

ASS. REC. BY:

REF:

AGZ/200106861K

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.

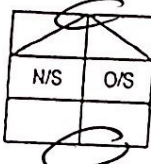
Sum Insured:

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:

07 days

Res.: Yes or No

Lump Sum:

20 %

3 Val.: Yes or No

CA / REV / REP / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

STP 5723L Yr Regn: 03, 09

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

Truck / Trailer or

Make:

Hyundai Avante c.c 1591

Colour

M. Silver

A/C: Insured / Std / NI / NA

Sp. Reading

166999

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KM14DU41BR94 726467

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

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.

1/10/20

D.O.I.

6/10/2020

Survey held at

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

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

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/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. (\$

趙源摩哆 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5
#01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047
Tel: 6484 1626 (24Hrs) Fax: 6484 0465
Business Reg. No: 221880/00C GST Reg. No: MX-0486007-AO

NOT Authorized
11 Sep @
Resurvey After Paint.

Fdays

To: Auto & General Insurance (S) Pte Ltd

Policy No: _____ Third Party

Date: 02.10.2020

Accident Date : 01.10.2020

Specialised in Car Painting, Welding,
Panel-Beating and Insurance Claim.

ESTIMATE

承接汽车烧焊喷漆及
代理各种车辆赔偿

数量 Quantity	货 名 DESCRIPTION	单 价 Unit Price	银 Amount 额 \$ cts.
Estimate Cost of Repair to "Hyundai Avante S" Reg. No. SJP5723L Claiming Against Your Insured Veh. No. SLA4776X			
1pc	Boot	145.00	R 1,085.00 ✓
2pcs	Boot Hinges		R 290.00 X
1pc	Boot Emblem		na 44.00 ✓
1pc	Boot Badge Avante		na 34.00 ✓
1pc	Boot Lock		0.1 30.00 ✓
1pc	Boot Lock Catch		R 11.00 X
1pc	Boot Trim Board		12 165.00 X
11pcs	Boot Trim Board Clips		3.80 na 41.80 X
1pc	Boot Weatherstrip		Return 87.00 50.00
1pc	Rear Bumper		R 498.00 ✓
12pcs	Rear Bumper Clips	3.00 na 36.00 ✓	
2pcs	Rear Bumper Brackets	R 87.00 CM 174.00 ✓	
1pc	Rear Bumper Sponge	36.00	CM 143.00 ✓
1pc	Rear Bumper Reinforcement		CM 297.00 ✓
3pcs	Rear Bumper Lower Retainers		CM 108.00 ✓
1pc	Rear Bumper Corner Retainer RH		DT 31.00 ✓
1pc	Taillamp		318.00 ?
1pc	End Panel	3.00	R 639.00 ✓
1pc	End Panel Garnish		CM 38.00 ✓
1pc	Spare Tyre Top Board		CM 242.00 ✓
1pc	Rear Fender Trim Board RH		CM 320.00 ✓
1pc	Front Bumper		452.00 ?
12pcs	Front Bumper Clips	3.00	36.00 ?
1pc	Front Bumper Sponge	3.00	124.00 ?
1pc	Front Bumper Reinforcement		R 279.00 X
1pc	Front Grille		12 402.00 X
1pc	Support Panel		12 860.00 X
1pc	Headlamp RH		CM 530.00 ✓
1pc	Condenser		R 1,070.00 X
1pc	Radiator		12 647.00 X
Less 20%			9,031.80
			1,806.36
			7,225.44
Acknowledged by Repairer Signature: Date:			C/F 7,225.44

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

趙 源 摩 哆 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5
#01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047
Tel: 6484 1626 (24Hrs) Fax: 6484 0465
Business Reg. No: 221880/00C GST Reg. No: MX-0486007-AO

