

(08/11/13)

wef

REF:

CS/FC/23005266/RVP3

6016

ASS REC. BY:

## ASSIGNMENT

From

Date:

Estimated Cost:

OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV ☐

To inspect Vehicle No: SBB 1104

at Workshop m/s EUROKARS

of 27A, Monmouth Park

Insured: SMB 3024Y FC2

Policy No.

Claims No. D23001715MFBP

Sum Insured:

Excess:

(Client's Record)

Make of Ven:

(Policy Condition)

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



Bal. or Market Value:

101k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

REPAIR LIMIT - 60K

2/8/23

Final fig \$3468.75 confirmed by email (Red 3496.99, 49%)

Veh No:

SBB 1104

Yr Regn:

2019, July

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

Truck / Trailer or

Make:

MAZDA 6 2.0 AT EXECUTIVE 1998

Colour:

Red

A/C: Insured / Std / NI / NA

Sp. Reading

72513

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JM 64L1072KO312838

Gen. Cond: Good / Fair / Poor

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/55R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

15/05/23

D.O.I.

29/05/23

Survey held at

TRANSURKARS

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

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

Date/Time, File Pass to?

☐ : Prel. Report  
☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip:

Survey Fee:

Transportation:

1)

Date/Time, File Return to?

2) 4/8/23-typist

Add Fee:

☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

) \$ + RS. \$

) Photos

) Others

TOTAL

Report Format : TP

Lump Sum / I.B.I. (\$ 3468.75 )

## 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	15/05/2023 17:29 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/05/2023 11:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF BUKIT BATOK CENTRAL AND BUKIT BATOK WEST AVE 3
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBB110G
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHOONG TAT SOON
NRIC No	SXXXX601G
Email Address	TATSOON@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97318087
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
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	1998

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00161322200

#### DRIVER

Name of Driver	CHOONG TAT SOON
NRIC No	SXXXX601G
Date Of Birth	17/10/1950



Occupation	Indoor
Date Of Driving Pass	11/08/1979
Driving experience	43 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97318087
Alt. Phone Number	-
Email Address	TATSOON@YAHOO.COM.SG
Address	2M JALAN REMAJA #08-07
Address complement	-
Postcode	-
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

#### PASSENGER 1

Name	SOONG SIEW CHIN
Gender	Female

#### 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 ATTACH

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB3024Y
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	LEE KONG
NRIC No	SXXXX638C
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	MS First Capital Insurance Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	CHOONG TAT SOON
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK STIFFNESS
Injured person in which vehicle?	SBB110G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	SOONG SIEW CHIN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND SHOULDER STIFFNESS
Injured person in which vehicle?	SBB110G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the nature of the accident to avoid up to 3 years imprisonment.
2. This form must be completed by the Policyholder and/or the Authorized Insurer.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow the insurance companies to repudiate policy liability.
4. The date and acceptance of this form by insurance companies is not an affirmation 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 lodging 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (a) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

(Name & Stamp)

15/4/23 @ 3:40pm

Driver's Signature

(If driver is not the policyholder)

Date & Time

Representative of the Insurers' Signatures

Name

Date & Time

### SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15<sup>th</sup> May 2023 at about 11:10 am, I was stopped at the traffic junction of Bukit Batok Central and Bukit Batok West Ave 3 (Traffic Light - Red) waiting for traffic light to change to green. I was at lane 1 waiting to turn to Bukit Batok Ave 3 on the right. A bus, no. SBA5MB 2024 Y suddenly hit me at the rear damaging the rear bumper of my car.

## DECLARATION

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

*Chen*  
Policyholder's Signature

Date & Time: 15/2/23 @ 3:40pm

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

Reporting Justice DeLamette's signature  
Name: \_\_\_\_\_  
ID No. / ID No.: \_\_\_\_\_



Name & Address:  
**FIRST CAPITAL INSURANCE LTD**  
**36 ROBINSON ROAD**  
**#16-01 CITY HOUSE**  
**SINGAPORE 068877**  
**motor\_claims@first-insurance.com.sg**  
 Email/Fax No:

Type of Claim:

THIRD PARTY

**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

Contact No:

**Acknowledged by Repairer**

**Signature:**

Policy No:

**Date:**

Vehicle No:

SBB110G

Brand & Model:

MAZDA 6

Chassis/VIN No:

JM6GL1072K0312838

Date Of Registration:

19/07/2019

Date:

19-May-23

Franchise:

MAZDA

Contact Person (Eurokars)/Wip No:

WONG/58460

Contact No (Eurokars):

6331 0680

## REPAIR ESTIMATE

### PARTS / MATERIAL CHARGES

MARK = Survey Marking [Key "A" if item is approved]

NO	DESCRIPTION	PART NO.	QTY	MARK	REVISED	PRICE
1	REAR BUMPER GL3 ( REAR BUMPER ) <i>de</i>	MGSK2-50-221ABB	1		-	\$ 1,260.75
2	FASTENER <i>ne</i>	MB45A-56-146A	6		-	\$ 14.16
3	GROMMET,SCREW <i>ne</i>	MBHN1-50-0Z1A	4		-	\$ 9.44
4	NUT,CLIP <i>ne</i>	MC274-50-133	4		-	\$ 9.44
5	RETAINER LHR BUMPE GJ ( REAR BUMPER RETAINER LH ) <i>? Xnn</i>	MGJR9-50-2J1	1		-	\$ 41.73
6	RETAINER RHR BUMPER GJ ( REAR BUMPER RETAINER RH ) <i>? Xnn</i>	MGJR9-50-2H1	1		-	\$ 41.73
7	COVER(L),TOWING HOOK GL3 ( REAR TOWING COVER LH ) <i>ne</i>	MGSH7-50-EL1 BB	1		-	\$ 56.22
8	COVER(R),TOWING HOOK GL3 ( REAR TOWING COVER RH ) <i>Xnn</i>	MGSH7-50-EK1 BB	1		-	\$ 56.22
9	REFLECTOR LHR REFLEX-GL3 ( REAR REFLECTOR LH ) <i>X nn</i>	MGRF5-51-5M0A	1		-	\$ 49.65
10	REFLECTOR RHR REFLEX-GL3/KF ( REAR REFLECTOR RH ) <i>X nn</i>	MGRF5-51-5L0A	1		-	\$ 49.65
11	MKD53-50-251/BRACKET,BUMPER SKYACTIV ( REAR BUMPER CENTER BRACKET ) <i>ne</i>	MDFR5-50-251	1		-	\$ 4.64
12	REINF REAR BUMPER GJ/GL ( REAR INFORCEMENT ) <i>? Xnn</i>	MGHK1-50-260	1		-	\$ 523.08
13	RETAINER ( REAR SENSOR RETAINER INNER ) <i>X nn</i>	MKD45-67-UCSA85	2		-	\$ 31.54
14	TAPE,PROTECTOR ( REAR SENSOR TAPE ) <i>ne</i>	MBCKA-50-EM1	4		-	\$ 18.56
15	GASKET(L),RR.COMB. GL3 ( REAR LAMP GASKET LH ) <i>ne</i>	MGRF5-51-163	1		-	\$ 52.77
16	GASKET(R),RR.COMB. GL3 ( REAR LAMP GASKET RH ) <i>ne</i>	MGRF5-51-153	1		-	\$ 52.77

Sub-Total (Parts Price) \$ - \$ 2,272.35

### LABOUR / SERVICES CHARGES

NO	DESCRIPTION	REVISED	PRICE
1	TO REMOVE & REPLACE REAR BUMPER & REAR REINFORCEMENT. AND ALL ACCIDENT AFFECTED AREA ON REAR PORTION.	<i>660</i>	\$ <del>1,980.00</del>
2	TO REPAIR REAR BUMPER. AND ALL ACCIDENT AFFECTED AREA ON REAR PORTION.	<i>630</i>	\$ <del>1,260.00</del>
3	TO TRANSFER REVERSE SENSORS.	NETT	\$ 180.00
4	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.	<i>150</i>	\$ <del>250.00</del>
5	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	<i>250</i>	\$ <del>300.00</del>
6	TO CARRY-OUT BODY CAVITY PRESERVATION. (INCLUDING NEW PARTS AND CAOUTCHOU).	<i>100</i>	\$ <del>250.00</del>
7	SUNDRIES.	<i>20</i>	\$ <del>50.00</del>

Survey Date & Time:

*29/05/23 @ 1130*

Repair Days:

*3 days*

Excess:

Sub-Total (Labour Price) \$ - \$ 4,270.00

Surveyor Remarks:

*Rasme - Hy 500/1068*  
*Resurvey before paint*

Remarks:

- This is only an estimate based on visual inspection. Should there be more damages found during repair, it will be informed and quoted additionally.
- A fee of \$400 (excl. GST) will be chargeable for damage assessment and preparation of this estimate, if you choose not to proceed with repair.

	REVISED	PRICE
Parts Price	\$ -	\$ 2,272.35
Labour Price	\$ -	\$ 4,270.00
Total (Initial Estimate)	\$ -	\$ 6,542.35
Supp 1	\$ -	\$ -
Supp 2	\$ -	\$ -
Supp 3	\$ -	\$ -
Total (Before Excess)	\$ -	\$ 6,542.35
Less Excess	\$ -	\$ -
TOTAL (After Excess)	\$ -	\$ 6,542.35
GST 8%	\$ -	\$ 523.39

GRAND TOTAL	\$	-	\$	7,065.74
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**Remarks:**

- This is only an estimate based on visual inspection. Should there be more damages found during repair, it will be informed and quoted additionally.
- A fee of \$400 (excl. GST) will be chargeable for damage assessment and preparation of this estimate, if you choose not to proceed with repair.

**FINALIZATION**

Total (Initial Es	\$	3,468.75	\$	6,542.35
Supp 1	\$	-	\$	-
Supp 2	\$	-	\$	-
Supp 3	\$	-	\$	-
Total (Before E	\$	3,468.75	\$	6,542.35
Less Excess	\$	-	\$	-
TOTAL (After E	\$	3,468.75	\$	6,542.35
GST 8%	\$	277.50	\$	523.39
<b>GRAND TOTAL</b>	<b>\$</b>	<b>3,746.25</b>	<b>\$</b>	<b>7,065.74</b>