

ASS. REC. BY:

REF:

CS / CT / 20008385 / T. 683.

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: \$158K.

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Vehicle: IN / OUT

Veh No: SLE710R Yr Regn: 2019 / MuchType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Infiniti QX50 2.0 c.c. 1997Colour: White A/C: Insured / Std / NI / NASp. Reading: 20861 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 3PCM AA 555 20550836Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 235/50R17R: 235/50R17BS: DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 5/10/20Survey held at Wearnes 45 Lang RdDes. 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?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

Rep. Form: _____

Lump Sum / B.B. C. _____

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 litigation of damages is allowed
- Supplier's terms must be resurveyed and is subject to approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

SERVICE ESTIMATE

***** - C00001
Mr Lau Chee Hian
70 Chuan Drive

SL: SERVICE SALES - PC

GST Reg.No:M28920628X

Inv.No. : B&P 0 Page 1

Inv.date : 13/08/2020

WIP No. : 33337

Veh.In/Out:

*Tel.No. : Mobile: 91012546

Reg.No. : SLE710R

Reg.date : 26/03/2019

Mileage : 0

Chassis No: 3PCMAAJ55Z0550836

Singapore 554616

Closed by : Paul Ong Qing Yong
Svc Consultant :
Remarks : Mr Lau Chee Hian

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
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802	TO REPLACE FRT BUMPER, RAD GRILLE, BONNET, HEADLAMP LH ETC	900	0	2700.00	0	2,700.00	\$ 1800.
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800	TO SPRAYPAINT ON FRT BUMPER, BONNET, ETC	800	0	2400.00	0	2,400.00	\$ 1600.
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280	TO FOCUS HEADLAMP	0	0	145.00	0	145.00	\$ ✓
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	0	435.00	0	435.00	\$ ✓

BUMPER SET FR	1.0 EA	831.90	831.90	\$ de ✓
SEAL ASSY-HOOD,	1.0 EA	41.00	41.00	\$ re ✓
LAMP ASSY-LH → photo.	1.0 EA	3759.80	3,759.80	\$ cut ✓
HOOD	1.0 EA	973.70	973.70	\$ bt ✓

Add Frt grille cur ✓

Taufik 97495749

wp 5/10/2021 Han.

Resurvey before paint

04 days

Gross Total. 11,286.40

Labour Total	5,680.00	Net.....	11,286.40
Parts Total	5,606.40	GST @ 7.0%	790.05
Package Total	0.00	Total.....	12,076.45

Paid..... 0.00

Please Pay.. 12,076.45

GST: S=StdRated; 0=OutOfScope; Z=ZeroRated

taufik@lhauto.com

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	13/08/2020 08:40
Date Of Accident	12/08/2020 12:00
Exact Location Of Accident	38 FARRER RD ENTRANCE TO CONDO CP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE710R
Insured/Policyholder	
Name Of Registered Owner	LAU CHEE HIAN
NRIC No	SXXXX473Z
Email Address	CHEEHIAN.LAU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91012546
Alternative Phone No	OFFICE-91012546

Vehicle Particulars

Manufacturer	INFINITI
Model	INFINITI QX50 ESSENTIAL

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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	LAU CHYI YIING
NRIC No	SXXXX115Z
Date Of Birth	14/09/1982
Occupation	INDOOR
Date Of Driving Pass	04/06/2002
Driving Experience	18 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91012546
Fax Number	

Address	70 CHUAN DRIVE
Postcode	554616
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	
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)	2
Passenger 1	NAME: : LAU YU XI CHLOELLE GENDER: : FEMALE

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

Attachment(s)

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	GBH5668A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TEOH PENG WAH
NRIC/Passport Number	
Contact Number	98730205
Address	
Postcode	
Insurance Company Name	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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 yers/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 w ith 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;

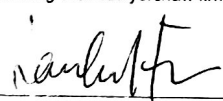
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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

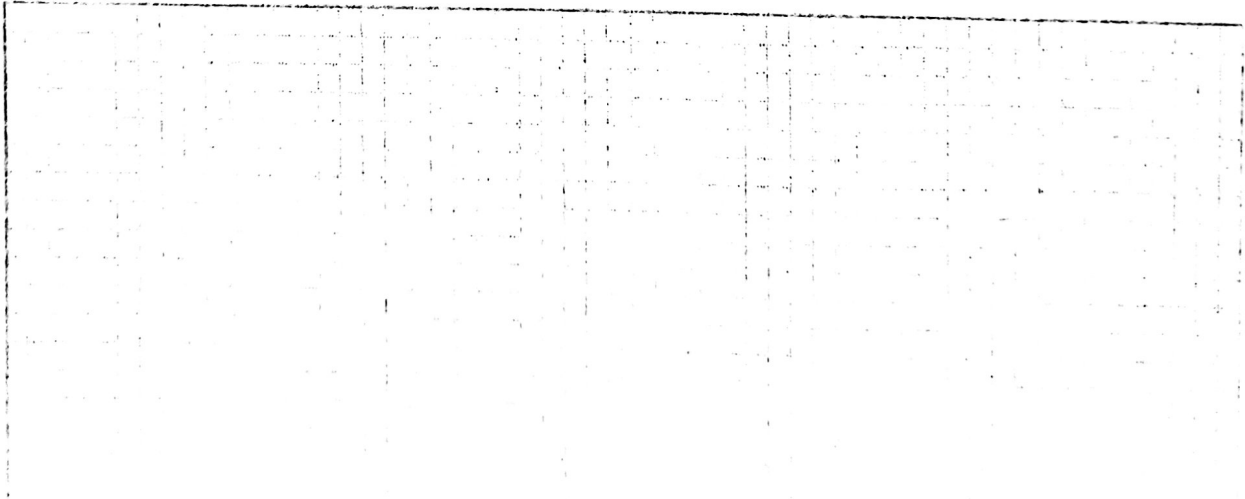
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Sketch Plan Pg. 1

Describe Circumstance of the Accident

My car was stationary at the entrance of my condo, behind the lorry. Suddenly the lorry moved backward and hit my car.

IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

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

Witnessed by Reporting Centre Personnel