

ASS. REC. BY: TaufikhREF: CS/CT1200/2634/T.783

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. DMHCSNA00001912000Claims No. SNM20D203952C02

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S
X	

Bal. or Market Value: 9148K

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS WPDate: _____ Person Contacted: Paul Vehicle: IN / OUTVeh No: SMM7237R Yr Regn: 2019, July

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

Truck / Traller or

Make: Sugar XF c.c. 1997Colour Red A/C: Insured / Std / NI / NASp. Reading 27557 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: S4JB44XSKY78901Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 245/40R19

R: _____

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 17/11/20Survey held at Weemee 45 Leg Kee

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

18/11/20@3.37pm revised to Cecilia Low via Merimen.

16/12/20@11.33am Taufikh finalised with Paul final fig \$5736.61, 4 days (Red \$12773.89, 69%)

Date/Time, File Pass w?

☐ : Prell. Report

1) 21/12 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Report Form: MER-TPComp. Sum / L.B.I. / 5736.61Days Of Repair: 4Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Phone

Others

TOTAL

SERVICE ESTIMATE

- C00001
Mr Kwa Eng Lam
68A Lorong Ah Soo

SL: SERVICE SALES - PC

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 1

Inv.date. : 21/10/2020

WIP No. . : 45554

Veh.In/Out:

*Tel.No. . : Mobile: 97369885

Reg.No. . : SMM7237R

Reg.date . : 12/07/2019

Mileage . : 0

Chassis No: SAJBB4AX8KCY78901

Singapore 534095

Closed by : Paul Ong Qing Yong

Svc Consultant :

Remarks : Mr Kwa Eng Lam

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BUMPER, VALANCE, REAR BOOTLID, TAILLAMP, ETC	0	2700.00	0		2,700.00	S
800	TO SPRAYPAINT ON REAR BUMPER, REAR BOOTLID ETC	0	2400.00	0		2,400.00	S
802	TO REMOVE, REFIT & TRANSFER BOOTLID PARTS	0	500.00	0	X	500.00	S
802	TO REPLACE REAR LH EXHAUST	0	1800.00	0	?	1,800.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	525.00	0	✓	525.00	S
	COVER-BUMPER	1.0 EA	1507.40		de ✓	1,507.40	S
	PANEL-VALANC	1.0 EA	613.90		de ✓	613.90	S
	MOUNTING-BRACKET	1.0 EA	63.80		?	63.80	S
	BRACKET-BUMP	1.0 EA	137.70		?	137.70	S
	BRACKET-BUMP	1.0 EA	137.80		?	137.80	S
	MOUNTING-BRA	1.0 EA	71.90		?	71.90	S

Tanphk 97485749
WP 17/11/20 @ 245pm
04 days
Resumy before paint
tanphk @ hh auto work

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:

SERVICE ESTIMATE

- C00001
Mr Kwa Eng Lam
68A Lorong Ah Soo

SL: SERVICE SALES - PC

GST Reg.No:M28920628X

Inv.No. : B&P 0 Page 2

Inv.date. : 21/10/2020

WIP No. : 45554

Veh.In/Out:

*Tel.No. : Mobile: 97369885

Reg.No. : SMM7237R

Reg.date. : 12/07/2019

Mileage : 0

Chassis No: SAJBB4AX8KCY78901

Closed by : Paul Ong Qing Yong

Svc Consultant :

Remarks : Mr Kwa Eng Lam

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	MOUNTING-BRA	1.0 EA	71.90			71.90	S
	CAP RH	1.0 EA	27.60			27.60	S
	CAP LH	1.0 EA	7.00			7.00	S
	UNDERTRAY	1.0 EA	321.70			321.70	S
	BEAM-BUMPER	1.0 EA	641.20			641.20	S
	SILENCER-EXH RR LH A	1.0 EA	1683.80			1,683.80	S
	CLAMP-EXHAUST	1.0 EA	81.30			81.30	S
	PANEL-TRUNK	1.0 EA	2268.70			2,268.70	S
	BADGE	1.0 EA	87.20			87.20	S
	BADGE	1.0 EA	199.60			199.60	S
	BADGE	1.0 EA	104.80			104.80	S
	LAMP-CLUSTER LH rear	1.0 EA	553.80			553.80	S
	LAMP-FOG LH	1.0 EA	366.80			366.80	S
	BODY PANEL SEALANT X	1.0 EA	928.00			928.00	S
	ADHESIVE SEALER FL2	1.0 EA	709.60			709.60	S

Gross Total. 18,510.50

Labour Total 7,925.00
Parts Total 10,585.50
Package Total 0.00

Net..... 18,510.50
GST @ 7.0% 1,295.74
Total..... 19,806.25
Paid..... 0.00
Please Pay.. 19,806.25

GST: S=StdRated; 0=OutOfScope; Z=ZeroRated

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	19/10/2020 17:24
Date Of Accident	19/10/2020 08:15
Exact Location Of Accident	AYE BEFORE SPEED CAMERA @ TP POLICE CAMERA ZONE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE:

Vehicle Registration Number	SMM7237R
Insured/Policyholder	
Name Of Registered Owner	KWA ENG LAM
NRIC No	SXXXX492J
Email Address	DANKWA@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97369885
Alternative Phone No	OFFICE-97369885
Vehicle Particulars	
Manufacturer	JAGUAR
Model	XF 2.0 R-SPORT (250PS)
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900119581
Cover Note Number	
Driver	
Name of Driver	KWA ENG LAM
NRIC No	SXXXX492J
Date Of Birth	14/03/1965
Occupation	INDOOR
Date Of Driving Pass	12/12/1983
Driving Experience	36 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97369885
Fax Number	

Address	68A LORONG AH SOO
Postcode	534095
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?	
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

REFER TO ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SMD5314L
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)	

DETAILS OF OTHER VEHICLE PROPERTY

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)

Accident Sketch Plan Pg. 1

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.
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. The 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 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.:

Accident Sketch Plan Pg. 1

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 19/10/20 ON THE WAY TO OFFICE, AT 8:14 AM
IN FRONT CAR STOPPED EMERGENCY. I MANAGED TO
STOP IN TIME TOO.

SUDDENLY MY CAR WAS HIT AT THE BACK BY THE CAR BEHIND. CAUSING THE COLLISION DAMAGE AT REAR OF MY CAR.

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.: