

ASS. REC. BY:

REF:

AIG/200123011K

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s S&H

of _____

Insured: _____

Policy No. _____

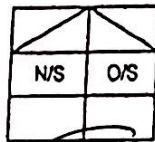
Claims No. _____

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: 4-5 days Res.: Yes or NoLum Sum: 1.8.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMD 3532L Yr Regn: 08, 18Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Hyundai Elantra c.c. 1.8Colour: Th. Grey A/C: Insured / Std / Nil / NASp. Reading: 31789 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMHDP841CMJU 729168Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/55R16

R: _____

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

TOYO / YOKO or Kumho

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 6/11/20 D.O.I. 18/11/2020

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?

☐ : 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

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

TOTAL

Report Format :

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



File No : SH/202
Date : 10-November-2020

Perdeep Kumar S/O Atma Singh
58 Cowdray Avenue
Singapore 558059

Not Authorised
Re survey B4 painting

4-5 days

Estimated cost of repair for vehicle no : SMD3532L Hyundai Elantra
Accident involving vehicle no: SMD3532L & SLF25E on 06.11.2020

Description	Quantity	Cost Price
Rear boot	1	\$ <i>B4</i> 1,782.00 ✓
Rear boot inner lock	1	\$ <i>R</i> 162.00 X
Rear boot badge "elantra"	1	\$ <i>m</i> 38.00 ✓
Rear boot badge "elite"	1	\$ <i>m</i> 48.00 ✓
RH Rear boot hinge	1	\$ <i>R</i> 94.30 X
LH Rear boot hinge	1	\$ <i>R</i> 94.30 X
Rear end panel	1	\$ 454.60 ?
Rear bumper	1	\$ <i>Badum</i> 459.40 ✓
Rear bumper clips (1 set)	1	\$ <i>m</i> 28.00 ✓
Rear bumper reinforcement	1	\$ <i>B4</i> 480.00 ✓
RH Rear bumper retainer	1	\$ <i>DIT</i> 44.30 ✓
LH Rear bumper retainer	1	\$ <i>DIT</i> 44.30 ✓
Rear bumper centre lower moulding	1	\$ <i>DIT</i> 250.10 ✓
LH Rear bumper lower dust cover	1	\$ 47.20 ?
RH Rear bumper reflector	1	\$ <i>CM</i> 40.80 ✓
		\$ 4,067.30
		less 20% \$ 813.46
		\$ 3,253.84
Rear parking sensors (1 set)	1	\$ <i>m</i> 220.00 <i>200%</i>
		\$ 550.00 ?
		\$ 100.00 <i>30%</i>
		\$ 650.00 <i>60%</i>
		\$ 35.00 <i>20%</i>
		\$ 4,808.84

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: _____

To remove rear damaged parts, to jack out rear end panel and rear floor panel and cut out body panel, to reweld, reshape and repair rear end panel, rear floor panel, rear body panel, to straighten out rear chassis member and adjust rear body and tailgate alignment

To apply anti-corrosion Tuff-Kote on rewelded seams

To spray paint affected rear and inner damaged portion inclusive of preparatory works and material

To disconnect wire harness to facilitate repairs and check for damage and reconnect wiring system and check for full functionality

T/Party: AIG Asia Pacific Insurance Pte. Ltd.

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 09/11/2020 14:37
Date Of Accident 06/11/2020 18:00
Exact Location Of Accident BISHAN FLYOVER HEADING TOWARDS CTE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD3532L
Insured/Policyholder
Name Of Registered Owner PERDEEP KUMAR S/O ATMA SINGH
Work Permit No SXXXX748F
Email Address PERDEEP.KUMAR@HARVARDBUSINESS.ORG
Mobile Phone No (LOCAL) +65-97209203
Alternative Phone No OFFICE-97209203

Vehicle Particulars

Manufacturer HYUNDAI
Model ELANTRA AD 1.6
Exact Purpose for which vehicle was being used at time of accident
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 VPA/P2167143
Cover Note Number

Driver

Name of Driver PERDEEP KUMAR S/O ATMA SINGH
Work Permit No SXXXX748F
Date Of Birth 30/04/1970
Occupation INDOOR
Date Of Driving Pass 16/06/2011
Driving Experience 9 YEARS AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97209203
Fax Number
Contact Number OFFICE-97209203
Email Address PERDEEP.KUMAR@HARVARDBUSINESS.ORG

Address 58 COWDRAY AVENUE S(558059)
Postcode
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 AFTER RAIN
Road Surface WET

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: : WIFE
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 attached report.

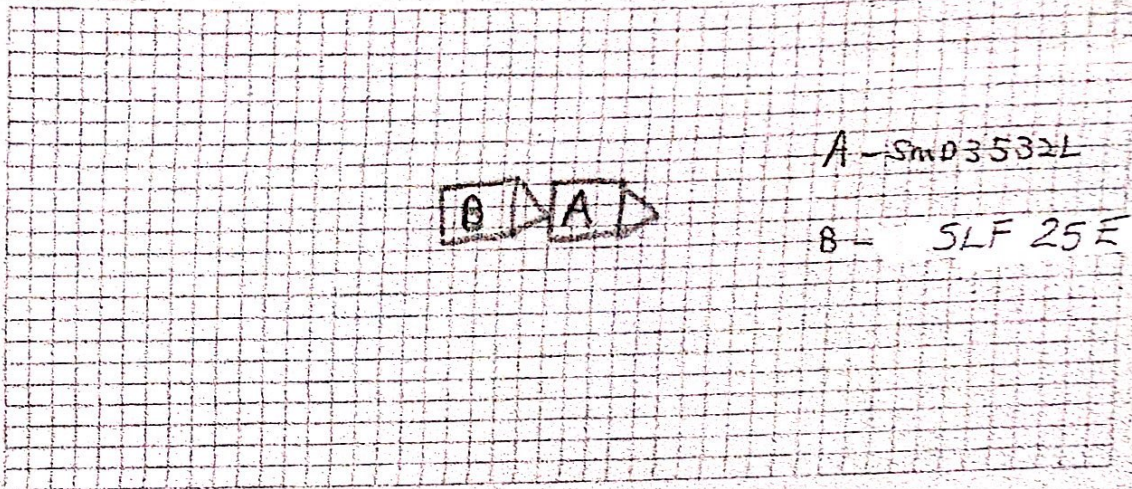
Attachment(s)

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 SLF25E
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver JAMES ONG SHEN YANG
NRIC/Passport Number SXXXX9611
Contact Number 82000159
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Bishan Flyover heading towards CTE, all of a sudden I felt a great impact from behind.

Vehicle B had collided into my car's rear portion, which resulted in my car's rear portion being damaged.

DECLARATION

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

Pookey Kueney
 Policyholder's Signature
 Date & Time:

Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

1
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

SIARMC SketchPlanForm_V3