

ASS. REC. BY:

REF:

FCZ/

ASSIGNMENT

Kenneth

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / QD 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:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cohd: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

: Prel. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:

: Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

S + RS. \$

: Fixing

: Others

Report Format:

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

TOTAL

**CARWORKZ SG PTE LTD**

10 SIN MING IND EST SECTOR C, #01-06, SINGAPORE 575645

H/p: 81184734 (Soon Ng) / 98766876 (Anna Chua)

Co. Reg. No: 202039874Z GST No: 202039874Z

Email: carworkzws@gmail.com

ESTIMATED REPAIR COST DETAILS

ACC-24-0089

To: MS FIRST CAPITAL INSURANCE LIMITED
36 ROBINSON ROAD
#16-01 CITY HOUSE
SINGAPORE 068877

Date: 04/12/2024

Vehicle No.: SLB-5197-E

Make: FORD

Model: FOCUS HB TREND 1.6
TI-VCT A/T 5DR

Not Withheld
1 Rm &
Pruning After Rain
2-3 days

Attention: Motor Claim Department

QTY	DESCRIPTION	REPAIR AMOUNT	SURVEYOR APP.
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List Item

1	REAR BUMPER	\$2,075.00	7
15	REAR BUMPER CLIPS	<i>na</i> \$150.00	<i>50in</i>
1	REAR BUMPER RETAINER LH	\$135.00	7
1	REAR BUMPER RETAINER RH	\$135.00	7
1	REAR BUMPER BRACKET LH	\$145.00	7
1	REAR BUMPER BRACKET RH	\$145.00	7
1	REAR BUMPER REFLECTOR RH	<i>in</i> \$180.00	X
1	REAR BUMPER LOWER GARNISH	<i>red/br</i> \$750.00	✓
6	REAR BUMPER LOWER GARNISH CLIPS	<i>na</i> \$60.00	<i>30in</i>
1	REAR BUMPER LOWER GARNISH BRACKET LH	<i>in</i> \$48.00	X
1	REAR BUMPER LOWER GARNISH BRACKET RH	<i>in</i> \$48.00	X
2	REAR BUMPER REVERSE SENSOR (ORI)	<i>in</i> \$640.00	X
1	REAR BUMPER INNER CENTRE BRACKET	\$185.00	7
1	REAR BUMPER REINFORCEMENT	\$678.00	7
1	END PANEL	<i>n</i> \$835.00	X
1	END PANEL TOP GARNISH	<i>in</i> \$415.00	X
6	END PANEL TOP GARNISH CLIPS	<i>na</i> \$60.00	X
Sub Total		\$6,684.00	

Discount 20% on Parts

(\$1,336.80)

\$5,347.20

Special Nett

1 END PANEL SEALANT

Sub Total

na \$60.00 X
\$60.00

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:

**CARWORKZ SG PTE LTD**

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H/p: 81184734 (Soon Ng) / 98766876 (Anna Chua)
Co. Reg. No: 202039874Z GST No: 202039874Z
Email: carworkzws@gmail.com

ESTIMATED REPAIR COST DETAILS**ACC-24-0089****Labour & Misc**

LABOUR TO FACILITATE REPAIR	\$800.00	2001
R & R REAR FENDER INNER TRIMS LH & RH	~ \$280.00	X
R & R SPARE TYRE COMPARTMENT TRIMS	~ \$180.00	X
R & R REVERSE SENSOR	\$60.00	501
CHECK & RECONNECT WIRINGS	\$60.00	156
TO RUST PROOF AFFECTED AREA	~ \$80.00	X
LABOUR TO SPRAY PAINT AFFECTED AREAS	\$600.00	2201
Sub Total	\$2,060.00	

Sub Total	\$7,467.20
GST 9%	\$672.05
Total	\$8,139.25

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	02/12/2024 17:24 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/11/2024 20:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG DUNEARN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB5197E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LAI LEE SAN
NRIC No	S7869357F
Email Address	ALLENWKSHOP@GMAIL.COM
Mobile Phone No	(Phone) +65-94521771
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Ford
Model	Focus
Variant	-
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	Auto
CC	1596
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5143735429


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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 2/12/24
Policyholder's Signature / Date & Time

 2/12/24
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan



A-SLB 5197 E

B-SH 71693



**SINGAPORE
POLICE FORCE**



T/20241202/2043

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

2 of 3

Report No. T/20241202/2043

CONTINUATION OF REPORT

Driver			
Name	LAI LEE SAN	ID No.	S7869357F
Related Vehicle	SLB5197E (Motor car)	Contact No.	94521771
Hospital/Clinic	WELL FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	02/12/2024	Date Discharge	02/12/2024
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the above-mentioned date and I was travelling in my vehicle (SLB5197E) along Dunearn Road with a passenger. I was going to make a U-turn as such I stop my vehicle and waited for the on-coming car to pass, however I felt an impact from the rear, as such I went down to make a check. There was a Taxi (SH7169J) rear ended my vehicle. As such my vehicle rear bumper dented in and there were scratches.

I made a check with my passenger, and she said she was fine. I wish to inform that there was no police or ambulance at scene no was injured. I have in car-camera installed I can provide the footage however is only the front view. Today 02/12/2024 morning I woke up feeling pain in my neck, as such I went to consult a doctor and was given 3 days of MC.

I am lodging this report for insurance claim purposes.