ASS. REC. BY: Adrian | REF: CS/TP19008861/Avd3n2

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLG 318E. Yr Regn: 2016 / March.

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

Make: Honda Vezel. c.c 1496

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

Sp.Reading 36185 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RU1110S546.

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: 215/55R17

R: 215/55R17

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.	8/5/19	D.O.I.	05/03/19

Survey held at Hong Kee.

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
	TP Ergo (Independent).
	SLG318E - ✓
	GBC3252 - ✓
	RECEIVED 22 MAY 2019
22/5/19	LS $ 3500 (Red 4048.10, 54%0)

Date/Time, File Pass to?	Date/Time, File Return to?
1) 22/5- typist	2)
3)	4)
5)	6)
Preli. Report:	
Final Report:	

Part Prices Check:

IN	OUT

Survey Fee:	Date:
Basic & Add.	150
__S +RS, __SI	50+30
Photos	38
Others	80
TOTAL	368

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 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 Report	11/02/2019 17:01
Date Of Accident	08/02/2019 17:50
Exact Location Of Accident	LOR 101 CHANGI ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLG318E
Insured/Policyholder	
Name Of Registered Owner	TAN SIAK CHAY
NRIC No	S6944293E
Email Address	TANSC6988@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97457277
Alternative Phone No	OTHERS-97457277
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA170516
Cover Note Number	
Driver	
Name of Driver	TAN SIAK CHAY
NRIC No	S6944293E
Date Of Birth	17/12/1969
Occupation	INDOOR
Date Of Driving Pass	27/10/1988
Driving Experience	30 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97457277
Fax Number	
Contact Number	OTHERS-97457277
EMail Address	TANSC6988@GMAIL.COM

Address	8 LANGSAT ROAD
Postcode	426694
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -
General Information of the Accident	
Type Of Accident	COLLISION - HEAD TO REAR

Address	8 LANGSAT ROAD
Postcode	426694
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident	
Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY
Other Information	
Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	0
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 STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336	
Attachment(s)	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REQUEST FROM OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1	
Vehicle Registration Number	GBC325Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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17:54

Done SAS2550209.PDF

Sketch Plan

SKETCH PLAN

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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 [illegible] 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 [illegible] of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) [illegible]

(i) [illegible]

(ii) [illegible]

(iii) [illegible]

(iv) [illegible]

(v) [illegible]

(b) [illegible]

(c) [illegible]

(d) [illegible]

(e) [illegible]

(i) [illegible]

(ii) [illegible]

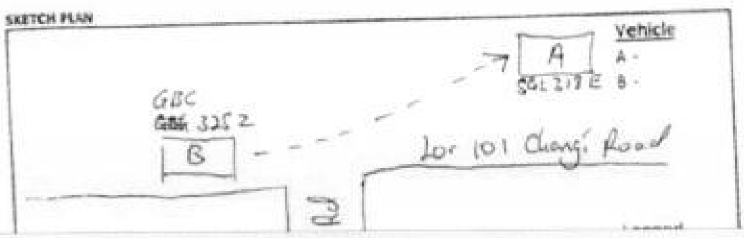
Policyholder's Signature
Date & Time: 11/03/2019 16:00

Driver's Signature
(If driver is not the policyholder)
Date & Time: 11/03/2019 16:00

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

Sketch Plan #2

SKETCH PLAN



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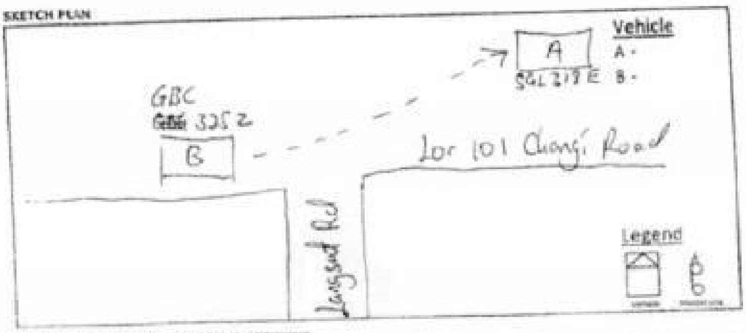
Done **SAS2550209.PDF**

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I park my Car (A) SGL319E at Parking Lot, Car (B) GBC 325 Z move and hit at Back of my Car (A)

DECLARATION

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

Policyholder's Signature
Date & Time: 11/02/2019 16:00

Driver's Signature
(if driver is not the policyholder)
Date & Time: 11/02/2019 16:00

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

Common Statement

ACCIDENT STATEMENT (Part 1)

To be signed by BOTH drivers

1 Date of accident: 8/7/19 Time: 1450
2 Exact location of accident: Lor 101 Changi Rd.
3 Injuries: No ✓ Yes ☐

4 Material damage to vehicles other than vehicles A and B: No ✓ Yes ☐
To objects other than vehicles: No ✓ Yes ☐

5 Witnesses' names, addresses and tel no.
Vehicle Video Camera available: No ☐ Yes ✓

Registration No. (VEHICLE A): SLG 318 E
6 Insured / policyholder (see insurance cert.)
Name (capital letters): Tan Siak Chay.

12 CIRCUMSTANCES

Registration No. (VEHICLE B)
Insured / policyholder (see insurance cert.)
Name (capital letters):

Common Statement

ACCIDENT STATEMENT (Part I)

REFER TO ATTACHED

Individual Statement

INDIVIDUAL STATEMENT (Part II)

17:55

Done **SAS2550209.PDF**

Individual Statement

INDIVIDUAL STATEMENT (Part II)

Own Workshop [illegible]

To be completed and submitted within 24 hours to your Insurer or [illegible] or appointed workshop [illegible]

1. Occupation [illegible]
2. Vehicle registration no. C.C. — If commercial vehicle, state permissible carrying capacity

Of which vehicle are you the owner? ☑ A ☐ B

3. Is driver the owner? Yes ✓ No — If no, state relationship [illegible]

4. Exact purpose for which vehicle was being used at time of accident ☑ Private use ☐ Commercial use ☐ [illegible] ☐ [illegible]
☐ Others - please specify

5. Is the vehicle still in use? Yes ✓ No — If no, state where it is at present

6. Are you claiming under your own insurance policy for repair to your vehicle? Yes No ✓
If no, state action to be taken ☐ Third Party ☐ Reporting Only ☑ Third Party (Own Workshop)

7. Date of birth	Occupation		Date of licence pass	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?
17/7/69	Indoor	Outdoor	27/10/88	Yes ✓	No ✓

8. Give details of any pre-existing impairment of sight or hearing [illegible]

9. [illegible]

Date	Offence	Penalty

10. Name(s), address(es) [illegible] — Injuries sustained — [illegible] — Were seat belts being worn? Yes / No — Was injured conveyed to hospital? Yes / No

11. Name(s) and address(es) [illegible] — [illegible] — Nature of damage — Insurer's name and address (if known)

12. Was the accident reported to the Police? Yes No ✓
If yes, please state which police station

13. Was notice of intended prosecution given? Yes No ✓
If yes, against whom?

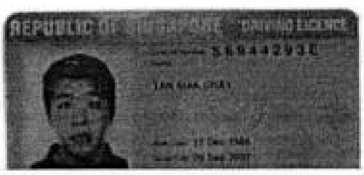
14. Weather conditions Fine ✓ [illegible] Others
15. Road surface [illegible] Dry ✓ Others
16. Speed of vehicles A km/hr B km/hr
17. What warnings were given by driver or other party?
18. Were street lights [illegible] Yes No
19. What lights were [illegible]
20. If your vehicle a commercial, [illegible]
21. [illegible]
22. [illegible] (including Driver) 0

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

Policyholder's signature ____________ Date ________

Driver's signature (if driver is not the policyholder) ____________ Date ________

Owner IC & LIC



FAX : 68425778

HENG KEE WORKSHOP

H/P : 97236654

BLK 1033 EUNOS AVE 5A #01-31 SINGAPORE 409703
HP: 8156 2761

SLG 318 E

06-03-2019

REAR BUMPER $508.50 ✓ Dented

REAR BUMPER REFLECTOR $151.10 X Not Nec.

REAR BUMPER INNER SPONGE $115.00 X03 345 X Not Nec.

REAR BUMPER SITE X02 $150.20 300.140 X Not Nec.

REAR BUMPER CHROME (LOWER) $~~580~~ 400 (SN). ✓ Cancel

REAR BUMPER CHROME (TOP) $220.00 ✓ Bent.

REAR DOOR BOOT PANEL $972.40 ✓ Dented

REAR DOOR BOOT PANEL 'VEZEL' LETTING $32.90 ✓ Nec

REAR DOOR BOOT PANEL REFLECTORX02 $264.60 X 02 = $529.20 X Not Nec

REAR DOOR BOOT PANEL LOCKING DEVICE $74.90 X Not Nec

REAR DOOR BOOT INNEL LIGHT PANEL $31.20 X Not Nec.

REAR EXHAUST PIPE $696.80 ✓ Bent.

REAR DOOR BOOT CENTER PANEL GANICE $215.70 X Not Nec.

