

ASS. REC. BY:

REF:

C72/ 2000 8532 1kg

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop mv's

of

Insured:

Policy No.

DMB1SN30832619000

Claims No.

SNM20D202876C02

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 Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

09 days

Res.: Yes or No

Lum Sum:

1.8.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

PMS 27825

Yr Regn:

02, 20

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

Truck / Trailer or

Make:

Audi

Q3

c.c

1395

Colour

M. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

6738

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WAU 7871-384 1048800

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD / M or

Tyre Size:

F:

R:

235/50R19

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

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

13/8/20

D.O.I.

18/8/2020

Survey held at

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

015M

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

Date / Time

Action / Instruction

19/08/20@11.39am revised to Jenny Lew via Merimen.

Date/Time, File Pass to?

☐

Prell. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + F.S. \$

Fees

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

Date: 18.08.2020
Vehicle No: SMS2762S
Model: AUDI Q3 SPORTBACK 1.4 TFSI
Chassis: WAUZZZF38L1048800-2019
Reg.Year: 2020

Third Party Insurer: CHINA TAIPING
Third Party Veh No: CB6400T
Date of Accident: 13.08.2020

NOT Authorized
Remove B4 pain 4 days

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT BUMPER	1		<i>R</i> \$1,080.00
2	FRONT BUMPER CLIPS	8	\$6.50	<i>na</i> \$52.00
3	FRONT FENDER RH	1		<i>R1</i> \$650.00
4	FRONT WHEEL ARCH EXTENTION COVER RH	1		<i>R</i> \$230.00
SUB TOTAL				\$2,012.00
LESS 5%				-\$100.60
PARTS TOTAL				\$1,911.40

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REFIX, REPLACE, REPAIR & READJUST FRONT ACCIDENT AREAS & ETC.

\$400.00 *300*

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT BUMPER, FRONT FENDER & ETC.

\$500.00 *450*

TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.

\$80.00 *20*

LABOUR TOTAL \$980.00

TingAn TOTAL \$2,891.40

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:

Head office

6 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1011

Branch

551 Upper Thomson Road Singapore 574415
Tel: (+65) 6452 6868 | Fax: (+65) 6452 9223



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 12:07
Date Of Accident	13/08/2020 08:00
Exact Location Of Accident	PIE TOWARDS MACPHERSON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS2762S
Insured/Policyholder	
Name Of Registered Owner	PHUA CHENG MIEN(PAN ZHENGMIAN)
NRIC No	SXXXX440J
Email Address	DCMPHUA@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-81388397
Alternative Phone No	OFFICE-81388397

Vehicle Particulars

Manufacturer	AUDI
Model	Q3 SPORTSBACK 1.4 TFSI S TRONIC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2070026602
Cover Note Number	

Driver

Name of Driver	PHUA CHENG MIEN(PAN ZHENGMIAN)
NRIC No	SXXXX440J
Date Of Birth	18/08/1976
Occupation	INDOOR
Date Of Driving Pass	16/09/1997
Driving Experience	22 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81388397
Fax Number	
Contact Number	OFFICE-81388397
Email Address	DCMPHUA@YAHOO.COM.SG

Address	31 JALAN RAMA RAMA #12-03
Postcode	329111
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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?	NO
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

I WAS FILTERING TO THE RIGHT AT VERY SLOW SPEED. ONCE I FILTERED FULLY INTO THE LANE A FEW SECONDS LATER, A VAN HIT ME FROM THE SIDE AT HIGH SPEED. WE STOPPED OUR CARS AT THE SIDE OF THE EXPRESSWAY AND TOOK PHOTOS AND EXCHANGE DETAILS. HE SUGGESTED SENDING MY CAR TO HIS WORKSHOP WHICH I DECLINED.

Attachment(s)

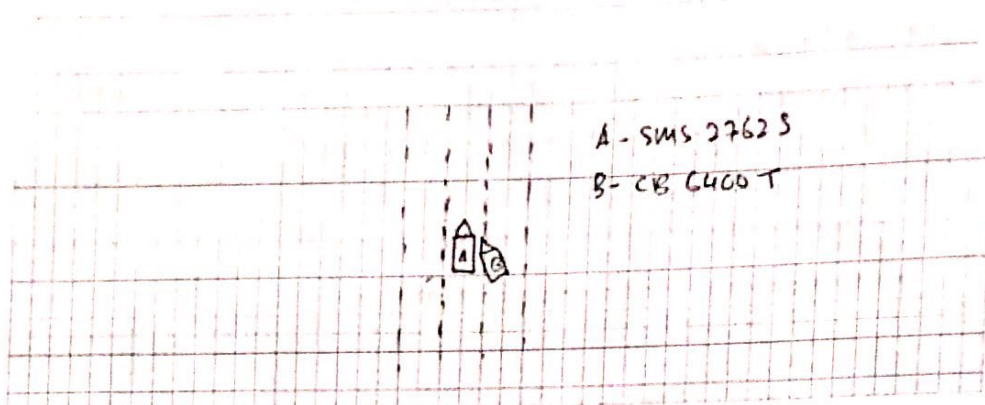
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CB6400T
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	TING CHONG MENG
NRIC/Passport Number	SXXXX384C
Contact Number	91192885
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was filtering to the right at very slow speed. Once I filtered fully into the lane a few seconds later a van hit me from the side ^{at high speed}. We stopped our cars at the side of the expressway and took photos and exchange details. He suggested sending my car to his workshop which I declined ~~he had filtered~~.

DECLARATION

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



Policyholder's Signature

Date & Time: 10.44

3/2/20

ES/HR/MAC Sketch/Plan only, V.3

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name: Terrence Tan

NRIC/FIN No.: