(08/11/13) wef

ASS. REC. BY: Marcus

REF: TP/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLV1511C

at Workshop m/s Bund

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.

N/S	O/S

Bal. or Market Value: _____

JOAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLV1511C Yr Regn: 11/17

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

Make: KIA Cerato K3 c.c 1591

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

Sp.Reading 2122 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAFX411MJ5752040

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: _____

R: 205/55R16

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	17/4/18	D.O.I.	26/4/18

Survey held at _____

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

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

Date / Time	Action / Instruction
	Mul Mox
	L/S & Rear (Red: 5015 ; 51%)

RECEIVED 07 MAY 2018

Date/Time, File Pass to?

1) 7/5 Typist

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☒ : Final Report

Report Format : TP

Lump Sum / I.B.I: ($ 49001-)

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	170
Transportation:	50
___S + RS. ___SI	50
Photos	56
Others	80
TOTAL	406

Ref. No : CS/TP/18007731 / utbn2 Res. Date: 21/5/18	Date Received:
Veh. No : SLV 15/1C SP:	WKSP:
C/No :	
Action/Instruction:	
1.File 2.Submit Photo? YES / NO	
3.Indicate Res. Date On Photo Page? YES / NO	Message:
If No, due to a) No authorisation b) Days of repair	
others:	
Final Re-inspection or Progress Photos	Inspected By:

MKRS18051410 / Kan Fook Sing Motor Workshop - Defu
ENTRY DATE & TIME: 18/04/2018 14:46
SUBMITTED BY: Margaret Lee

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 Authorised 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 ability.
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 Report	18/04/2018 14:46
Date Of Accident	17/04/2018 13:30
Exact Location Of Accident	TAMPINES AVE 10
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLV1511C
Insured/Policyholder	
Name Of Registered Owner	WANG HUAT KIM
NRIC No	S7024224I
Email Address	LEROYNG1511@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96707117
Alternative Phone No	OFFICE-96707117
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700078988
Cover Note Number	
Driver	
Name of Driver	NG SIONG HOE LEROY
NRIC No	S9833174C
Date Of Birth	02/10/1998
Occupation	INDOOR
Date Of Driving Pass	03/10/2017
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96707117
Fax Number	
Contact Number	
EMail Address	LEROYNG1511@GMAIL.COM

Address	BLK 316C PUNGGOL WAY #07-693 S823316
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO ATTACHED REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP2566T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN SHENG YENG JOSEPH
NRIC/Passport Number	S8540280C
Contact Number	81182825
Address	NA NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan Pg. 1

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 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. 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 lodgment 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.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

   (e) the information so collected under (d) above may be shared / disclosed:

   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

18/4/18 1409

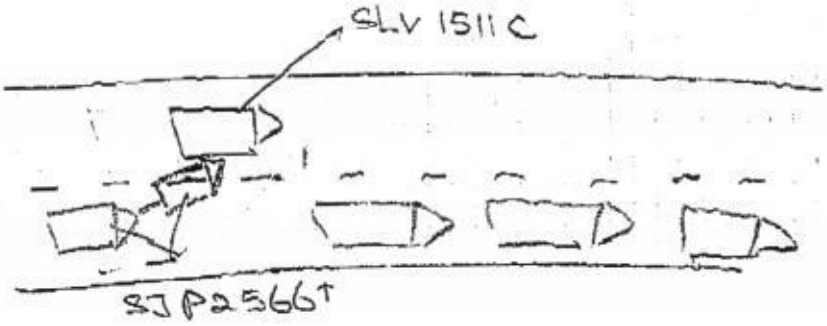
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Was travelling straight in my own lane suddenly I felt an impact and realised that SJP2566T swerved out suddenly from the right lane and glazed against the right side of my vehicle. The driver apologised and admit that he did not see my car and swerved out. There was an initial private settlement between both parties at the point. However, the repair cost was not agreed by Mr Joseph and thus the private settlement agreement is void and null.

Date of Accident

☐ Reporting Only
☐ Own Damage Claim
☐ Third Party Claim at SJP2566T
☐ Other Workshop

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

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 18/4/18 1409	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Addendum Sheet Pg. 1

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S64SS0020G / GST Reg. No.: M490017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MKFS1805141D Vehicle Registration No: SLV1511C

Name(as shown in NRIC) : Leroy Ng Siang Hor NRIC/FIN/Passport No : S9822176C

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Blk 316C Punggol Way #07-653 Singapore(822316)

Contact (Tel) : 62129449 Mobile No. : 96707117

Email Address : leroyng1511@gmail.com

Date of Accident : 17/04/2018 Time of Accident : 1330 hrs

Place of Accident : Tampines Ave 10

Insurance Company : AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Change to 3rd party claims

Number of Passenger is 3

Policyholder / Driver's Signature
Date: 21/4/18

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	4224I
Vehicle Details	
Vehicle No.:	SLV1511C
Vehicle to be Exported:	No
Intended De-registration Date:	27 Apr 2018
Vehicle Make:	KIA
Vehicle Model:	CERATO K3 1.6A
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	G4FGHH685446
Chassis No.:	KNAFX411MJ5752040
Maximum Power Output:	95.3 kW (127 bhp)
Open Market Value:	$12,717.00
Original Registration Date:	20 Nov 2017
First Registration Date:	20 Nov 2017
Transfer Count:	0
Actual ARF Paid:	$12,717.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Nov 2027
PARF Rebate Amount:	$9,537.00
Intended COE Rebate Details	
COE Expiry Date:	19 Nov 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$41,617.00
COE Rebate Amount:	$39,800.00
Total Rebate Amount:	**$49,337.00**

The information contained herein is correct as at 27 Apr 2018

OK

BLUWEL AUTOMOTIVE SERVICE PTE LTD

Workshop: 1 Kaki Bukit Ave 6 (Unit B) #01-28
(Unit C) #01-51/53/55 Singapore 417883
Hp: 9755 2088 Tel: 6745 2088 Fax: 6841 2088
Website: www.bluwel.com.sg Email: bluwel2088@yahoo.com.sg
Co. Reg. No.: 200704951N
GST Reg. No.: 200704951N

SLV 1511C

	Front door o/s	DD/Set	1277.00	✓
	Front door rubber o/s	nil	98.00	✓
	Front door gloss outer moulding o/s	nil	101.00	✓
	Front door inner lock o/s	nil	295.00	✗
1set	Front door frame black sticker o/s	nil	45.00	✓
	Rear door o/s	DD/Set	1269.00	✓
	Rear door rubber o/s	nil	82.00	✓
1set	Rear door frame black sticker o/s	nil	43.00	✓
	Rear door inner lock o/s	nil	295.00	✗
	Rear fender o/s	nil	899.00	✗
	Rear fender lower sticker o/s	grazed	40.00	✓
	Rear bumper	nil	698.00	✗
1set	Rear bumper clips	nil	39.00	✓
	Rear knuckle arm o/s	Set	399.00	✓
	Rear knuckle wheel hub bearing o/s	Bmye	340.00	✓
	Rear lower arm o/s	nil	295.00	✗
	Rear sport rim o/s	DD/warped	600.00	✓
2pcs	Rear door hinges @85.00	nil	170.00	✗ 4513
		(10%	698.00	
	To check wiring		50.00	- 20
	To Dismantle & refix rear reverse sensor		80.00	- 50
	To transfer both o/s door mechanism		180.00	- 120
	To spray rust proofing		100.00	- 80
	To conduct wheel alignment		120.00	- 60
	To Dismantle & replacing rear undercarriage		180.00	- 120
	To Dismantle & refix seat, cushion upholstery		120.00	- 80
	labour for panel beating & replacing parts		800.00	- 600
	To putty & spray painting		1200.00	- 1000
		TOTAL	$ 9815.00	

60287

LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

BLUWEL AUTOMOTIVE SERVICE PTE LTD

Ref : CS/TP18007731/Utbn2

BLK 1 KAKI BUKIT AVE 6
#01-28/51/53/55(MAIN OFFICE)SINGAPORE 417883

Date : 10-05-2018

ON BEHALF OF WANG HUAT KIM

Code : TP149

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	**Veh. Inspected**	SLV 1511C
	Policy No.	**Coverage ($)**	0.00
	Claim No.	**Excess ($)**	0.00
	Assign From	**Assign Date**	26/04/2018