REAR DOOR BOOT WINDSCREEN (LABOUR) $~~150.00~~ 120 ✓

REAR DOOR BOOT WINDSCREEN RUBBER SEAL $60.00 ✓ Nec

REAR DOOR BOOT WINDSCREEN GUM $60.00 ✓ Nec

Reverse Sensor Dmgd $180 200 (SN)

WIRING CHECKING $60.00 30

UNDERCOATED $150.00 X

SPRAY PAINTING $780.00 700

LABOUR CHARGE $850.00 600.

Last: 2550.20

Less 20%: 2040.

Special Nett: 600.

Labour: 1780

total: 4420

L/S: 3.5K. 05Days.

To remove reuse Sensor $~~100~~ 50

To transfer rear door fittings $~~150~~ 80.

To remove rear Camera $~~100~~ 50

T545.10

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

HENG KEE WORKSHOP

1033 EUNOS AVENUE 5A #01-31
EUNOS INDUSTRIAL ESTATE SINGAPORE 409703

ON BEHALF OF TAN SIAK CHAY

Ref : CS/TP19008861/Avd3n2

Date : 24-05-2019

Code : TP483

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.		Veh. Inspected	SLG 318E
Policy No.		Coverage ($)	0.00
Claim No.		Excess ($)	0.00
Assign From		Assign Date	05/03/2019

2. Vehicle Particulars & Condition

Make & Model	HONDA VEZEL	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	RU11109546	Colour	BLUE
Odometer	36185	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/55 R17	MICHELIN	6 mm
L/H Front Tyre	215/55 R17	MICHELIN	6 mm
R/H Rear Tyre	215/55 R17	MICHELIN	6 mm
L/H Rear Tyre	215/55 R17	MICHELIN	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	08/02/2019	Inspection Date	05/03/2019
Survey held at	HENG KEE WORKSHOP 1033 EUNOS AVENUE 5A #01-31 EUNOS INDUSTRIAL ESTATE SINGAPORE 409703		

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: **5 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. SLG 318E

Qty	Description of Parts	Condition	Estimate By Workshop ($)	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	DEFORMED	508.50	508.50
1	REAR BUMPER REFLECTOR	NOT NECESSARY	151.10	-
3	REAR BUMPER INNER SPONGE @$115.00	NOT NECESSARY	345.00	-
2	REAR BUMPER SITE @$150.20	NOT NECESSARY	300.40	-
1	REAR BUMPER CHROME (TOP)	BENT	220.00	220.00
1	REAR DOOR BOOT PANEL	DENTED	972.40	972.40
1	REAR DOOR BOOT PANEL "VEZEL" LETTING	NECESSARY	32.90	32.90
2	REAR DOOR BOOT PANEL REFLECTOR @$264.60	NOT NECESSARY	529.20	-
1	REAR DOOR BOOT PANEL LOCKING DEVICE	NOT NECESSARY	74.90	-
1	REAR DOOR BOOT INNER LIGHT PANEL	NOT NECESSARY	31.20	-
1	REAR EXHAUST PIPE	BENT	696.80	696.80
1	REAR DOOR BOOT CENTER PANEL GANICE	NOT NECESSARY	215.70	-
1	REAR DOOR BOOT WINDSCREEN RUBBER SEAL	NECESSARY	60.00	60.00
1	REAR DOOR BOOT WINDSCREEN GUM	NECESSARY	60.00	60.00
	LESS 20% DISCOUNT		-	-510.12
			4,198.10	2,040.48
	SPECIAL NETT ITEMS			
1	REAR BUMPER CHROME (LOWER)(SN)	CRACKED	580.00	400.00
1	REVERSE SENSOR (SN)	DAMAGED	280.00	200.00
			860.00	600.00
	LABOUR			
	REAR DOOR BOOT WINDSCREEN.		150.00	120.00
	WIRING CHECKING.		60.00	30.00
	UNDERCOATED.	NOT NECESSARY	150.00	-
	SPRAY PAINTING.		780.00	700.00
	LABOUR CHARGE.		850.00	700.00
	TO REMOVE REVERSE SENSOR.		100.00	50.00
	TO TRANSFER FENDER FITTINGS.		150.00	80.00
	TO REMOVE REAR CAMERA.		100.00	50.00
	TO REMOVE UPHOLSTERY.		150.00	50.00
			2,490.00	1,780.00
	GRAND TOTAL		**7,548.10**	**4,420.48**

Report Ref No. CS/TP19008861/Avd3n2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			**3,500.00**

Report Ref No. CS/TP19008861/Avd3n2

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser