

ASS. REC. BY:

Steve

REF:

CS/CT120012494/Eyf3

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No

SKO 1174 Z

Yr Regn:

28/12/11

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

Truck / Trailer or

Make:

Audi A4

c.c.

1798

Colour:

White

A/C:

Insured / Std / Nil / N

Sp. Reading

138149

T/Radio: Insured / Std / Nil / N

Eng/No:

WVAU2228K7CA049148

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/52R17

R:

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

TOYO / YOKO or

Kumho

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

11/11/20

D.O.I.

13/11/20

Survey held at

AP Automotive

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

Front RH

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

Date / Time

Action / Instruction

MV-28K

PV-23,619

NV-4381

L/S \$5000.00 (RED: \$11009.25, 68%)

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

20/11/20 TYPIST

Days Of Repair:

5

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp

(\$

☐

: Interview

(\$

☐

: Tech. Invs

(\$

☐

: Weekend

(\$

Pop. Form:

Lump Sum / L/S

L/S \$5000.00

AP Automotive Services

AP AUTOMOTIVE SERVICES PTE LTD
ROC: 202022890H
BLOCK 9006
TAMPINES STREET 93 #01-202
SINGAPORE 528840
TEL: 6784 4465
FAX: 6787 4886

Estimation

Date
Vehicle
Make/Model
Chassis No.

SKD 1174 Z
AUDI A4
WAUZZZ8K7CA049148

No.	Description	Unit	Unit Price	Amount
	Parts Replacment			
1	BONNET / DD	1	\$ 2,510.00	\$ 2,510.00
2	BONNET LOCK X	1	\$ 179.00	\$ 179.00
3	BONNET LOCK CATCH X	1	\$ 95.00	\$ 95.00
4	BONNET HINGE L+R X	2	\$ 72.00	\$ 144.00
5	BONNET DAMPER X	1	\$ 236.00	\$ 236.00
6	FRONT GRILLE / BR	1	\$ 569.00	\$ 569.00
7	FRONT GRILLE CHROME / BR	1	\$ 517.00	\$ 517.00
8	FRONT GRILLE LOGO - AUDI	1	\$ 102.00	\$ 102.00
9	HEADLAMP L+R (RH) - BR (LH) - BR	2	\$ 1,780.00	\$ 3,560.00
10	HEADLAMP LOWER BRACKET L+R (RH) ?	1	\$ 172.00	\$ 172.00
11	FRONT BUMPER / BR	1	\$ 1,863.00	\$ 1,863.00
12	FRONT BUMPER TOWING CAP RH X	1	\$ 85.00	\$ 85.00
13	FRONT BUMPER FOGLAMP RH ?	1	\$ 311.00	\$ 311.00
14	FRONT BUMPER FOGLAMP GARNISH RH / CUT	1	\$ 186.00	\$ 186.00
15	FRONT BUMPER RETAINER RH / BR	1	\$ 91.00	\$ 91.00
16	FRONT BUMPER REINFORCEMENT BAR ?	1	\$ 806.00	\$ 806.00
17	FRONT BUMPER SPONGE	1	\$ 221.00	\$ 221.00
18	FRONT BUMPER UNDERCOVER X	1	\$ 345.00	\$ 345.00
19	FRONT FENDER RH / DD	1	\$ 885.00	\$ 885.00
20	FRONT FENDER INNER PANEL RH ?	1	\$ 1,022.00	\$ 1,022.00
21	FRONT FENDER COWLING RH / TN	1	\$ 181.00	\$ 181.00
22	FRONT SUPPORT PANEL / BR	1	\$ 875.00	\$ 875.00
23	FRONT SUPPORT PANEL TOP GARNISH X	1	\$ 340.00	\$ 340.00
24	AIRCON CONDENSOR X	1	\$ 1,280.00	\$ 1,280.00
25	AIRCON CONDENSOR AIRGUIDE L+R X	2	\$ 133.00	\$ 266.00
26	RADIATOR / BR	1	\$ 1,875.00	\$ 1,875.00
27	AIR FILTER BOX X	1	\$ 564.00	\$ 564.00
28	AIR FILTER BOX AIR DUCT X	1	\$ 278.00	\$ 278.00
			Less 5%	
			Total	\$ 10,559.25

S/Nett Items					
1	FRONT BUMPER CLIPS / BR	10	\$ 10.00	\$ 100.00	
2	FRONT FENDER COWLING CLIPS / M	10	\$ 10.00	\$ 100.00	
			Total	\$ 200.00	

LABOUR					
1	SPRAY PAINT ON AFFECTED AREAS	1	1200	\$ 600	1,200.00
2	PANEL BEATING ON AFFECTED AREAS	1	1600	\$ 800	1,600.00
3	TO REALIGN HEADLAMP AND TEST FUNCTION	1	150	\$ 50	150.00
4	TO CHECK FOG LAMP FUNCTION	1	150	\$ 50	150.00
5	TO UNLOAD AND RNR UPHOISTERY	1	400	\$ X	400.00
6	TO CHECK WATER LEAK	1	150	\$ 30	150.00
7	TO PERFORM DIAGNOSTIC AND CLEAR FAULTS	1	1200	\$ 100	1,200.00
8	TO PERFORM RUST PROOFING	1	400	\$ 30	400.00
			Total	\$	5,250.00
				Parts Replacement Amount	\$ 10,759.25
				Total Amount For Labour	\$ 5,250.00
				Total Amount	\$ 16,009.25

Steer (LKK) W/L Pm
13/10/20, 2:00pm

L/S

My AL SLJ

5 dys

- 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:

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 14:00
Date Of Accident 11/11/2020 21:55
Exact Location Of Accident 124 HOUGANG AVE 1 OPEN SPACE CARPARK
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKD1174Z
Insured/Policyholder
Name Of Registered Owner ONG HOCK SOON
NRIC No SXXXX518J
Email Address MELVAONG-99@LIVE.COM
Mobile Phone No (LOCAL) +65-97699929
Alternative Phone No OTHERS-97699929

Vehicle Particulars

Manufacturer AUDI
Model A4 1.8 TFSI MU
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 GA463415/1
Cover Note Number

Driver

Name of Driver ONG LI WENN, MELVA
NRIC No SXXXX030E
Date Of Birth 22/04/1999
Occupation INDOOR
Date Of Driving Pass 13/08/2018
Driving Experience 2 YEARS AND 2 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-96913829
Fax Number
Contact Number
Email Address MELVAONG-99@LIVE.COM

Address 450A SENGKANG WEST WAY #24-331 SPORE 791450
Postcode
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured CHILDREN
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 - MAJOR/MINOR RD
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? YES
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: : FELICIA KOH YI TING
GENDER: : FEMALE
Passenger 2 NAME: : PAMELYN ANG TING SHVAN
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 SJS1666D
Vehicle Make/Model/Colour AUDI / A6 3.0 TFSI QU (LED)
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)

DETAILS OF INJURED PERSON 1

Name ONG LI WENN, MELVA

Approximate Age

Injuries Sustain

Injured person in which vehicle? SKD1174Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name FELICIA KOH YI TING

Approximate Age

Injuries Sustain

Injured person in which vehicle? SKD1174Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 3

Name PAMELYN ANG TING SHVAN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SKD1174Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan


SKETCH PLAN


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.
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7. By the lodgment 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.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


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.:

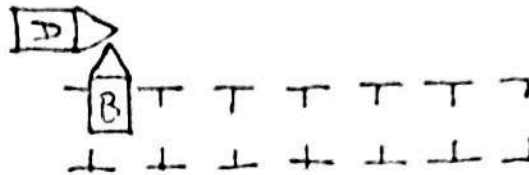
Sketch Plan #2

SKETCH PLAN

HOUGANG AVE 1 CAR PARK.

VEH A = SKD1174Z

VEH B = SJS1666D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time. I was driving vehicle A along the stated venue. Suddenly, vehicle B coming out from the car park lot hit onto my vehicle.

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: J. K. M.
NRIC/FIN No.: