

ASS. REC. BY:

REF:

AIG/ 20010720/KS

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:

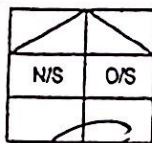
Excess:

(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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02

days

Res.:

Yes or No

Lum Sum:

20

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SDW 735L

Yr Regn:

02, 18

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

Truck / Trailer or

CA Wagon

Make:

Subaru

XV

c.c

1995

Colour

M. P. white

A/C:

Insured / Std / NI / NA

Sp. Reading

47.979

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JF1GT7KL5JG 028083

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

225/55R18

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

5

mm

L/Bal.

4

mm

L/Bal.

5

mm

D.O.A.

3/10/20

D.O.I.

6/10/2020

Survey held at

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

Rear O/S

The UIC / 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 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: (\$



# YEE AUTO PTE LTD

160 Sin Ming Drive #02-17/#07-12 Sin Ming AutoCity Singapore 575722  
Tel: 6457 5768 Fax: 6252 8459 Mobile: 9687 4031  
Email: yeeautopteltd@gmail.com  
Registration No.: 201719251W GST No: 201719251W

M/S : AIG Asia Pacific Insurance Pte Ltd  
78 Shenton Way  
#07-16  
Singapore 079120

ATTN: Motor Claim Department

Your Ref No: -  
Claim Type: Third Party  
Accident Date: 03/10/2020  
TP Veh Reg No: SMS3376S

Estimate No: ES2000089  
Date: 05 Oct 2020

Policy No:  
Veh Reg No: SDW755L  
Make/Model: SUBARU XV 2.0I-S  
EYESIGHT AWD CVT  
Chassis No: JF1GT7KL5JG028083  
Engine No: FB20YC34483  
Reg. Date: 22/02/2018

## Estimate Repair Cost to Vehicle No :SDW755L

Description	U/Price	Quantity	List Price SS	Amount SS
<b>Net Price</b>				
1 REVERSE SENSORS	300.00	1 SET	300.00	300.00
<b>Spare Parts</b>				
2 REAR BUMPER	968.50	1 PC	968.50	
3 REAR BUMPER REINFORCEMENT	585.00	1 PC	585.00	
4 REAR BUMPER BRACKET - LH (LOWER)	62.20	1 PC	62.20	
5 REAR BUMPER BRACKET - RH (LOWER)	62.20	1 PC	62.20	
6 REAR BUMPER SIDE RETAINER - LH	95.60	1 PC	95.60	
7 REAR BUMPER SIDE RETAINER - RH	95.60	1 PC	95.60	
8 REAR BUMPER CLIP	60.00	1 SET	60.00	
9 REAR BUMPER REFLECTOR - LH	155.10	1 PC	155.10	
10 REAR BUMPER REFLECTOR - RH	155.10	1 PC	155.10	
11 REAR END PANEL	755.10	1 PC	755.10	
12 REAR TAILGATE	1,899.10	1 PC	1,899.10	
13 REAR TAILGATE 'SUBARU' EMBLEM	82.00	1 PC	82.00	
14 REAR TAILGATE 'XV' EMBLEM	88.00	1 PC	88.00	
15 REAR BUMPER STEP GARNISH	225.10	1 PC	225.10	
			5,288.60	5,288.60
<b>Labour</b>				
16 TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY.	1,400.00	1 JOB	1,400.00	
17 TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION.	1,400.00	1 JOB	1,400.00	
18 TO APPLY RUST- PROOFING ON REPAIRED, REPLACED PANEL.	120.00	1 JOB	120.00	
19 TO CHECK WIRING FUNCTIONS.	80.00	1 JOB	80.00	
			3,000.00	3,000.00

LKK Auto Consultants hence notify the Repairer of the following: 80.00

- 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 05/10/2020 14:22  
 Date Of Accident 03/10/2020 09:05  
 Exact Location Of Accident PUNGGOL EAST TWDS PUNGGOL CENTRAL  
 Country/State Of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SDW755L  
**Insured/Policyholder**  
 Name Of Registered Owner LIEW SIE YONG  
 NRIC No SXXXX002F  
 Email Address SYLIEW71@YAHOO.COM  
 Mobile Phone No (LOCAL) +65-96821820  
 Alternative Phone No OFFICE-NOPHONE  
**Vehicle Particulars**  
 Manufacturer SUBARU  
 Model XV 2.0I-S EYESIGHT AWD CVT  
 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? NO  
 If No, Please state action to be taken THIRD PARTY  
 Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company SOMPO INSURANCE SINGAPORE PTE. LTD.  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number D20MTPV01002994  
 Cover Note Number 22/02/2020 TO 21/02/2021

### Driver

Name of Driver LIEW SIE YONG  
 NRIC No SXXXX002F  
 Date Of Birth 18/08/1971  
 Occupation INDOOR  
 Date Of Driving Pass 07/05/1991  
 Driving Experience 29 YEARS AND 4 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-96821820  
 Fax Number  
 Contact Number OFFICE-NOPHONE  
 Email Address SYLIEW71@YAHOO.COM

Address 55A EDGEDALE PLAINS #13-13  
Postcode 828680  
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 -  
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) 2  
Passenger 1 NAME: CHAI PEI PEI  
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 SKETCH PLAN

#### 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

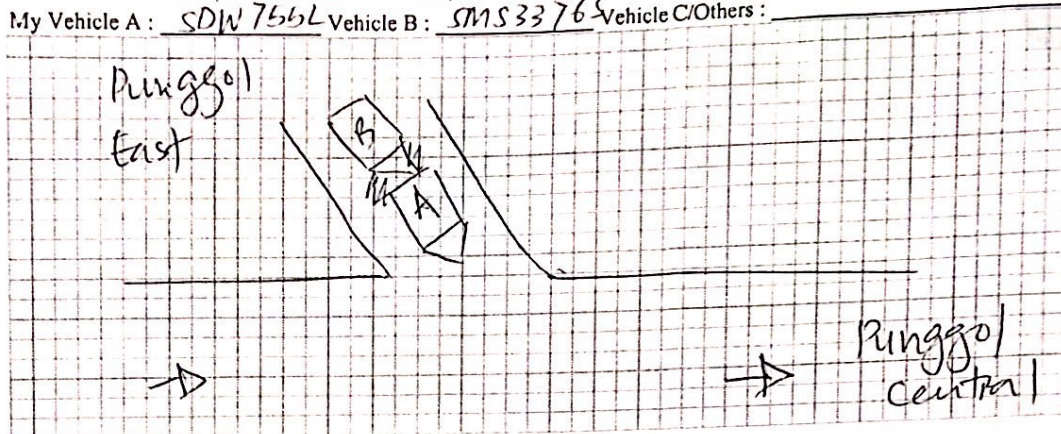
Vehicle Registration Number SMS3376S  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)



# Sketch Plan Pg. 2

## SKETCH PLAN

Date of Accident: 3/10/2020 Time: 9:05am Location: Punggol East towards Punggol Central  
 My Vehicle A: SDW 755L Vehicle B: SMS 3376S Vehicle C/Others: \_\_\_\_\_



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/10/2020 at 9:05am. I was travelling my Vehicle (A) SDW 755 L along Punggol East towards Punggol Central. As I slow down and stop to give way the vehicle on main road. Suddenly the vehicle (B) SMS 3376S cannot stop in time and hit my vehicle rear portion

( ) Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ( ) Reporting Only

Remarks : Please forward a copy of my efile accident report to:

My workshop : Yee Auto Pto Ltd  
 email address : yeeautoptrtd@gmail.com  
 & myself : syliw71@yahoo.com  
 email address : syliw71@yahoo.com

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

## 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.:

CLARIN SketchPlan.pptm V.2

