUTO

Acknowledged by Repairer

Signature:

Date:

Received by

E.&O.E.

Authorised Signature

4:27 PM



# RC AUTO

Tel : 97619383    Email: rcauto5555@gmail.com

Reg. No. 53199168K

Date : 22.05.2023

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 modifications are allowed
- Supplemental item(s) must be resurveyed and is subject to final approval from Insurance Company

for RC AUTO

E.&O.E.

Authorised Signature