

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CCG/A1620005498/4993

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.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

5

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

14/11/9970

02 14-7-2024 47A 18030

29/5/20 1/5 \$6200 confirmed with Alan.

Veh No:

SJR 8258H

Yr Regn:

7109

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

Truck / Trailer or CAI

Make:

Honda civic

C.C

1799

Colour

White

A/C: Insured / Std / NI / NA

Sp. Reading

229385

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JH/MFD16 3095202163

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 225/452R7

R:

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

TOYO / YOKO or

Front

6

R/Bal.

mm

Rear

6

R/Bal.

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

30/4/20

D.O.I.

30/4/20

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, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) S + RS. SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

Report Format :

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

TOTAL

FASTECH AUTO PTE LTD
1 KAKI BUKIT AVE 6 #01-48
SINGAPORE 417883

VEHICLE No: SJR 8258H

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:

LKK carline

Not Arthur
Lm
a/s 6200
5 days.

1PC BOOTLID 690.20
1PC BOOTLID REAR LOGO
1PC BOOTLID MUGEN EMBLEM
1PC BOOTLID 'RR' EMBLEM
1PC BOOTLID INNER LOCK
1PC BOOTLID WEATHERSTRIP
2PCS BOOTLID REFLECTORS @\$340.50
1PC BOOTLID 'CIVIC' EMBLEM
1PC BOOTLID INNER TRIM
1SET BOOTLID INNER TRIM CLIPS
1PC REAR BUMPER
2PCS REAR BUMER SIDE RETAINERS @\$35.00
1SET REAR BUMPER CILPS
1PC REAR BUMPER GARNISH O/S
1PC REAR END PANEL
1PC REAR END PANEL TOP GARNISH
1PC REAR FLOOR PANEL
1PC REAR FLOOR PANEL TOP BOARD 366.00
2PCS TAILLAMP @\$ 385.10
2PCS TAILLAMP PANELS @\$ 245.00
2PCS RAER FENDERS @\$899.10
2PCS REAR FENDER INNER TRIMS @\$355.10
1PC REAR AIR VENT
1PC REAR WINDSCREEN MOULDING

20/Buc \$855.10 ✓
ru \$50.00 ✓
ru \$105.00 ✓
ru \$98.00 ✓
ru \$99.00 ✓
ru \$218.00 ✓
Cna \$681.00 ✓
NT \$33.00 X
11 \$295.00 X
11 \$50.00 X
20/DE \$688.00 ✓
11 \$70.00 X
ru \$50.00 ✓
Cru \$35.00 ✓
Body \$380.00 ✓
ru \$245.00 ✓
ru \$990.10 X
warp/ru \$450.00 ✓
Cru \$770.20 ✓
o/s bent \$490.00 1PC
ru \$1,798.20 X
ru \$710.20 ✓
11 \$65.00 X
11 \$121.00 X
\$9,346.70

5430.6
4344.48

202

S.NETT
1PC REAR BUMPER LOWER SKIRTING
1SET REAR BUMPER REVERSE SENSOR
1PC REAR END PANEL SEALANT sealant
1PC REAR WINDSCREEN SEALANT
1SET REAR FLOOR PANEL INSULATOR
1PC REAR EXHAUST

20/ru \$1,200.00 800
shhd \$280.00 200
ru \$50.00 ✓
11 \$50.00 X
11 \$200.00 X
ru \$1,500.00 X

TO CHECK WIRING
TO DISMANTLE & REPLACING REVERSE SENSOR
TO TRANSFER BOOTLID MECHNISM
TO DISMANTLE & REFIX CUSHION UPHOLSTERY
TO DISMANTLE & REFIX EXHAUST
TO SPRAY RUST PROOFING
LABOUR FOR PANEL BEATING & REPLACING PARTS
TO PUTTY & SPRAY PAINTING

