(08/11/13) wef .	
ASS. REC. BY: Marcus REF: CS/SM	02000f436/Ugf3
	SIGNMENT
From: Date:	Veh No: SKFRP2C Yr Regn: Y/18
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD TO WS TP RES OD RES EVA INV MY	Truck / Trailer or (A)
To Inspect Vehicle No: SKFH92	- Make: Honde Oryssey c.c 2356
at Workshop m/s £1.	Colour Purple Arc: Insured / Std / NI / NA
of	Sp.Reading 57042 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/NO: JHMRC1880JC202638
Claims No.	Gen. Cond. Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Increder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Iropaer / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil (S)Rim / STD A/Rim or
,	Tyre Size: F: 215-5-717
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S repair at the time of inspection.	BS OUN EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
	TOYO/YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. mm R/Bal. mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est. Repairs: 4 days Res.: Yes or No	D.O.A. 13/8/20 D.O.I. 19/8/20
Lum Sum: 20 % 3 Val.: Yes or No.	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OU	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	but over a state of body structure affected due to collision.
~145/036	
-1d - P / 1/2 1/2	0
118/20 GATING HS 40 4200 W	-h Alm. (Red \$16861.50, 80%)
//08/20@5.42pm revised to Shiang Yi by email.	
700/20@0.42pin revised to chiding 11 by chidii.	
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 4
1)01/09 Typist : Final Report	
Date/Time, File Return to?	Resurvey No. of Trip: 2 Survey Fee:
2) Add Fee	Transportation: Site Insp (\$)S+RS,SI
	: Interview (\$) Photos
Report Format : TP	: Tech. Invs (\$) Others
Lump Sum /I.B.I : (\$ 4200)	: Weekend (\$
	TOTAL
	TOTAL

	CITATION DIETTO Subject INS NOT AN	Here
FASTE	CH AUTO PTE LTD	(way)
	cit Ave 6 #01-48 Autobay	
Singapore	. // ^	120 1 Han
~ ,	152063 / 67467158 Fax No: 67458520	(4)
		4100
QTY	20-0006262-D SKF 8842 C 256	Lat Affering
1 PCS	REAR WINDSCREEN 11	
1 PCS		\$1,105.10 🗶
1 PCS		\$122.80
1 PCS	TAIL CATE UNLOad	\$1,485.30
1 PCS	TAILGATE HILOGO TAILGATE ODYSSEY EMBLEM	\$45.80
2 PCS	TAIL GATE DEEL ECCTORS CASSAS AS	\$45.20
1 PCS	TAILGATE INNER LOCK 12	\$1,360.00 (PC
1 PCS	TAILGATE INNER LOCK STRIKER 17	\$299.20 X
1 PCS	TAILGATE INNER TRIM BOARD Defcre 166.10	\$68.20
1 SET	TAILGATE INNER TRIM BOARD CLIPS	\$745.30 \$35.00
1 PCS	TAILGATE WEATHERSTRIP	\$166.20 X
1 PCS	TAILGATE OUTER HANDLE	\$299.30
1 PCS	TAILGATE OUTER CHROME MOULDING CAO 212.50	\$295.40
1 PCS	TAILGATE LOCK OPENER	\$210.00 ×
2 PCS 1 PCS	TAILGATE LICENCE LAMPS @\$65.00	\$130.00 🗙
2 PCS	REAR BUMPER 80/De 5-68-30.	\$915.30
1 SET	REAR BUMPER SIDE HOLDERS @\$66.50 11	\$133.00 X
2 PCS	REAR BUMPER CLIPS	\$39.00
2 PCS	REAR BUMPER CURONES @\$105.00 M	\$210.00 🗶
1 SET	REAR BUMPER CHROMES @\$165.00 REAR BUMPER SENSOR	\$330.00 🗶
1 PCS		\$380.00 DOSCN
1 PCS	760.40	\$691.20
1 PCS	TAILLAMP HOUSING PANEL N/S NA	\$315.40
2 PCS	TAILLAMPS @\$750.00	\$458.20 🗶
2 PCS	REAR FENDERS @\$971.00	\$1,500.00
2 PCS	REAR FENDER INNER TRIM BOARDS @\$820.00 🔥 🦪	\$1,942.00 ×
1 PÇS	TAILLAMP LOWER GARNISH N/S	\$1,640.00 X
1 PCS	REAR FLOOR PANEL 42	\$318.20
1 PCS	REAR REVERSE CAMERA	\$866.40 🗡
1 PCS	REAR END PANEL SEALANT 1	\$650.00 X
1 PCS	REAR WINDSCREEN SEALANT ALL	\$50.00 🗴
	, Jan	\$50.00
		\$16,901.50
	LABOUR CHARGES:	
	TO CHECK WIRING	
		\$80.00 20
	TO DISMANTLE & REPLACING REAR REVERSE SENSOR	\$80.00
	TO DISMANTLE & REFIX TAILGATE MECHANISM	\$100.00 60
	TO DISMANTLE & REFIX REAR WINDSCREEN	\$150.00 120
	TO DISMANTLE & REFIX REAR EXHAUST	6100.00

\$100.00 🗶

TO DISMANTLE & REFIX REAR EXHAUST

TO DISMANTLE & REFIX SEAT, CUSHION UPHOLSTREY
TO MOUNT VEHICLE ON CAR-LINER
TO SPRAY RUST PROOFING
LABOUR FOR PANEL BEATING, CUT, WELD, STRAIGHTENED
& REPLACING PARTS
TO PUTTY & SPRAY PAINTING

\$120.00 **f**0 \$380.00 £ \$100.00 £D \$1,500.00 **f**0 \$1,500.00 **f**0 TO \$21,061.50

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

Driving Experience

Mobile Number

Fax Number
Contact Number
EMail Address

Gender

- 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 witholding 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	14/08/2020 15:10
Date Of Accident	13/08/2020 15:00
Exact Location Of Accident	CTE TWDS AYE BRADDELL ROAD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKF8892C
Insured/Policyholder	
Name Of Registered Owner	WANG ZHIKUI
NRIC No	SXXXX968D
Email Address	FZHENG77@YAHOO.COM
Mobile Phone No	(LOCAL) +65-81216056
Alternative Phone No	OFFICE-81216056
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10864483
Cover Note Number	The state of
Driver	
Name of Driver	ZHENG ZHEN
NRIC No	SXXXX435E
Date Of Birth	16/06/1977
Occupation	INDOOR
Date Of Driving Pass	11/10/2006

13 YEARS AND 10 MONTHS

(LOCAL) +65-96916868

FEMALE

NOEMAIL

Address

265 JALAN KAMPONG CHANTEK

Postcode

587940

. -----

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

CI FAR

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

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

1

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

ON 13/08/2020 AT ABOUT 3PM, I WAS TRAVELLING ALONG CTE TOWARDS AYE BRADDELL ROAD EXIT. IN FRONT, THE VEHICLE SLOWING DOWN, I FOLLOWED. SUDDENLY, VEHICLE B HIT ONTO MY VEHICLE A.

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

FBQ1216A

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE B

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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: 14/08/2020

Driver's Signature

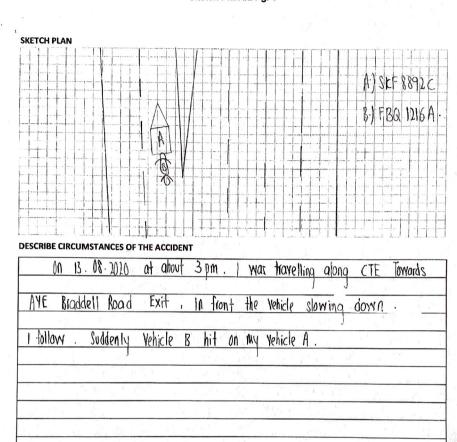
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DECLARATION

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

Policyholder's Signature
Date & Time: 14/08/2020

Driver's Signature (If driver is not the policyholder)

Date & Time:

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

GIARIAC SketchPlanForm_V3