

ASS. REC. BY:

REF:

AG / 20012441/KP

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s City Auto

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 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: SKF 7295H Yr Regn: 06/2

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

Truck / Trailer or A

Make: Ford Focus c.c. 1396

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

Sp. Reading: 119532 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WF 0KXX GCBKC208063

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R16

R: _____

BS / DUN / EXNOVA / GY / FS / TOHTSU / P/R / SUMI /

TOYO / YOKO or _____

Front 8 mm Rear 8 mm

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 12/11/20 D.O.I. 13/11/2020

Survey held at ✓

Des. of Damages: FR / Rear / O/S / N/S / U/C / Rooftop or

FR N/S

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:

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

\$ - RS. \$

Fees

Others

TOTAL

Report Format :

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



CITY AUTO PTE LTD

One Stop Automotive Solution
 BLK 8, SIN MING IND ESTATE #01-60/62, SIN MING ROAD, SINGAPORE 575643
 TEL: 6453 1235, 6452 0850 FAX: 6453 7944
 24hrs Towing Services Tel 9823 9898
 Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

AIG ASIA PACIFIC INSURANCE PTE. LTD
 NO. 78
 SHENTON WAY #07-16
 SINGAPORE 079120

Contact :-

Fax No. : 6880 4838

*NOT AUTHORIZED
 11 Day &
 Resurvey After Paint
 5 days*

Estimate : QUOT202011-000304(00)
 Date : 12/11/2020
 Vehicle No. : SKF7295H
 Make/Model : FORD FOCUS 1.6 TREND 5-DR C346
 Mileage (km) : 0
 Chassis No. : WF0KXXGCBKCC08063
 Accident Date : 12/11/2020 00:00:00
 Claim No. : SLB9928L
 Reference : JO202011-0426
 Policy No. : B 300318521 SVP

S/No	Particular	Quantity	Unit Price	Amount S\$
	LIST ITEMS :			
1	Front bumper	1.0	1,510.00	CM 1,510.00 ✓
2	Front bumper retainer	2.0	55.00	BIT 110.00 ✓
3	Front bumper upper reinforcement	1.0	362.00	RA 362.00 ✓
4	Front bumper lower grille	1.0	205.00	205.00 ?
5	Front bumper LH side grille	1.0	65.00	MIT 65.00 ✓
6	Front bumper LH sponge	1.0	142.00	CM 142.00 ✓
7	Front bumper upper grille	1.0	315.00	315.00 ?
8	Front bumper reinforcement	1.0	784.00	BT 784.00 ✓
9	Support panel	1.0	810.00	CM 810.00 ✓
10	LH headlamp	1.0	670.00	CM 670.00 ✓
11	LH Fog Lamp	1.0	380.00	380.00 ?
12	LH foglamp cover	1.0	125.00	MIT 125.00 ✓
13	Front bumper lower lid LH	1.0	161.00	WT 161.00 ✓
	List Total :			5,639.00
	20% Discount S\$			1,127.80
				4,511.20
	SPECIAL NET :			
1	Number plate	1.0	20.00	SN 20.00 X
2	Number plate casing	1.0	25.00	SN 25.00 X
	SPECIAL NET Total S\$:			45.00
	LABOUR :			
	- To check wiring and lighting	1.0	60.00	60.00
	- To recharges air con gas	1.0	100.00	100.00 ✓
	-To knock jackout damaged parts, panel beating,welding, align, refix and to renew accident parts	1.0	900.00	500l 900.00
	- Spray painting on affected & replace parts	1.0	1,000.00	1,000.00 750l
				2,060.00

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:

CONTINUE NEXT PAGE

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	12/11/2020 14:54
Date Of Accident	12/11/2020 12:50
Exact Location Of Accident	JUNCTION OF UPPER THOMSON AND MARYMOUNT LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF7295H
Insured/Policyholder	
Name Of Registered Owner	CHUNG MEI WAN MADELENE
NRIC No	SXXXX767A
Email Address	MACLAUW@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-93659098
Alternative Phone No	OTHERS-NOPHONE

Vehicle Particulars

Manufacturer	FORD
Model	FOCUS 1.6 TREND 5-DR C346
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 300318521 SVP
Cover Note Number	

Driver

Name of Driver	LAUW JOO KIAT COLIN
NRIC No	SXXXX025C
Date Of Birth	28/04/1961
Occupation	INDOOR
Date Of Driving Pass	11/12/1981
Driving Experience	38 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93659098
Fax Number	
Contact Number	
EMail Address	COLINLAUW61@GMAIL.COM

Address 97C UPPER THOMSON ROAD #02-12
 Postcode 574329
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured SPOUSE
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident SIDE SWIPE
 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?
 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) 1

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

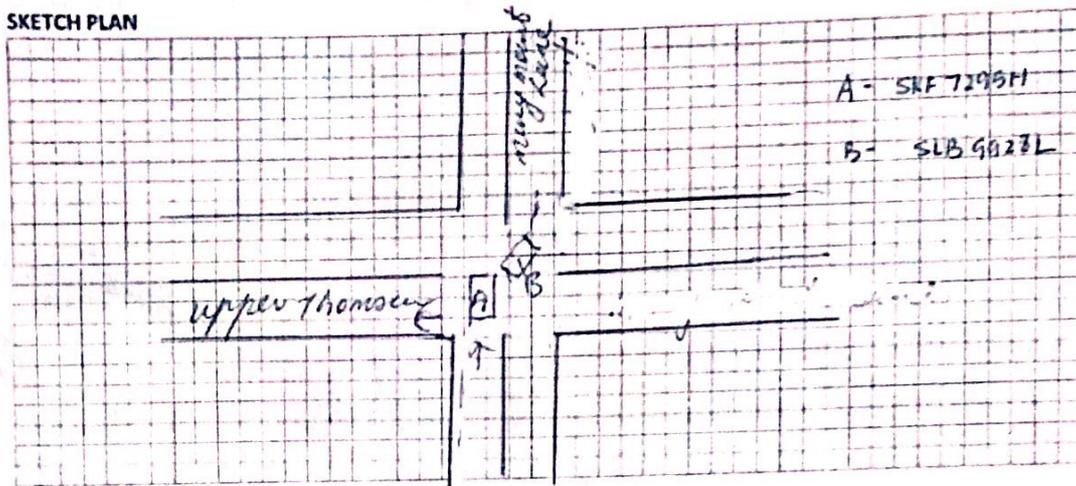
Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLB9928L
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver MS YING SIEW YIN
 NRIC/Passport Number
 Contact Number 91069005
 Address
 Postcode
 Insurance Company Name AIG ASIA PACIFIC INSURANCE PTE. LTD.
 Nature Of Damage
 No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I live in 97C Upper Thomson Rd Lakeview Estate. I drove out of my apartment to the traffic light junction that meets the major road Upper Thomson Rd. Stop at red light. It turned green. My intention is to go straight onto Marymount Lane (where Fire Stn is). From the opposite direction cars for Marymount Lane wanting to turn right onto Upper Thomson should stop & wait for me to pass as I have the right of way.

~~One car~~
The light turned green and I proceeded forward, but stopped ~~because~~ ^{and} there were 1-2 cars trying to turn right. The car that hit me so I had to stop. One car had made a very wide turning radius, and his side brushed my front bumper esp the left side, because he could not narrow his turning radius sufficiently.

The other car stopped at the side. I did too. He said sorry, he did not see me in time. He knew it was his fault for not giving way.

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:

CITY AUTO PTE LTD
Blk B Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 75043
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

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