\$50.00 30
\$80.00 50
\$100.00 60
\$120.00 80
\$100.00 60
\$120.00 80
\$1,800.00 800
\$1,500.00 1200
\$16,496.70

7754.48

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	30/04/2020 13:20
Date Of Accident	30/04/2020 10:55
Exact Location Of Accident	CTE TOWARDS SLE AT ANG MO KIO AVENUE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR8258H
Insured/Policyholder	
Name Of Registered Owner	WONG JEO LENG, ROGER
NRIC No	SXXXX778Z
Email Address	Y3ROGER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93897512
Alternative Phone No	OTHERS-93897512

Vehicle Particulars

Manufacturer	HONDA
Model	HONDA CIVIC 1.8L 5AT

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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102727449-01
Cover Note Number	

Driver

Name of Driver	WONG JEO LENG, ROGER
NRIC No	SXXXX778Z
Date Of Birth	23/09/1984
Occupation	INDOOR
Date Of Driving Pass	08/01/2018
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93897512
Fax Number	
Contact Number	OTHERS-93897512
EEmail Address	Y3ROGER@GMAIL.COM

Address	BLK 365 #09-1552 YISHUN RING ROAD
Postcode	760365
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?	YES
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)	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 ATTACHED;

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER/DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDL6498Y
Vehicle Make/Model/Colour	TOYOTA / HARRIER M GRADE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	WONG JEO LENG, ROGER
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJR8258H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 365 #09-1552 YISHUN RING ROAD
Postcode	760365


SKETCH PLAN

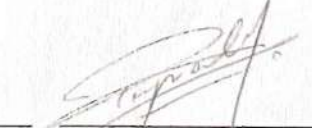
IMPORTANT NOTICE

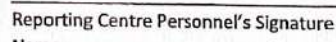
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

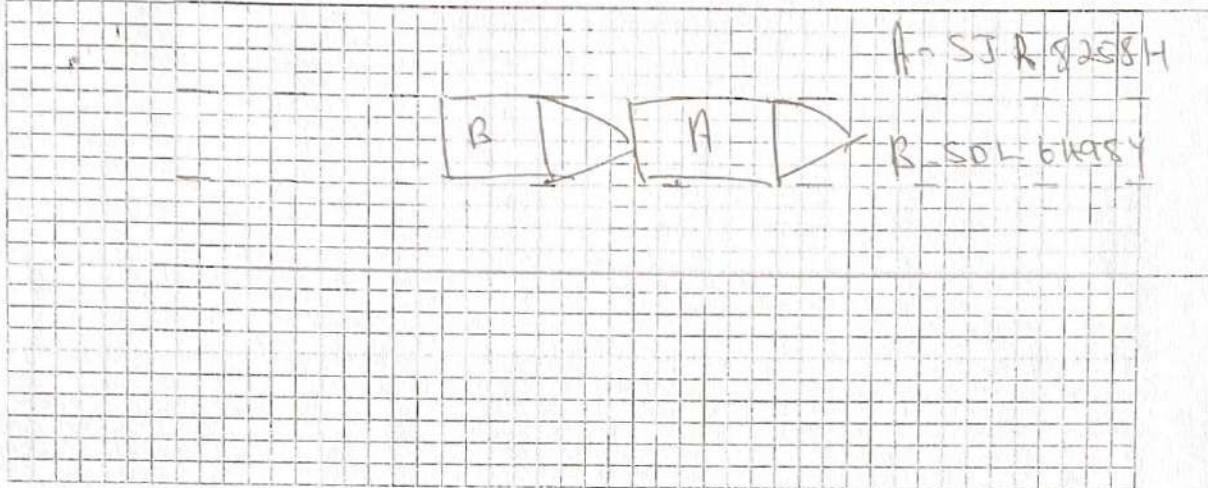
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving veh A on the above mention date
 in time. I stop at the traffic light because the
 light was red. A few second later I felt an
 impact when I night I notice veh B could not
 stop in time and hit the rear of my veh A.

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:

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