

ASS. REC. BY:

REF:

SMR/ 23 00 7489/kq43

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:

days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

PMP 8552

Yr Regn:

09, 19

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

Truck / Trailer or

Make:

Honda Civic

c.c

1597

Colour

Black

A/C: Insured / Std / NI / NA

Sp. Reading

90870

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

NRHFC 5650K T000845

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:

235/40R18

R:

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

Giti

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

23/7/23

D.O.I.

27/7/2023

Survey held at

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

N/S Frt

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

Date / Time

Action / Instruction

21/8 21/8 @ 2250h Car in shed @ 1670.80, 437.7

Date/Time, File Pass to?

☐

: Prell. Report

1) 04/8/2023

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trlp:

1

Survey Fee:

Transportation

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format:

Lump Sum / I.B.A. (\$

70

2750

**SERVE YOU MOTOR PTE LTD**  
**BLOCK 5033 ANG MO KIO INDUSTRIAL PARK 2**  
**#01-265, SINGAPORE 569536**  
**TEL. NO: 64810555 / FAX NO. 64831654**  
**E-MAIL: elainesyms@gmail.com**

Company / Owner : Chek Wei Jun  
 Registration no: SMP 855 L / HONDA CIVIC 1.6 VTI CVT  
 INS: MS First Capital Insurance  
 Accident Date: 23/7/2023  
 Date: 27/7/2023

*Not Authorised*  
*L1 Pay \$2250/h*  
*Resurvey After Palm*  
*4 days*

Quotation: 08550723

S/N	Qty	Item	Amount (\$)
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**LIST ITEMS**

1	1	Front bumper (Modified)	
2	1	Front bumper retainer	
3	1	Front Fender LH	
4	1	Fender Side Lamp LH	
			<i>566.80</i>
			<i>72-20</i>
			<i>Bulb</i> \$ 1,280.00 ✓
			<i>M/M</i> \$ 96 @ each \$ 96.00 ✓
			<i>R</i> \$ 655.00 ✓
			<i>cm</i> \$ 205.00 ✓
			\$ 2,236.00
			Less 20%: -447.2
			<u>\$ 1,788.80</u>

**Special Netts**

1	1	Tyre Rim	<i>nd</i> \$580.00 <i>380rn</i>
2	1	Tyre	<i>rn</i> \$122.00 X
			<u>\$702.00</u>

**Labour & Misc Charges**

1	To dismantle / renew / straighten the accident damaged portion. To panel beating, reshape, straighten, orientate and align repair / replacement parts.	680.00	<i>400</i>
2	Supply spray paint material and necessary items to spray paint damage portion.	750.00	<i>450</i>

TOTAL	<u>1,430.00</u>
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<b>Total Parts and Labour Cost of Repair</b>	<b><u>\$3,920.80</u></b>
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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 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 First Submission	25/07/2023 11:27 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/07/2023 20:40 (SGT)
Exact Location of Accident	Jurong West Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP855L
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHECK WEI JUN (ZHI WEIJUN)
NRIC No	S7936432J
Email Address	kevin808_79@yahoo.com.sg
Mobile Phone No	(Phone) +65-88687988
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1597

#### INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG22014604

#### DRIVER

Name of Driver	CHECK WEI JUN (ZHI WEIJUN)
NRIC No	S7936432J
Date Of Birth	15/11/1979
Occupation	Indoor



Date Of Driving Pass .....	07/01/2022
Driving experience .....	1 YEAR AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88687988
Alt. Phone Number .....	-
Email Address .....	kevin808_79@yahoo.com.sg
Address .....	BLK 561B JURONG WEST STREET 42 #03-1169
Address complement .....	-
Postcode .....	642561
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 .....	Hit and run / Vandalism / Damaged whilst parked
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? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO T/20230724/7057

#### 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 .....	SHB219G
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-
Vehicle Variant .....	-





**SKETCH PLAN****IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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. 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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

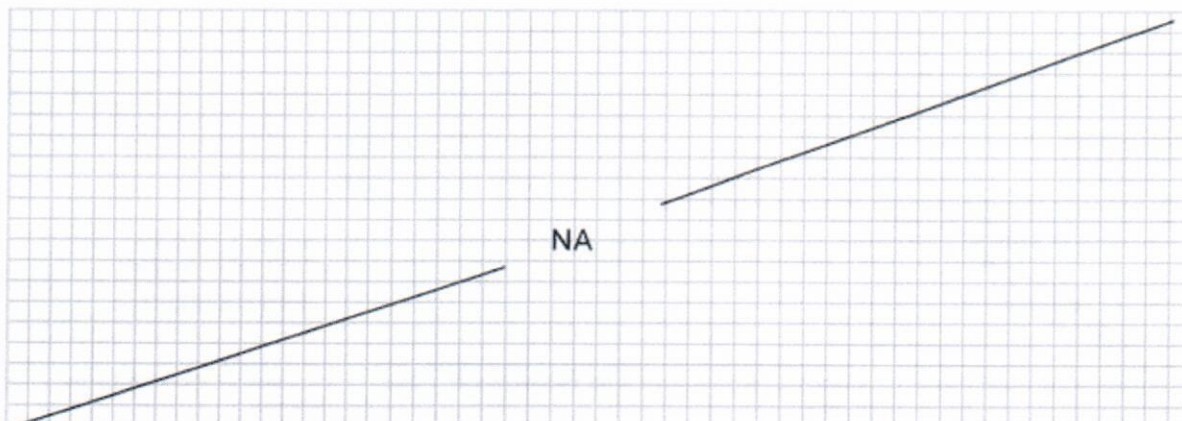
Sketch Plan 24/07/2023  
1355HRS

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

**FLASH ACCIDENT  
REPORTING OFFICER  
FRO NAZREEN**



Witnessed by Reporting Centre Personnel

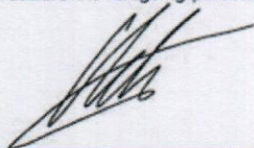


Describe Circumstances of the Accident

PLEASE REFER TO T/20230724/7057

Declaration

We declare the foregoing particulars are true in every respect.




Policyholder's Signature / Date &  
Time

24/07/2023  
1355HRS

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

**FLASH ACCIDENT  
REPORTING OFFICER  
FRO NAZREEN**



Witnessed by Reporting Centre  
Personnel