2. Vehicle Particulars & Condition

	Make & Model	KIA CERATO K3 (A)	**c.c**	1591
	Engine No.	HIDDEN	**Year of Reg.**	2017
	Chassis No.	KNAFX411MJ5752040	**Colour**	DARK BLUE
	Odometer	2122	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	SPORTS RIM
	General	GOOD		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	205/55 R16	NEXEN	9 mm
	L/H Front Tyre	205/55 R16	NEXEN	9 mm
	R/H Rear Tyre	205/55 R16	NEXEN	9 mm
	L/H Rear Tyre	205/55 R16	NEXEN	9 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	17/04/2018	**Inspection Date**	26/04/2018
	Survey held at	BLUWEL AUTOMOTIVE SERVICE PTE LTD BLK 1 KAKI BUKIT AVE 6 #01-28/51/53/55(MAIN OFFICE) SINGAPORE 417883		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: **4 Working Days**

LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLV 1511C

Qty	Description of Parts	Condition	Estimate By Workshop ($)	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	FRONT DOOR O/S	DENTED / BENT	1,277.00	1,277.00
1	FRONT DOOR RUBBER O/S	NECESSARY	98.00	98.00
1	FRONT DOOR GLASS OUTER MOULDING O/S	NECESSARY	101.00	101.00
1	FRONT DOOR INNER LOCK O/S	NOT NECESSARY	295.00	-
1	SET FRONT DOOR FRAME BLACK STICKER O/S	NECESSARY	45.00	45.00
1	REAR DOOR O/S	DENTED / BENT	1,269.00	1,269.00
1	REAR DOOR RUBBER O/S	NECESSARY	82.00	82.00
1	SET REAR DOOR FRAME BLACK STICKER O/S	NECESSARY	43.00	43.00
1	REAR DOOR INNER LOCK O/S	NOT NECESSARY	295.00	-
1	REAR FENDER O/S	TO REPAIR SEE LABOUR	899.00	-
1	REAR FENDER LOWER STICKER O/S	GRAZED	40.00	40.00
1	REAR BUMPER	TO REPAIR SEE LABOUR	698.00	-
1	SET REAR BUMPER CLIPS	NECESSARY	39.00	39.00
1	REAR KNUCKLE ARM O/S	BENT	399.00	399.00
1	REAR KNUCKLE WHEEL HUB BEARING O/S	DAMAGED	340.00	340.00
1	REAR LOWER ARM O/S	NOT NECESSARY	295.00	-
1	REAR SPORT RIM O/S	DENTED / WARPED	600.00	600.00
2	REAR DOOR HINGES @$85.00	SERVICEABLE	170.00	-
	LESS 10% DISCOUNT		-	-433.30
			6,985.00	3,899.70
	LABOUR			
	TO CHECK WIRING.		50.00	20.00
	TO DISMANTLE & REFIX REAR REVERSE SENSOR.		80.00	50.00
	TO TRANSFER BOTH O/S DOOR MECHANISM.		180.00	120.00
	TO SPRAY RUST PROOFING.		100.00	80.00
	TO CONDUCT WHEEL ALIGNMENT.		120.00	60.00
	TO DISMANTLE & REPLACING REAR UNDERCARRIAGE.		180.00	120.00
	TO DISMANTLE & REFIX SEAT,CUSHION UPHOLSTERY.		120.00	80.00
	LABOUR FOR PANEL BEATING & REPLACING PARTS.INCLUSIVE OF THE REPAIR OF REAR FENDER O/S AND REAR BUMPER.		800.00	600.00

LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Qty	Description of Parts	Condition	Estimate By Workshop ($)	Our Adjusted ($)
	TO PUTTY & SPRAY PAINTING.		1,200.00	1,000.00
			2,830.00	2,130.00
	GRAND TOTAL		**9,815.00**	**6,029.70**

	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			**4,800.00**

Report Ref No. CS/TP18007731/Utbn2

CHUA KANG SENG

Licensed Appraiser