

ASS. REC. BY:

REF:

AIG / 200095321K

Kenneth

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:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04

days

Res.: Yes or No

Lum Sum:

1.3.1

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SNP 49312 Yr Regn: 09, 19

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

Truck / Trailer or

Make:

Toy Noah

c.c

17PF

Colour

M-Black

A/C: Insured / Std / NI / NA

Sp. Reading

109739

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ZWR 80 . 0402802

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

Double Star

195/65R15

Vest 16/16

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

9

mm

L/Bal.

8

mm

L/Bal.

9

mm

D.O.A.

3/9/20

D.O.I.

8/9/2020

Survey held at

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

FR O/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

S - RS - SI

Fees

Others

TOTAL

Report Format :

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

Date: 05/09/2020
Vehicle No: SMP4931Z
Model: TOYOTA NOAH HYBRID 1.8X
Chassis: ZWR800402802-2019
Reg. Year: 2019

Third Party Insurer: AIG
Third Party Veh No: SMD1246B
Date of Accident: 03.09.2020

Not Authorised
Resurvey B4 paint *4 days*

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT BUMPER	1	<i>Res</i>	\$727.20 ✓
2	FRONT BUMPER CLIPS	10	\$5.80	<i>Res</i> \$58.00 ✓
2	FRONT BUMPER SIDE BRACKET RH	1		<i>Res</i> \$97.40 ✓
3	FRONT HEADLAMP RH	1	<i>Res</i>	\$2,228.20 ✓
4	FRONT FENDER RH	1	<i>Res</i>	\$1,152.20 ✓
4	FRONT FENDER RH	1	<i>Res</i>	\$107.00 ✓
5	FRONT FENDER 'HYBRID' EMBLEM RH	1	<i>Res</i>	\$126.90 X
6	FRONT FOGLAMP COVER RH	1		\$305.20 ?
7	FRONT BUMPER REINFORCEMENT	1	<i>Res</i>	\$127.60 X
8	FRONT BUMPER CENTER GARNISH	1		
SUB TOTAL				\$4,929.70
LESS 25%				-\$1,232.43
PARTS TOTAL				\$3,697.28

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REPAIR, READJUST, DISMANTLE ACCIDENT AREA. \$800.00 *4000*

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT ACCIDENT AREA. \$700.00 *4400*

LABOUR CHARGES TO DIAGNOSE FAULTY CODE & RESET MEMOR (HEADLAMP). \$150.00 ?

LABOUR CHARGES TO DISCONNECT & RECONNECT FRONT WIRING SYSTEM & ETC. TO EFFECT REPAIR AT FRONT ACCIDENT AREAS & ETC. \$150.00 *200*

TO WHEEL ALIGNMENT & BALANCING. *Res* \$100.00 X

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

LABOUR TOTAL \$1,900.00

TOTAL \$5,597.28

VICTOR

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

452 Tagore Industrial Avenue Singapore 787823
Tel: (+65) 6452 8868 | 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 renege 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 04/09/2020 15:28
 Date Of Accident 03/09/2020 18:05
 Exact Location Of Accident MARINA BAY SANDS DRIVEWAY (DROP OFF POINT)
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP4931Z
Insured/Policyholder
 Name Of Registered Owner AUTO EXCHANGE RENTALS PTE LTD
 Co Reg No 2XXXXX021D
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-92738866

Vehicle Particulars

Manufacturer TOYOTA
 Model NOAH HYBRID-1.8 X CVT (A)
 Exact Purpose for which vehicle was being used at time of accident WORK PURPOSE
 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 HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 5112965095
 Cover Note Number

Driver

Name of Driver CHIN HEE KAI
 NRIC No SXXXX612Z
 Date Of Birth 27/09/1966
 Occupation OUTDOOR
 Date Of Driving Pass 07/02/1984
 Driving Experience 36 YEARS AND 6 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-92738866
 Fax Number
 Contact Number OFFICE-92738866
 EMail Address MICHAELCHIN1966@GMAIL.COM

Address APT BLK 5 TECK WHYE AVENUE
#13-140 SINGAPORE
Postcode 680005
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle -
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? 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) 3
Passenger 1 NAME: : NA
GENDER: : MALE
Passenger 2 NAME: : NA
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. PLEASE REFER TO SKETCH AND STATEMENT FOR TYPE OF ACCIDENT. VEHICLE B(SMD1246B) REVERSED ONTO FRONT PORTION OF VEHICLE A(SMP4931Z) WHILE IN STATIONARY POSITION.

Attachment(s)

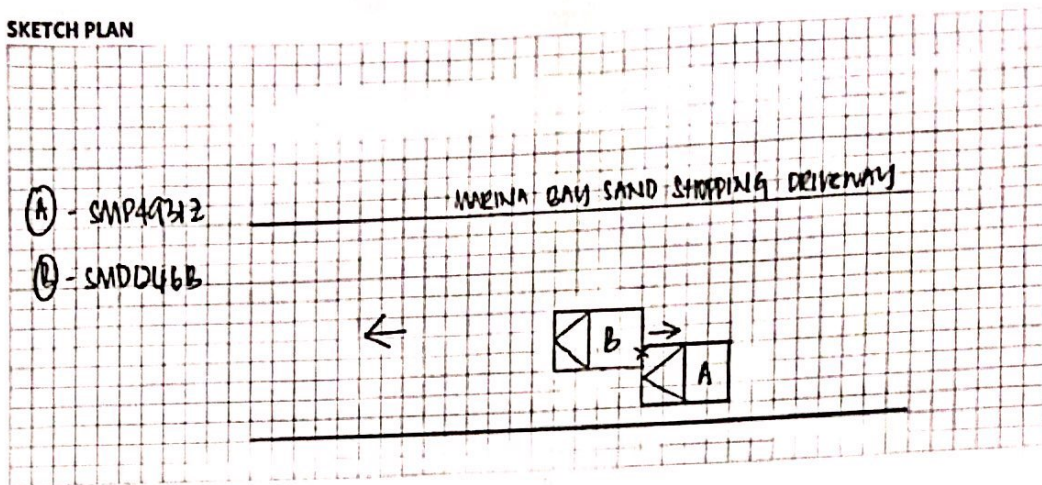
Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMD1246B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver CHRISTINE WOO YIN LING
NRIC/Passport Number
Contact Number
Address

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 03/04/2020 @ AROUND 18:05 HOURS, I WAS AT MARINA BAY SAND STOPPING DRIVEWAY. WHILE I WAS STOPPED AND ALIGHTING MY PASSENGERS, SUDDENLY VEHICLE B: SMD1246B REVERSED AND HIT INTO MY VEHICLE A: SMP49312 FRONT LEFT PORTION. NO ONE WAS INJURED. I WOULD LIKE TO INCLUDE THAT RE MARINA BAY SAND STOPPING CENTRE SECURITY MANAGER CONFIRMED THE ACCIDENT THAT VEHICLE B: SMD1246B REVERSED HIT ONTO MY VEHICLE A: SMP49312 - (BY VIDEO).

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:

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