

ASS. REC. BY:

REF: C12 /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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

1-2 days

Res.: Yes or No

Lum Sum:

134 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SNH9562C

Yr Regn:

121 22Type: MCar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Peugeot3008

c.c.

1199

Colour

M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading

66006

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VI 3 M R H A S U N S 037578Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/65R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

12/8/24

D.O.I.

15/8/2024

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

TOTAL

Report Format :

ump Sum / I.B.I: (\$

Date: 13-8-2024  
Vehicle No: SNH9562C  
Model: PEUGEOT 3008  
Chassis: VF3MRHNSUNS037578  
Reg.Year: 13.12.2022

*Not Whistle*  
*Heavy Bump*  
*1-2 days*

Third Party Insurer: China Taiping  
Third Party Veh No: YP9145B  
Date of Accident: 12/8/2024  
Estimator: Loong  
Surveyor:

## ESTIMATE

| NO.         | DESCRIPTION                | QTY | UNIT S\$      | AMOUNT S\$          |
|-------------|----------------------------|-----|---------------|---------------------|
| 1           | REAR BUMPER                | 1   | <i>Per hr</i> | \$1,600.00          |
| 2           | REAR BUMPER OUTER MOULDING | 1   |               | \$650.00            |
| 3           | REAR REVERSE SENSOR        | 2   | \$360.00      | <i>Per</i> \$720.00 |
| 4           | REAR BUMPER REINFORCEMENT  | 1   |               | \$900.00            |
| 5           | REAR BOOT                  | 1   |               | REPAIR              |
| SUB TOTAL   |                            |     |               | \$3,870.00          |
| LESS 10%    |                            |     |               | -\$387.00           |
| PARTS TOTAL |                            |     |               | \$3,483.00          |

| NO.       | SPECIAL NETT                             | QTY | UNIT S\$ | AMOUNT S\$        |
|-----------|--|-----|----------|-------------------|
| 1         | REAR BUMPER CLIPS                        | 1   |          | <i>na</i> \$55.00 |
| 2         | REAR REVERSE SENSOR MOUNTING BRACKET SET | 1   |          | \$300.00          |
| S/N TOTAL |  |     |          | \$355.00          |

### LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST REAR ACCIDENT AREAS & ETC.

*200* \$700.00

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR BOOT, REAR BUMPER, REAR END PANEL & ETC.

\$800.00 *?*

LABOUR CHARGES TO REMOVE & REPLACE REAR BUMPER REVERSE SENSOR & ETC.

\$100.00 *50*

TO CHECK WIRING & ELECTRICAL SYSTEM.

*na* \$100.00 *X*

LABOUR TOTAL \$1,700.00

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:

TOTAL \$5,538.00

### Head office

5 Kung Chong Road Singapore 169143  
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

### Branch

9A Serangoon North Ave 5 Singapore 554600  
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

### Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047  
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011





## 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        | 13/08/2024 11:39 (SGT)                     |
| Reported by                     | Actual Driver                              |
| Date of Accident                | 12/08/2024 12:19 (SGT)                     |
| Exact Location of Accident      | 7 Pioneer PI, Singapore 627824             |
| Additional Location Information | PIONEER ROAD (NEAR THE GUL WAY), SINGAPORE |
| Country/State of Loss           | Singapore                                  |

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNH9562C

#### INSURED/POLICYHOLDER

|                          |                                   |
|--------------------------|-----------------------------------|
| Is company?              | Yes                               |
| Name Of Registered Owner | VINCAR LEASING AND RENTAL PTE LTD |
| Company Reg No           | 2XXXXX828K                        |
| Email Address            | LEASINGOPERATION@VINCAR.COM.SG    |
| Mobile Phone No          | (Phone) +65-88381636              |
| Alternative Phone No     | (Office) +65-84884081             |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Peugeot                   |
| Model  | 3008                      |
| 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   | 1199                      |
| Vehicle Fuel   | -                         |
| First Registration Date  | -                         |
| Chassis no   | VF3MRHNSUNS037578         |
| Effective Date/Time of Ownership   | -                         |

#### INSURANCE COMPANY

|                                   |                           |
|-----------------------------------|---------------------------|
| Name of Insurance Company         | Liberty Insurance Pte Ltd |
| Policy Number / Cover Note Number | SD24V13665/VPZ/R00        |

#### DRIVER

## SKETCH PLAN

### IMPORTANT NOTICE

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



*nigeltang*

Policyholder's Signature / Date & Time

*[Signature]*

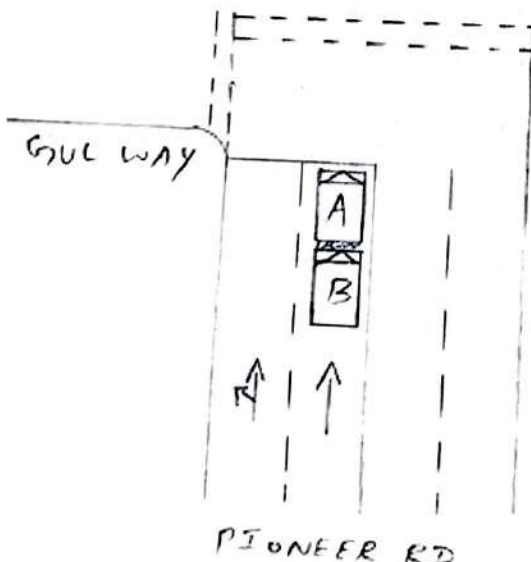
Driver's Signature (If driver is not the policyholder) / Date & Time



*Nay...*

Witnessed by Reporting Centre Personnel

### Sketch Plan



① → SNH9562C

② → YP9145B