

ASS. REC. BY:

REF: FO2/ 23006746/KV

Kenneth

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Motor Edgevale

of 0771

Insured: \_\_\_\_\_

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

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

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

Sp. Reading: 14828 T/Radio:  Insured /  Std /  NI /  NA

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

C/No: YVIMV28140142408083

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: Yoko 205/55R16

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

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

TOYO / YOKO or Falken

Front

R/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 30/6/23

Survey held at \_\_\_\_\_

Rear

R/Bal. 7 mm

L/Bal. 7 mm

D.O.I. 7/7/2023

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

N/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prell. Report

Days Of Repair: \_\_\_\_\_

1) Date/Time, File Return to?

: Final Report

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

Survey Fee:

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Transportation

\_\_\_\_\_ \$ - RS. \_\_\_\_\_ \$

\_\_\_\_\_ \$

\_\_\_\_\_ \$

TOTAL

Report Format :

Lump Sum / I.B.I.: (\$ \_\_\_\_\_)

# 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 with work  
 Put away 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
<b>Essential Works</b>						
S	Volvo front fender assembly LH V40		1.00	PCS	1,679.00	1,679.00 X
S	To replace , respray front fender, front bumper		1.00		400.00	400.00 250
S	To putty, spray front bumper & front fender LH		1.00		800.00	800.00 440

**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: \_\_\_\_\_

# 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 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. 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 Pl, 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

### 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

**SKETCH PLAN**

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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**

