

ASS. REC. BY:

REF: 672 / 200106171K

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. _____

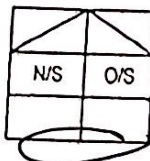
Claims No. _____

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: 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: EH5757R Yr Regn: 11, 17

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

Truck / Trailer or WagonMake: Subaru Forester c.c. 1995Colour M.P. White A/C: Insured / Std / NI / NASp. Reading 61170 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JF1ST5K05JG100489Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rlm / STD A/Rlm orTyre Size: F: 225/60R17

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 30/9/20D.O.I. 5/10/2020

Survey held at _____

Des. 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?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. \$

F.P. \$

Others

TOTAL

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

Report Format :

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

Not Authorized
 61 Day @
 Running After Paint
 5 days

Meng Whee Bros Motor Service

BLK 10 ANG MO KIO IND PARK 2A #05-25

AMK AUTOPOINT SINGAPORE 568047

TEL:64846330 FAX:64846331

INVOICE NO:

Q20300901

Date : 02/10/2020

M/S :

Third party estimate
 vehicle no : EH5757R

QTY	DESCRIPTION	UNIT PRICE	AMOUNT
1	Rear tailgate	BT \$1,880.00	✓
1	Rear tailgate wheatherstrip	CVT SA \$440.00	508in
1	Rear tailgate lock	DL \$620.00	✓
1	Rear tailgate emblem 4WD	RM \$110.00	✓
1	Rear tailgate emblem Forester	RM \$190.00	✓
1	Rear tailgate logo	RM \$280.00	✓
1	Rear tailgate garnish	CM \$580.00	✓
1	Rear tailgate emblem subaru	RM \$190.00	✓
1	Rear end panel	\$780.00	?
1	Rear end panel garnish	\$320.00	?
1	Rear windscreen glass	Recp CVT \$1,480.00	X
1	Rear windscreen moulding	RM \$280.00	✓
1	Number plate garnish	N SP \$300.00	X
1	Rear bumper	Red / CM \$960.00	✓
12	Rear bumper clips	RM \$120.00	✓
1	Rear bumper top garnish cover	CM \$560.00	✓
1	Rear bumper reinforcement	\$580.00	?
2	Rear bumper side retainer	RM \$300.00	X
2	Rear bumper lamp retainer	RM \$280.00	X
1	Rear bumper tow hook cover	RM \$180.00	✓
1	Rear bumper exhaust cover	DL \$220.00	✓
2	Tailamp	ds RM \$1,200.00	X
1	Rear exhaust chrome	RM \$480.00	X
1	Rear exhaust	RM \$1,250.00	X
2	Rear exhaust mounting	RM \$120.00	X
1	Reverse sensor	RM \$300.00	200in
1	Sealant	RM \$80.00	40in
1	Reverse camera	\$400.00	?
1	Rear number plate	BT \$60	45in
	To remove and install rear windscreen glass	\$200.00	120l
	To remove and install rear carbin rack,plank,carpart etc	\$500.00	60l
	To remove and install rear tailgate,hinges,absorber,bumper, rear end panel etc and straighten rear chassis frame etc	\$1,000.00	?
	To transfer tailgate mechanism etc	\$200.00	60l
	chassis aligner	RM \$320.00	X
	To apply putty, primer and respray paint on affected area	\$1,200.00	800l

To apply antirust on affected area
To check rear wiring system

\$380.00 ?
\$180.00 2cl

Total:

\$17,300.00

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	30/09/2020 16:16
Date Of Accident	30/09/2020 14:35
Exact Location Of Accident	ADMIRALTY ROAD WEST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EH5757R
Insured/Policyholder	
Name Of Registered Owner	TEO CHONG TEE
NRIC No	SXXXX088A
Email Address	CLIFF_TEO@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81638637
Alternative Phone No	OFFICE-81638637

Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER-2.0 X (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USAGE
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700083551-02
Cover Note Number	

Driver

Name of Driver	TEO CHONG TEE
NRIC No	SXXXX088A
Date Of Birth	29/07/1964
Occupation	OUTDOOR
Date Of Driving Pass	19/06/1987
Driving Experience	33 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81638637
Fax Number	
Contact Number	OFFICE-81638637
Email Address	CLIFF_TEO@HOTMAIL.COM

Address	BLK 326 WOODLANDS STREET 32 #09-121
Postcode	730326
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	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: : TEO PUAY HUA GENDER: : FEMALE
Passenger 2	NAME: : TEO SOK CHENG 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 STATEMENT

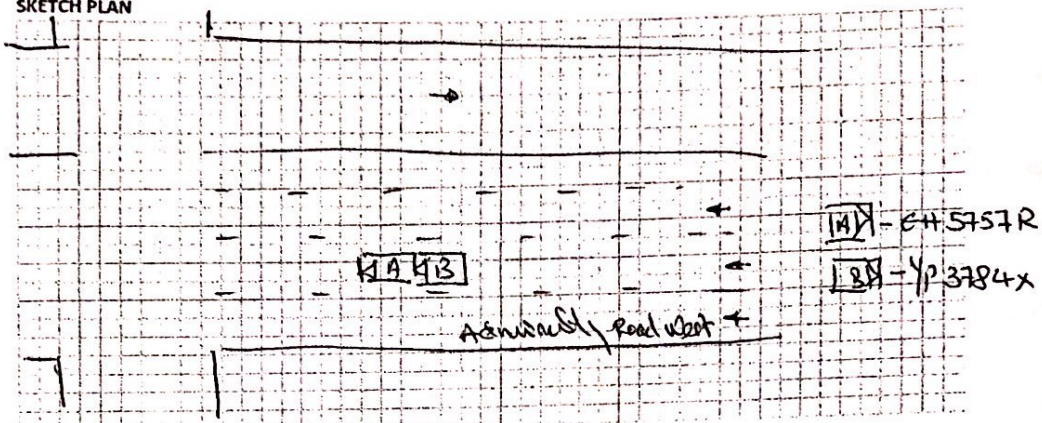
Attachment(s)

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	YP3784X
Vehicle Make/Model/Colour	LORRY / MITSUBISHI
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	PAYATTAPUNCHAYIL SUKUMARAN SUMESH
NRIC/Passport Number	GXXXX423U
Contact Number	85059686
Address	
Postcode	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/09/2020 at about 1435hrs, I was driving along Admissibly Road west (as the road line from left), came to stop as the front car stopped for traffic light turn red. Suddenly a vehicle (YP 3784x) from my rear could not stop in time and hit into my rear of my vehicle (EA 5757R)

DECLARATION

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

Policyholder's Signature

Date & Time: 30/9/20

1625hrs.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

30/9/20

1810hrs.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: