

ASS. REG. BY:

REF: FWD / 20005964/K4

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s He Design

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

10-30cm

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 05 days Res.: Yes or NoLum Sum: 20 % 3 Val: Yes or NoCA / REV / REP. 0128 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SGR 1712 Yr Regn: 06, 08

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

Truck / Trailer or Sports CarMake: Porsche C/S CC 3824Colour: M. Grey A/C: Insured / Std / NI / NASp. Reading: 86833 T/Radio: Insured / Std / NI / NA

Eng No: _____

C/No: WP022899885723763

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NI / S/Rim / STD / R/Rim or

Tyre Size: F: 235/35 ZR19R: 305/30 ZR19

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

TOYO / YOKO or

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 22/5/20

Survey held at

Rear

R/Bal. 7 mmL/Bal. 7 mmD.O.I. 28/5/2020

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

015 Rear & U/C

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

2)

Add Fee: ☐ : Site Insp (\$ _____)

Transportation: _____

☐ : Interview (\$ _____)

Fuel: _____

☐ : Tech Invs (\$ _____)

Others: _____

☐ : Weekend (\$ _____)

TOTAL

Report Format: _____

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

ESTIMATE BILL

NOT Withheld

L1 Sup @ 1

Resurvey After Painting

5 days

Date : 28 May 2020
To :
Owner : Neighbour Roy Grenville
Vehicle Reg. No. : SGR171L
Make/Model : Porsche C4SCoupe Tip
Chasis No. : WP0ZZZ99Z8S723763
Year Mfg : 2008
Date of Accident : 22-May-20

ESTIMATE COST OF REPAIR TO "PORSCHE C4SCOUPÉ TIP"			
" REG. NO. SGR171L"			
QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	Special Nett Items:		
1	RHR Door Outer Moulding	Sm 533.70	X
1	RHR Door Sticker	nn 55.80	X
1	RHR Door Sticker (Carrera)	nn 85.90	X
1	RHR Fender	R 9,037.00	1
1	RHR Fender Garnish	Sm	
1	RHR Fender Garnish Clips	nn	
1	RHR Fender Outer Side Garnish	?	
1	Rear Bumper	cm 5,885.00	
1	Rear Bumper Lower Lip	Sm 1,453.60	X
1	Rear Bumper Side Retainer : RHR		7
10	Rear Bumper Clips	29.2 nn 292.00	
1	RHR Lower Arm		7
1	RHR Upper Arm		7
1	RHR Spindle Knuckle	R 3,370.50	
1	RHR Shock Absorber		7
1	RHR Shock Absorber Stabiliser Link		7
1	RHR Absorber Linkage		7
1	RHR Drive Shaft	R 5,280.17	X
1	RHR Wheel Hub	nn 1,461.42	
1	RHR Wheel Bearing	nn 1,432.56	
1	RHR Rim		
1	RHR Tyre	Sm X	X
	108 Total Special Nett Items		
			45,176.37
	Labour Charges:		
	To refocus, re-wire taillamp, brake lights, bumper beam & check wirings	8ol 280.00	
	To remove, refix parking sensor and camera	nn 150.00	
	To remove, refix interior trims to assist repair	nn 250.00	X
	To check wheel alignment after repairs	12ol 280.00	
	To jack up to check, re-fix chassis alignment	nn 380.00	X
	To hoist up to check, refix under carriage	24ol 380.00	
	To check control units, re-set memory to standard settings		7
	To restore back scratched RHR Rims	4ol 280.00	
	To putty and spray painting on damaged area	6ol 2,000.00	
	Panel beating, cut, weld, remove and replacing above parts	4ol 1,500.00	
	Total Labour		6,080.00
	ESTIMATE PARTS AND LABOUR GRAND TOTAL \$		51,256.37

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 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	26/05/2020 15:12
Date Of Accident	22/05/2020 12:45
Exact Location Of Accident	IN FRONT OF 171 LOYANG RISE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR171L
Insured/Policyholder	
Name Of Registered Owner	NEIGHBOUR ROY GRENVILLE
NRIC No	SXXXX803I
Email Address	ROYNEIGHBOUR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98160922
Alternative Phone No	OFFICE-68428324

Vehicle Particulars

Manufacturer	PORSCHE
Model	C4S-3.8 COUPE TIP (A)
Exact Purpose for which vehicle was being used at time of accident	PARKED IN FRONT 171 LOYANG RISE
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V08036/VPS/R03
Cover Note Number	

Driver

Name of Driver	NEIGHBOUR ROY GRENVILLE
NRIC No	SXXXX803I
Date Of Birth	28/01/1951
Occupation	INDOOR
Date Of Driving Pass	11/11/1968
Driving Experience	51 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	+65-98160922
Fax Number	
Contact Number	OFFICE-68428324
Email Address	ROYNEIGHBOUR@GMAIL.COM

Address 171 LOYANG RISE
Postcode 507430

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:

Weather Conditions

Road Surface

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

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 SKETCH PLAN

Attachments

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SDB2244S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

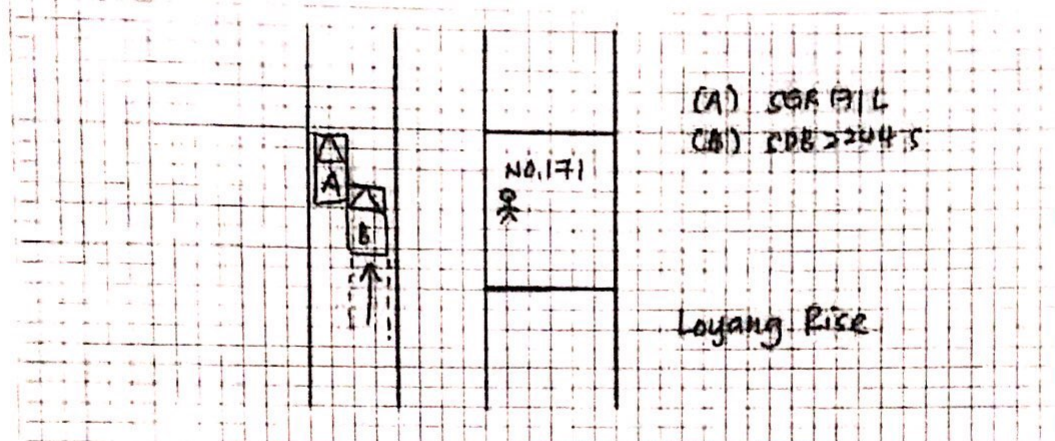
Insurance Company Name

Nature Of Damage

No. Of Passenger (including Driver) 1

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22 May 2020 at about 12 45 pm whilst my vehicle bearing registration number SAR 171 L was parked on the left hand side of Loyang Rise in front of my residence - No 171 Loyang Rise, the driver of my vehicle bearing registration number - SBD 2244 S whose identity has later ascertained to be one FARAH LIYANA BTE MOHAMED RAZALI (NRIC No. S92246260) and resident of 702 Upper Changi Road East #03-03 Ipoh (486832) drove the car into the right hand portion of my car causing damage to the right rear bumper & rear wheel. The impact caused the right rear wheel to be misaligned and the suspension to be affected.

Damage to SBD 2244 S a black VW Passat was to the left front fender of the vehicle. I have attached a Video recording and photographs of the damages to both vehicles for record purposes. At the time of the accident, my vehicle was stationary. I was not in the car at the time of the accident as it was parked along the road.

The owner of SBD 2244 S is one Mohd Razali Bin Mohd Yusoff Add: 702, Upper Changi Rd East (486832). Therefore I hereby No FWD PA PV

DECLARATION 2018-00012493-01 I am lodging this report as a 3rd party claim.

Policyholder's Signature
Date & Time: 26.5.2020

Driver's Signature
(If driver is not the policyholder)
Date & Time: 26.5.2020

Reporting Centre Personnel's Signature
Name: Lily
NIC/FIN No: SXXXXXXX