

ASS. REC. BY:

REF:

FC2/ 23006746/KV

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s Motors Edgevantex

of 0771

Insured: SG 1056X

Policy No. _____

Claims No. D23002328MFBP

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

100m

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SIF 3186 Yr Regn: 02, 17

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

Truck / Trailer or (A)

Make: Volvo V40 72 c.c. 1498

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: 14888 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: YVIMV2810112408083

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: Yoko 205/55R16

R: _____

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

TOYO / YOKO or Falken

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 30/6/23 D.O.I. 7/7/2023

Survey held at _____

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

2/5/23
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>2/7/23</u>	<u>8690 Cash (red 2189, 76%)</u>

Date/Time, File Pass to? : Prell. Report : Final Report

Days Of Repair: 2

Resurvey No. of Trip: _____

1) _____
2) 3/8/23-typist

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

Survey Fee:	
Transportation:	
S - RS. SI	
Fees	
Others	
TOTAL	

Report Format : TP
Lump Sum / I.B.I: (\$ 690)

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	01/07/2023 12:01 (SGT)
Reported by	Actual Driver
Date of Accident	30/06/2023 12:00 (SGT)
Exact Location of Accident	Joo Chiat PI, Singapore
Additional Location Information	JUNCTION OF JOO CHIAT PLACE AND TELOK KURAU ROAD SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFF318G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LELI
NRIC No	S7180077F
Email Address	JAMESKOH777@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96972070
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	V40
Variant	VOLVO / V40 T2 (A)
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	1498

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100502827-06

DRIVER

Name of Driver	KOH LIANG HWA JAMES
NRIC No	S7040240H
Date Of Birth	11/11/1970

Occupation	Indoor
Date Of Driving Pass	05/10/1993
Driving experience	29 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91900747
Alt. Phone Number	-
Email Address	JAMESKOH777@YAHOO.COM.SG
Address	BLK 76 BAYSHORE ROAD 05-18 SINGAPORE 469990
Address complement	-
Postcode	469990
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	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	LELI
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 ATTACHED
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD
TEL 67415336

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	SG1056X
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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 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:

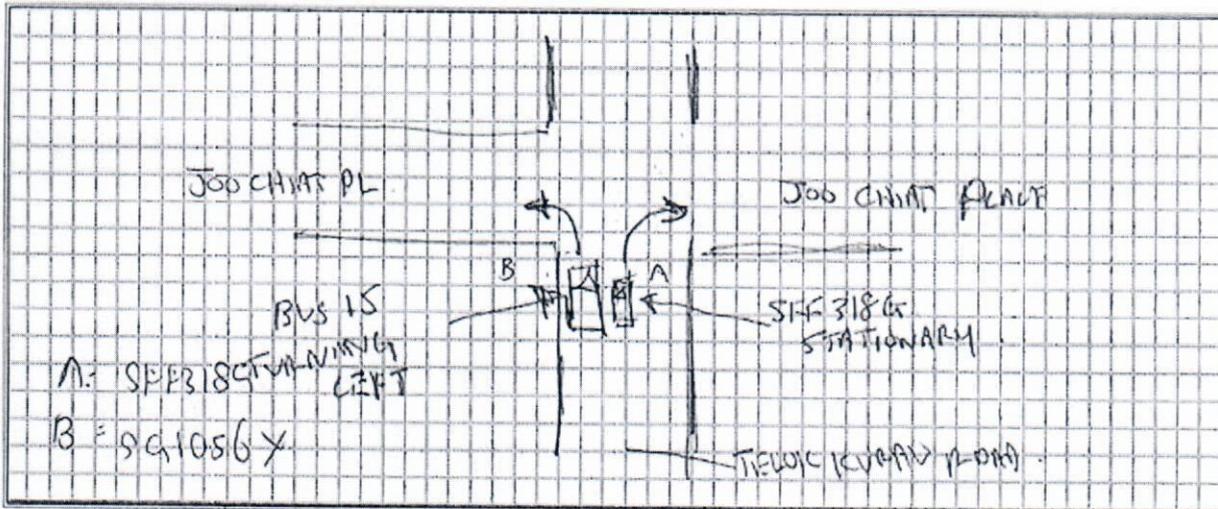
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Bus
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) -

Describe Circumstance of the Accident

- ① BOTH BUS '15' & MY CAR AT TRAFFIC JUNCTION ON TEWK KUNAU ROAD.
- ② LIGHTS TURN GREEN, I WAS WAITING TO TURN RIGHT ON TO JOO CHIAT PL.
- ③ BUS PROCEEDED TO TURN LEFT TOWARDS PARAWAY EAST HOSPITAL
- ④ DURING HIS TURN, COLLIDED INTO MY SIDE BUMPER/FENDER
- ⑤ LEFT SIDE OF MY CAR DAMAGED AS PER PHOTO

Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

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/ID card)

MOTOR EDGEVANTAGE PTE LTD

160 Sin Ming Drive, Sin Ming AutoCity #03-01/02, Singapore 575722 & GST 201534758N

+65 6453 7683 clientservices@edgevantage.com www.edgevantage.com

To:
Mr James Koh
 SFF318G, VOLVO , V40 T2 (A)
 Attn: James Koh (91900747)

*Not Washed
 Resurvey After Rain
 2 days*

Work Order
 Job No. : WJ2307031
 Date : 03/07/2023
 Time in : 03/07/2023 16:00
 Time out :

T	Job Description	Operation	Quantity	UOM	Unit Price	Amt
Essential Works						
S	Volvo front fender assembly LH V40		1.00	<i>n</i> PCS	1,679.00	1,679.00 <i>X</i>
S	To replace , respray front fender, front bumper		1.00		400.00	400.00 <i>250/</i>
S	To putty, spray front bumper & front fender LH		1.00		800.00	800.00 <i>440/</i>

2690/

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: _____

This is a computer generated Work Order . No Signature is required.

Subtotal	2,879.00
GST 8.0%	230.32
Total	3,109.32