

ASS. REC. BY:

REF: ALGHennerth

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:

04 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

BMW 2177K Yr Regn: 11, 20

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

Truck / Trailer or

Make:

Lexus ES250 c.c. 2487

Colour

M. Grey

AC: Insured / Std / NI / NA

Sp. Reading

162794

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JT14B11B1202030718

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:

R:

235/45R18

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

Front

R/Bal.

7

mm

Rear

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

15/5/24

D.O.I.

18/6/2024

Survey held at

Des. of Damages: Frt / Rear / OIS / NIS / UIC / Rooftop or

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

Date/Time, File Pass to?



: Prell. Report



: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Transportation

S - RS. SI

Fees

Others

Report Format :

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

TOTAL

輝陽汽車有限公司
HUI YANG MOTOR PTE. LTD.

Contact Add : SIN MING AUTOCARE Blk 176 Sin Ming Drive #04-02 Singapore 575721
Tel: 64515752 (2 Lines) . Fax: 64514658
GST Reg No. 201629438M

17/6
Enruth
18/06/24

15/05/2024

Owner: ANG CHIN KENG

Not Withstand
C/Ly @
Penny After Penny

ESTIMATE TO REPAIR TOYOTA LEXUS ES250 - SMW2177K

1pc	rear boot cover	11	\$ 1,850.50	X
1pc	rear boot cover "LEXUS" emblem	11	\$ 121.50	—
1pc	rear boot cover "ES250" emblem	11	\$ 118.20	—
1pc	rear bumper	Bu	\$ 1,350.50	—
2pcs	rear bumper side retainer @\$132.25	11	\$ 264.50	X
1pc	rear bumper lower garnish		\$ 381.50	7
1pc	rear bumper lower garnish chrome		\$ 181.20	7
2pcs	rear bumper lower garnish side chrome @\$158.50	11	\$ 317.00	X
2pcs	rear bumper centre parking sensor @\$281.50	11	\$ 563.00	X
1pc	rear bumper reinforcement		\$ 385.20	7
1pc	rear bumper sponge		\$ 195.20	7
1pc	rear end panel	11	\$ 781.50	X
1pc	rear end panel inner garnish	11	\$ 481.20	X
			\$ 6,991.00	
less 25%			\$ 1,747.75	
			\$ 5,243.25	

1set rear number plate & casing

s.nett \$11 50.00 X

wiring
tuffkote
spray painting
labour charges
Total

\$ 80.00 15/
\$ 80.00 7
\$ 1,200.00 4401
\$ 1,200.00 4001
\$ 7,853.25

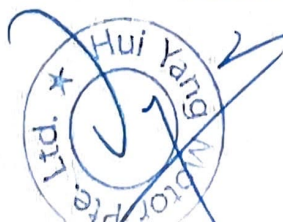
LKK Auto Consultants hence notify the Repairer of the following:

- 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	16/05/2024 17:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/05/2024 08:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TOWARDS PIE (AFTER BRADDEL EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW2177K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG CHIN KENG
NRIC No	S7635026D
Email Address	THOMASSHANDY@GMAIL.COM
Mobile Phone No	(Phone) +65-97421463
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Es250
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2487

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2003302725

DRIVER

Name of Driver	ANG CHIN KENG
NRIC No	S7635026D
Date Of Birth	09/11/1976
Occupation	Outdoor

Vehicle Registration No.
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Name of Driver
Contact Number
Address
Postcode
Insurance complement
Nature of

Driving Pass Date
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

09/01/2007
17 YEARS AND 4 MONTHS
Male
(Phone) +65-97421463
-
THOMASSHANDY@GMAIL.COM
581 SEMBAWANG PLACE
-
758431
Yes
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Clear
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 SHANDY TEE SUAT LING
Gender Female

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

REFER TO SKETCH PLAN

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	SLP1054L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DAVID
Contact Number	(Phone) +65-90938707
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1	
Name of injured person	SHANDY TEE SUAT LING
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMW2177K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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 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 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.

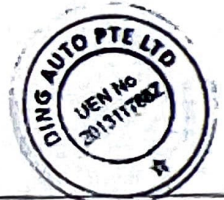
(collectively the "Purposes")

- (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.

1/2 16/5/24
Policyholder's Signature / Date &
Time

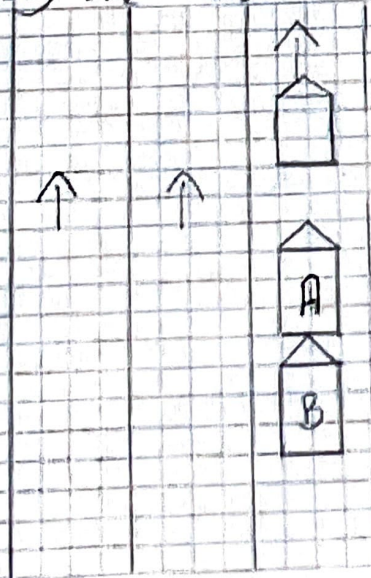
Driver's Signature (if driver is not the policyholder) / Date
& Time

AND
Witnessed by Reporting Centre
Personnel



Sketch Plan

Along ITE towards PTE (APR Brodder Exit)




A - SMW 2137K
B - SLP 1054L

Describe Circumstances of the Accident


on 15/05/24 at around 08:50am, I was driving
along cte towards PIE (After braddel Exit), traffic was
slow, suddenly a car (SLP1054L) hit my car (SWW2177K)
on my rear. I was travelling on first lane.

Declaration

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

 16/5/24
Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Date


Witnessed by Reporting Centre
Personnel

