

ASS. REC. BY:

REF:

AIG/200086381K

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/MY

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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 No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMR 8941H Yr Regn: 11 16Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: BMW 318i c.c. 1499Colour: M. Black AC: Insured / Std / NI / NASp. Reading: 45 425 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAR E 36070NU 32176Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD / ARM orTyre Size: F: 225/50R17

R: _____

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

TOYO / YOKO or _____

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 15/8/20

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 18/8/2020

Survey held at _____

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

o/s body

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Data/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Data/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. SI

Fees

Others

TOTAL

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

Report Format :

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

金興(龔)汽車私人有限公司

160 Sin Ming Drive, #02-20,
Sin Ming AutoCity, Singapore 575722
Tel: 6452 7018 Fax: 6458 3895
Email: service@kkinhin.com.sg

No. : 31318

Date : 18-Aug-2020

PAGE : 1

Vehicle Insured : SKQ 4970 D
Accident Date : 15-Aug-2020

Our Ref : 020355 (AIG ASIA) / SANDRA

JANNIE SOO KIM LYE MRS.VAN CALCAR-SOO
Singapore

ESTIMATED COST OF REPAIR FOR BMW 318I SEDAN LED NAV(1499cc)-2016 SMR8941H
=====

1 pc rear bumper
1 pc o/s rear bumper side retainer
10 pcs rear bumper clips
1 pc o/s rear door
1 pc o/s rear door weatherstrip

1,178.85
65.75
@ S\$ 5.00 50.00
1,273.85
141.40

2,709.85
Less 10% : -270.99

2,438.86

To remove, cut out damaged parts,
panel beating, welding, align,
refix and to renew affected parts.

800.00 540

To apply undersealing

80.00 30

To remove door's fittings

100.00 60

To putty and respray on affected
portions.

1,000.00 800

Total : S\$ 4,418.86
=====

Singapore Dollars Four Thousand Four Hundred
and Eighteen and Cents Eighty Six Only

Note: Amount quoted above is subject to prevailing GST at time of tax invoice.

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 17/08/2020 16:00
Date Of Accident 15/08/2020 14:00
Exact Location Of Accident BLK 221 BISHAN STREET 23
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR8941H
Insured/Policyholder
Name Of Registered Owner JANNIE SOO KIM LYE MRS.VAN CALCAR-SOO
NRIC No SXXXX971I
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-96679558
Alternative Phone No OFFICE-96679558

Vehicle Particulars

Manufacturer BMW
Model 318I-1.5 SEDAN LED NAV (A)
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? YES
If No, Please state action to be taken
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 5116932083
Cover Note Number

Driver

Name of Driver JANNIE SOO KIM LYE MRS.VAN CALCAR-SOO
NRIC No SXXXX971I
Date Of Birth 14/06/1955
Occupation INDOOR
Date Of Driving Pass 23/09/1997
Driving Experience 22 YEARS AND 10 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-96679558
Fax Number
Contact Number OFFICE-96679558
Email Address NOEMAIL

Address 11 KIM HAN ROAD #09-22
 Postcode 188594
 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 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? 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

PLEASE REFER TO SKETCH PLAN

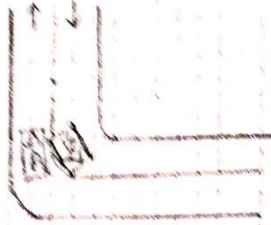
Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKQ4970D
 Vehicle Make/Model/Colour MERCEDES
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver YULIN ROBINS
 NRIC/Passport Number
 Contact Number 86232814
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

SKETCH PLAN



A: SMT. S. 14/11
B: SMT. S. 14/11

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING SLOWLY INTO THE JUNCTION AND I TURNED A 90 DEGREE CORNER SLOWLY AND I SAW VEHICLE B COMING VERY FAST AND ENCRONED INTO MY LANE. I WAS ALREADY TRYING TO AVOID HER BUT SHE CONTINUED TO TURN AND HER CAR RIGHT REAR PORTION SCRATCHED MY MY CAR RIGHT PORTION. SHE SHOULD HAVE STOP INSTEAD OF CONTINUING TO TURN AS SUCH CAUSING LARGE PORTION OF MY CAR TO BE SCRATCHED.

REAR ACCIDENT SCENE PHOTOS (HER WHEEL ANGLE).

DECLARATION

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

Policyholder's Signature
Date & Time
Company Chop (if applicable)

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

Reporting Centre Personnel's Signature
Name
NRIC/IN/A