ASS. REC. BY: Tauffik | REF: GS/LID 24100153/1vh3

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: SNR 9506M

Policy No. _____

Claims No. AVS24/3041

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
	X

Bal or Market Value: 91.05K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMS 1409 H Yr Regn: 2020, 02

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Volvo S60 T4 c.c 1969

Colour Blue A/C: Insured / Std / NI / NA

Sp.Reading 157495 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 7JRZSALADLG044613

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: NIl / S/Rim / STD A/Rim or _____

Tyre Size: F: 225/50R17

R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 30/9/2024 D.O.I. 16/12/24

Survey held at Nok Wang

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

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

Date / Time	Action / Instruction
10/1/25	LS $3350 (Red 3865.10, 53%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:

Transportation:

__$ + RS__ SI

Photos

Others

Report Format : _____

Lump Sum / I.B.I: (1: _____)

Kok Wang Car Grooming
1 Soon Lee Street #06-40 Pioneer Centre
Singapore 627605
Hp: 91839633 E-mail: vianong@ymail.com

ESTIMATE REPORT

Vehicle Number : SMS1409U
Make And Model : Volvo S60 T4
Date of Accident : 30 September 2024

S/No	Parts	QTY	Unit Price	List Price
1	Rear bumper	1		$ 2,121.00
2	Rear bumper lower molding	1		$ 696.90
3	Rear bumper tow cover	1		$ 60.50
4	Rear bumper reflector RH	1		$ 282.80
5	Rear bumper reverse sensor RH	2	$ 235.00	$ 470.00
6	Rear bumper reverse sensor O-ring	6	$ 18.00	$ 108.00
7	Rear bumper retainer RH	1		$ 131.90
8	Rear bumper center support	1		$ 265.00
9	Rear bumper reinforcement	1		$ 753.50
10	Rear taillamp RH	1		$ 949.40
				$ 5,839.00
			Less 10%	$ 583.90
			Total	**$ 5,255.10**

Special Nett Item

1	Rear bumper clips	1 set		$ 60.00
			Total	**$ 60.00**

Labour & Misc Charges

To dismantle, replace & panel beating affected parts for rear portion.	$	800.00
To spray paint on affected areas for rear portion.	$	600.00
To remove/replace/reinstall reverse sensors.	$	80.00
To check wiring for rear portion.	$	60.00
To apply anti-rust on affected areas.	$	60.00
To perform system diagnostic & reset ECU system.	$	300.00
Total	**$**	**1,900.00**
Grand Total :	**$**	**7,215.10**

Taufik 97495749/62563561
WP' 16/12/24 @5pm
L/S Resurvey after repair
taufik @ Khanton
-3days

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	01/10/2024 17:44 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/09/2024 18:20 (SGT)
Exact Location of Accident	Jln Buroh, Singapore
Additional Location Information	SLIP ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS1408U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG TECK KWEE
NRIC No	S7538745H
Email Address	JIMNG27@YAHOO.COM
Mobile Phone No	(Phone) +65-97462666
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	S60
Variant	T4 M
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Manual
CC	1969
Vehicle Fuel	-
First Registration Date	12/02/2020
Chassis no	7JRZSALADLG044613
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number	MA028022

DRIVER

Name of Driver	NG TECK KWEE
NRIC No	S7538745H
Date Of Birth	27/12/1975
Occupation	Indoor
Driving Pass Date	08/03/1999
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	25 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97462666
Alt. Phone Number	-
Email Address	JIMNG27@YAHOO.COM
Address	76 FLORA ROAD #02-34 THE GALE
Address complement	-
Postcode	506917
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 - Head to Rear
Weather Conditions	DRIZZLING
Road Surface	Wet

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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER 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

Vehicle Registration Number	SNR0508M
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAN JIAN HAO
-	S9135619H
Contact Number	(Phone) +65-96276738
Address	194B BUKIT BATOK WEST AVE 6 #16-231
Address complement	-
Postcode	652194
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. [illegible]
2. This Form must be completed by the Policyholder and/or the Actual Driver. [illegible]
3. Information provided must be as truthful and accurate as possible. Any willful or grossly misleading or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The giving 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 insurer to the GIA Accident Management Centre established by the General Insurance Association [illegible] for [illegible], and that copies of this report will [illegible] made available upon application by interested parties.
7. [illegible] of this report to the insurers, you hereby consent to the [illegible] of this report at the [illegible] and the copies of the [illegible] available [illegible]

Consent under the Personal Data Protection Act (PDPA)

I [illegible], acknowledge, agree and consent that:

[illegible] and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose [illegible] my personal data/personal information set out in this [form] and any other personal information provided by me or [illegible] by my insurer (collectively the "Personal Information") [illegible] Personal Information to all insurer(s) [illegible] insured vehicle(s) involved in this Accident [illegible] vehicle(s) involved in this Accident shall be [illegible] referred to as the "Insurers"), the [illegible] Monetary Authority of Singapore and any relevant [illegible] agency/authority (such as the police) for the purpose(s) of:

[illegible] processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to [illegible]

[illegible] investigating the accident and/or my claims

[illegible] and/or dealing with any instructions or [illegible]

[illegible] my claims including the [illegible]

[illegible] of certain personal data [illegible]

[illegible]

[illegible] compliance with applicable laws [illegible] dealing with my claims

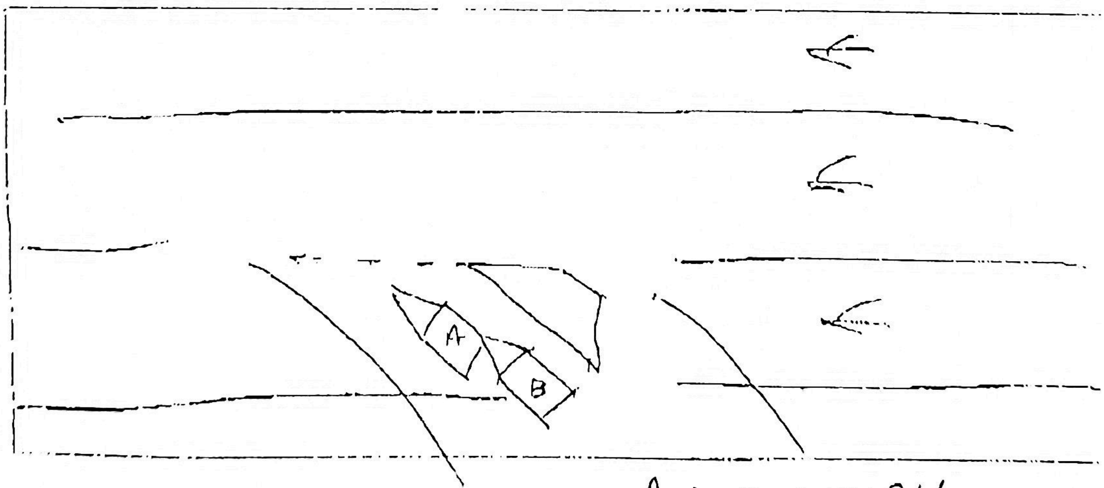
[illegible] (the "Purposes")

[illegible] insurer(s) [illegible] vehicle(s) involved in this accident [illegible] may/are permitted to collect [illegible] process my Personal Information for one or more of the above Purposes; and

[illegible] my Personal Information may be [illegible] disclosed by any of the Insurers and/or GIA to their third party service providers or agents [illegible] which may be located outside of Singapore, for one or more of the above Purposes.

[illegible] Signature of Insurer [illegible] | [illegible] | Signature of [illegible]

Sketch Plan



A : SMS 14094

B : SNR 9506M

Describe Circumstance of the Accident

VEHICLE NO:

CONTACT NUMBER

ACCIDENT DATE & TIME

E-MAIL

LOCATION:

On 30th Sep, 6:30pm I was driving out from Jalan Buah and at the junction, I stopped my car (SMS1409U) to look ~~out~~ out for on going cars along Jalan Buah.

It was a very heavy traffic along Jalan Buah. I stopped my car to check for clearance.

While I ~~was~~ stopped my car stationary. Within less than 5 sec, I heard a loud bang from the rear of my car.

I put on hazard light and get out of the car to check and saw vehicle (SNR 9506M) hit onto my rear right side of the car, resulting in severe damage to the right rear lights & bumper.

[ ] Claim own policy
[ ] Claim third party
[x] [illegible]
[ ] For record purpose only
Other workshop: Kok Wang S.
Policy No: MA0280022
Insurer: [illegible]
Vehicle No: SMS1409U

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

PLEASE STATE: [ ] CLAIM OWN POLICY [ ] CLAIM THIRD PARTY [ ] CLAIM UNDER AT OTHER WORKSHOP [ ] REPORTING ONLY

Declaration

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

Policyholder's Signature / Date & Time

Driver's Signature (if different from policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name & Date / Time)

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