To: Auto & General Insurance (S) Pte Ltd

Accident Date : 01.10.2020

Policy No: Third Party

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数量 Quantity	货 名 DESCRIPTION	单 价 Unit Price	银 Amount 额 \$ cts.
	Estimate Cost of Repair to "Hyundai Avante S" Reg. No. SJP5723L Claiming Against Your Insured Veh. No. SLA4776X		
		B/F	7,225.44
	Boot Badge S	<i>sn</i>	45.00 SN ✓
	Rear Number Plate	<i>sn</i>	45.00 SN ✓
	Rear Bumper Reverse Sensor	<i>sn</i>	280.00 SN
	Front Number Plate	<i>cm</i>	45.00 SN ✓
	To Conduct Rear Electrical Check, Replace Reverse Sensors, Module, Rewiring etc		120.00 <i>50l</i>
	To Apply Rust Proofing / Reseal Tuff Coating Treatment to Respray / Replaced / Repair Panel		100.00 <i>60l</i>
	To Supply End Panel Body Sealant		60.00 <i>30l</i>
	To Conduct Front Electrical Check		40.00 ✓
	To Remove / Refit, Radiator System, Bleed, Refill Coolant.	<i>nn</i>	80.00 X
	To Remove / Refit Air Con Condenser & Refill Air Con Gas	<i>nn</i>	120.00 X
	Labour Charge - Panel Beating, Repairing Of Front Support Panel, Rear Chassis Member, Inner Panel, Spare Tyre Panel, Rear O/S Fender etc. Cnt, Weld End Panel and Parts Replacement		1,200.00 <i>800l</i>
	To Respray Affected Areas		1,200.00 <i>800l</i>
	Total :		<u>10,560.44</u>

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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	01/10/2020 13:04
Date Of Accident	01/10/2020 12:10
Exact Location Of Accident	PIE TWDS PAYA LEBAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP5723L
Insured/Policyholder	
Name Of Registered Owner	CHU CHERH SING
NRIC No	SXXXX878B
Email Address	STEPHENCHUCS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82286617
Alternative Phone No	OTHERS-82286617

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	RETURNING HOME
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	5109811579-01
Cover Note Number	

Driver

Name of Driver	CHU CHERH SING
NRIC No	SXXXX878B
Date Of Birth	23/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	24/12/1980
Driving Experience	39 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82286617
Fax Number	
Contact Number	OTHERS-82286617
Email Address	STEPHENCHUCS@GMAIL.COM

Address BLK 334 UBI AVENUE 1
#02-801
Postcode 400334
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 CHAIN COLLISION
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 4
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: : LEE BEE HONG
GENDER: : FEMALE
Passenger 2 NAME: : VALERIE CHU
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

I WAS TRAVELLING STRAIGHT ALONG PIE TWDS PAYA LEBAR RD ON THE EXTREME LEFT TURNING LANE. SUDDENLY INFRT OF MY VEH STOP AND I FOLLOWED SUIT BUT MY VEH DIDN'T STOP COMPLETELY AND TOUCH THE REAR PORTION OF VEH C.A FEW SEC I FELT THE IMPACT FROM MY REAR WHEN I CAME OUT, I WAS INVOLVED IN A CHAIN COLLISION OF 4 VEHICLES.

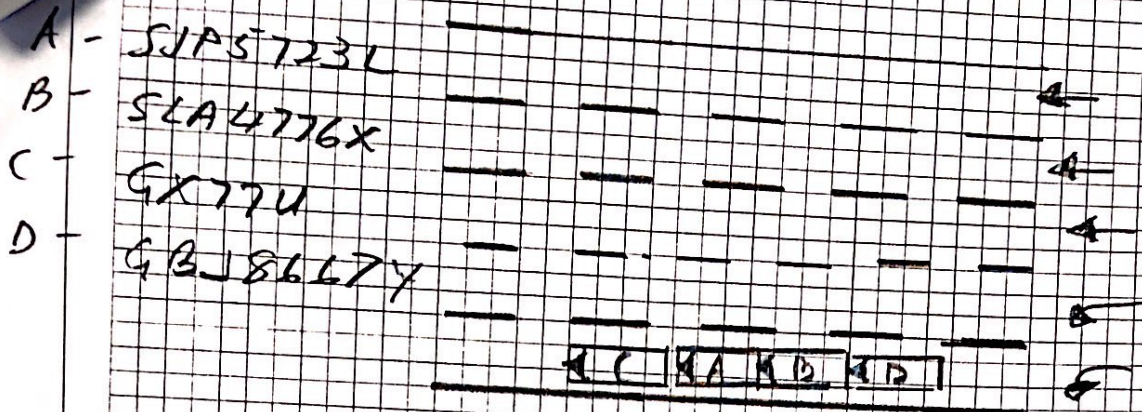
Attachment(s)

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 SLA4776X
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number

DIE TWAS PAYA LEBAR



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement

DECLARATION

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

Policyholder's Signature

Date & Time:

1 Oct 2020

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: