ASS. REC. BY: Kenneth | REF: A161

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Accord

of _____

Insured: _____

Policy No. _____

Claims No. _____

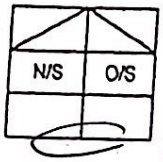
Sum Insured: _____ Excess: _____

(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 Rport: _____ 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: 07/20 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLP 2579H Yr Regn: 08, 08

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Honda Accord c.c 3471

Colour M. Black A/C: Insured / Std / NI / NA

Sp.Reading 228312 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MRHCP36308P040043

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: _____

R: 225/65R 18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Continental

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm

D.O.A. 17/10/20 D.O.I. 26/10/2020

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?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Photos _____

Others _____

TOTAL _____

Report Format :

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

ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A
#03-11 AMK Autopoint Singapore 568047
Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

ESTIMATE

Not Authorised

AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way
AIG Building #09-16
Singapore 079120
Attn: Motor Claims Department

26/10/20
4.05pm

2 days

Date :	19.10.2020
Vehicle No :	SLP2579H
Veh Make/Model :	Honda Accord V6 3.5L
YOM :	2008
Chassis No :	MRHCP36308P040043
Date of Accident :	17.10.2020

No	Qty	Description	Amount $
		List Items:-	
1	1	Rear Bumper	$ 709.10
2	2	Rear Bumper Side Retainer	$ 35.00
3	2	Rear Lamp Lower Bracket LH & RH	$ 16.00
4	2	Rear Lamp LH & RH	$ 591.60
5	1	Rear End Panel	$ 287.80
6	1	Rear End Panel Garnish	$ 97.70
7	1	Rear Reinforcemt Bar	$ 145.60
8		202	
9			
10			
11			
12			
13			
14			
15			
16			
17			
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30			

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:

Total - List Item	**$**	**1,882.80**
Less 20%	**$**	**376.56**
Total	**$**	**1,506.24**

ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A
#03-11 AMK Autopoint Singapore 568047
Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

ESTIMATE

AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way
AIG Building #09-16
Singapore 079120
Attn: Motor Claims Department

Date : 19.10.2020
Vehicle No : SLP2579H
Veh Make/Model : Honda Accord V6 3.5L
YOM : 2008
Chassis No : MRHCP36308P040043
Date of Accident : 17.10.2020

No	Qty	Description	Amount $
		Balance c/f	
		Special Nett Items:-	
1	1 Set	Rear Reverse Sensor	$ 380.00
2	1 Set	Rear Bumper Clips	$ 35.00
3	1 Set	Rear End Panel Garnish Clips	$ 35.00
4			
5			
		Total - SN Item	$ 450.00
		Labour Charges:-	
1		Spray painting on all affected area.	$ 600.00
2		Labour remove/refix accident damages parts to knock, jack, cut weld and realign accident affected area.	$ 800.00
3		To apply anti rust treatment.	$ 100.00
4		To check wiring system & light.	$ 100.00
5		To Removc/Refix/Replace Rear Reverse Sensor	$ 150.00
6			
7			
		Total - L/C	$ 1,750.00
		Sub-Total	**$ 3,706.24**
		7% GST	**$ 259.44**
		Total	**$ 3,965.68**

MALM20091257 / Ah Lim Motor Company - AMK
ENTRY DATE & TIME: 19/10/2020 13:12
SUBMITTED BY: Zila

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 witholding 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	19/10/2020 13:12
Date Of Accident	17/10/2020 14:30
Exact Location Of Accident	KEPPEL RD TOWARDS ANSON RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLP2579H
Insured/Policyholder	
Name Of Registered Owner	LEE WUAN HONG
NRIC No	SXXXX815B
Email Address	LEEKEITH18@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98589646
Alternative Phone No	OTHERS-98589646
Vehicle Particulars	
Manufacturer	HONDA
Model	ACCORD-3.5 3.5 V6 (A)
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA547031
Cover Note Number	12/08/2020 - 11/08/2021
Driver	
Name of Driver	LEE WUAN HONG
NRIC No	SXXXX815B
Date Of Birth	14/09/1975
Occupation	INDOOR
Date Of Driving Pass	04/02/2013
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98589646
Fax Number	
Contact Number	OTHERS-98589646
EMail Address	LEEKEITH18@GMAIL.COM

Address	8788 BUANGKOK CRESCENT #09-151
Postcode	532878
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	3
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: : JUNE YAP GENDER: : FEMALE
Passenger 2	NAME: : KATE LEE 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 THE SKETCH PLAN BY DRIVER

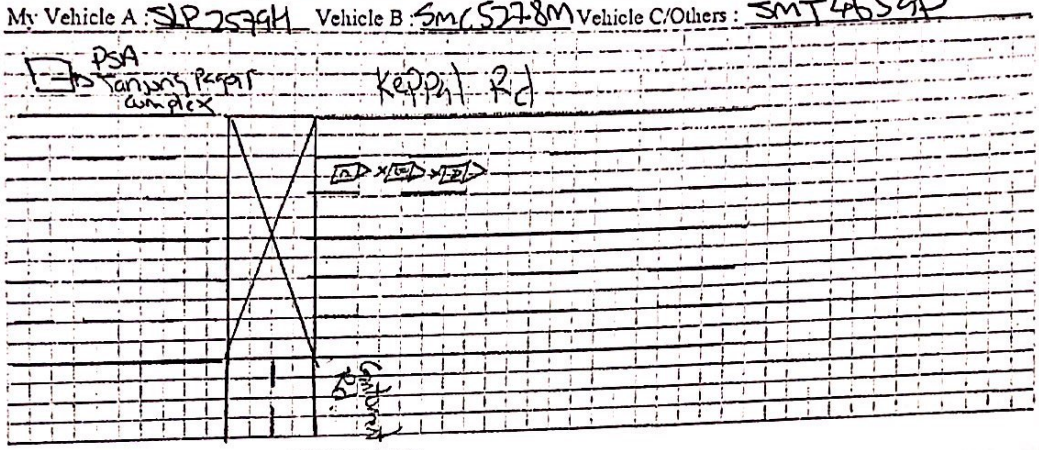
Attachment(s)	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1	
Vehicle Registration Number	SMC5278M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EE BOON SIONG
NRIC/Passport Number	S[illegible]552Z
Contact Number	96745764
Address	
Postcode	

SKETCH PLAN

Date of Accident: 17/10/20 Time: 2.30PM Location: Keppel Rd twd Anson Rd

My Vehicle A : SLP2574H Vehicle B : SMC5278M Vehicle C/Others : SMT4659P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date of Accident: 17/10/20 Time of Accident: 2.30pm

Vehicle A: SLP2574H Vehicle B: SMC5278M Vehc: SMT4659P

Traffic was moving slow, I saw infront vehicle stop. So I proceed to stop. Suddenly I heard a bang from my rear. Vehicle B had collided on to my car.

( ) 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 : Accord Auto Services Pte Ltd
email address : claims@mycarworkshop.com.sg
& myself :
email address :
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.: