

ASSIGNMENT

SKS 8008X

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SHB 959D

Policy No. _____

Claims No. TAX/09/24/2003

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 2 days Res.: Yes or NoLump Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: Andi Q7Yr Regn: 12 Sept 2019Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Andi Q7 cc: 1984Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 82852 T/Radio: Insured / Std / NI / NAEng No: CYR092913C/No: WAUZZZ4M2KD034982

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 255/55 R 19R: 11

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

TOYO / YOKO or Goodyear

Front

Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 2/9/2024D.O.I. 06/09/2024Survey held at Out Cars AMC

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

4/5 Frnt

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

Date / Time	Action / Instruction
	<u>Invoice SMRT SHB 959D</u>
	<u>MV 177K</u>
	<u>LIA 74.4K</u>
<u>18/09/24</u>	<u>Finalized L/S 1,050/- with 2 dgs of m (red 18,947.64, 94%)</u>

Date/Time, File Pass to?

☐ : Prel. ReportDays Of Repair: 2

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee:

Transportation:

S+RS \$

Photos

Others

TOTAL

Report Format: _____

Lump Sum / L.B.I: (\$ _____)

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	02/09/2024 15:26 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/09/2024 09:28 (SGT)
Exact Location of Accident	Selegie Rd, Singapore
Additional Location Information	X-JUNCTION OF SELEGIE RD & ROCHOR CANAL RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS8008X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH MINGJIE
NRIC No	SXXXX481I
Email Address	DEXTER.KOH@GMAIL.COM
Mobile Phone No	(Phone) +65-94558312
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q7 2.0 TFSI QU (252 BHP) PSR
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	1984
Vehicle Fuel	Petrol
First Registration Date	12/09/2019
Chassis no	WAUZZZ4M2KD034982
Effective Date/Time of Ownership	09/06/2023 09:06 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number.	MT/01237868

DRIVER

Name of Driver	KOH MINGJIE
NRIC No	SXXXX481I
Date Of Birth	12/10/1983
Occupation	Indoor
Driving Pass Date	05/01/2006
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	18 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94558312
Alt. Phone Number	-
Email Address	DEXTER.KOH@GMAIL.COM
Address	BLK 27 ROBIN ROAD 13-01 SINGAPORE 258204
Address complement	-
Postcode	-
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	Collision - Cross Junction
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	WINNIE KWA
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

PLS REFER TO THE SKETCH PLAN BY DRIVER

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB959D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

SKETCH PLAN

IMPORTANT NOTICE

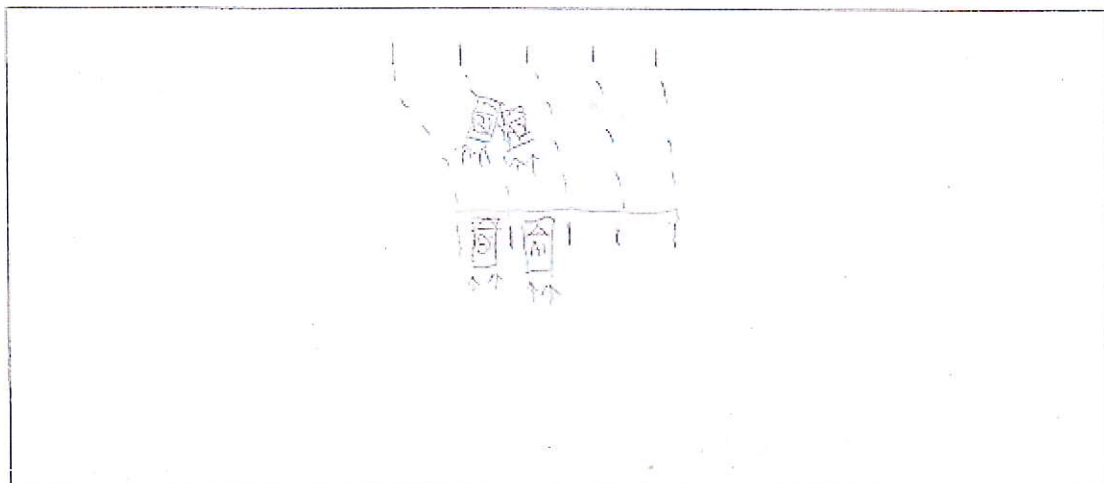
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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 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 purposes of:
(i) processing, handling and/or dealing with my claims, including the settlement of the claims and any necessary investigation 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/postal 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/also 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

Actual Driver's Signature of driver is not the Policyholder / Date & Time

Witnessed by Reporting Centre's Clerk
(Name with NR-CID card)

Sketch Plan



Describe Circumstance of the Accident

Date of Accident: 02/09/2024 Time: 09:28 hrs Location: X-Tune at Selgie Rd & Bochar Canal Rd

My Vehicle A: SKE8S6S8008X Vehicle B: SHB9591D Vehicle C: _____

On the stated date & time, I was travelling along the above stated location. Suddenly vehicle B (SHB9591D) swerved into my lane & collided onto the front left portion of my vehicle causing damages. I have video footage to support my statement.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my file's accident Report to:

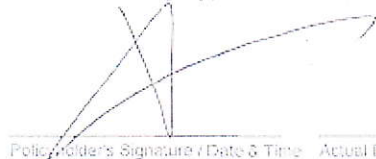
My Workshop: Outcars Auto

Workshop Email Address: outcarsauto@gmail.com

☐ Note: Please take note that your insurer has a 14 days timeframe for you to submit own damage claims under your own policy. Kindly check with your own insurer for more information.

Declaration

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



Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

OUTCARS AUTO

5035 Ang Mo Kio Industrial Park 2 #01-371

H/P : 8299 6103

E-Mail: outcarsauto@gmail.com

UEN: 53471701B

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:

To: INCOME INSURANCE LTD

Vehicle Number : SKS8008X

Vehicle Model : AUDI Q7

ESTIMATED REPAIR COSTS FOR ABOVE STATED VEHICLE

PARTS

QTY		AMOUNT	
1	HEAD LAMP LH <i>HN</i>	\$ 12,596.40	X
1	HEAD LAMP LOWER BRACKET LH <i>HN</i>	\$ 356.40	X
1	FRONT BUMPER <i>HN</i>	\$ 2,193.00	X
1	FRONT BUMPER SIDE RETAINER LH <i>HN</i>	\$ 187.80	X
1	FRONT FENDER LH <i>HN</i>	\$ 1,759.80	X
1	FRONT FENDER INNER SHIELD LH <i>HN</i>	\$ 397.20	X
1	FRONT ARC GARNISH LH <i>HN</i>	\$ 1,429.00	✓
PARTS SUM:		\$ 18,919.60	
PARTS LESS 10%:		\$ 1,891.96	
PARTS TOTAL:		\$ 17,027.64	

SPECIAL NETT ITEMS

QTY		AMOUNT	
1SET	FRONT FENDER INNER SHIELD CLIPS <i>HN</i>	\$ 50.00	X
1SET	FRONT BUMPER CLIPS <i>HN</i>	\$ 40.00	X

LABOUR

S/N		AMOUNT	
1	TO REMOVE & PANEL BEAT ALL DAMAGED ABOVE PARTS & PANELS	\$ 1,000.00	3081-
2	TO RESPRAY NEW PAINTWORK FOR ALL DAMAGED AREAS	\$ 1,000.00	4801-
3	TO APPLY TUFF COAT ON ALL AFFECTED AREAS	\$ 80.00	HN
4	TO RNR FRONT BUMPER SENSOR TO FACILITATE REPAIRS	\$ 200.00	HN
5	TO CHECK & RE-FIX ALL ELECTRICAL WIRINGS	\$ 200.00	HN
6	TO COMPUTERIZE DIAGNOSE FAULT CODES & CONTROL UNITS. RESET ALL MEMORIES TO FACTORY DEFAULT SETTINGS	\$ 400.00	HN

LABOUR & S/N TOTAL: \$ 2,970.00

GRAND TOTAL ESTIMATED REPAIR COSTS: \$ 19,997.64

06/09/2024 @ 1030m

HN Adm

4/5m 2 days.

HN 2kx Adm

1339.80

4/5 1,050/-