

ASS. REC. BY: Tau JKHREF: CS/AGI 2092983/T1t83

AGI 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. _____

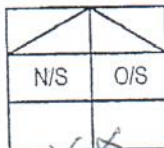
Claims No. _____

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: 960K

IDAC Accident Report: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS WP

Vehicle: IN / OUT

Date: _____ Person Contacted: DamenVeh No: SLG83075 Yr Regn: 2016, Oct

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

Truck / Trailer or

Make: Honda HRV c.c. 1496Colour: Red A/C: Insured / Std / NI / NASp. Reading: 46544 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 5MMR018109 X.200301

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: 215/60R16

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. 25/11/20Survey held at Terraviva Garage

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

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

Date / Time Action / Instruction

We confirm the COR @ 3000 and DOR @ 5 days.

RED:7242; 70%

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / LB. / (\$ _____)

Days Of Repair: 5Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation: _____ S + RS. _____

Photos

Others

TOTAL

BUDGET DIRECT

Vehicle number SLG8307J
Make / Model HONDA HRV
Chassis number JHMRU1810GX200301
Accident date 21/11/20
Reference 2011-34

Qty	Particulars	Unit Price - SGD \$
<u>PARTS REPLACEMENT - LIST ITEMS</u>		
1	TAILGATE	1287.60 <i>bl</i>
1	TAILGATE INNER TRIM BOARD	225.00 <i>RH</i>
2	TAILGATE LAMP	<i>RH</i> 570.00 <i>LH-?</i>
1	TAILGATE LOCK	269.50 <i>T. ht</i>
1	TAILGATE LOCK STRIKER	91.00 <i>Ry</i>
1	TAILGATE WEATHERSTRIP	227.00 <i>T.</i>
1	TAILGATE EMBLEM - HRV	56.20 <i>new</i>
1	TAILGATE EMBLEM - I-VTEC	65.00 <i>new</i>
1	TAILGATE EMBLEM - LOGO	70.00 <i>new</i>
2	TAILGATE HINGE	121.00 <i>X</i>
2	TAILLAMP	1390.00 <i>X</i>
1	WINDSCREEN MOULDING	141.80 <i>new</i>
1	REAR BUMPER	950.60 <i>old</i>
1	REAR BUMPER LOWER GARNISH	425.00 <i>X</i>
2	REAR BUMPER REFLECTOR	303.80 <i>X</i>
2	REAR BUMPER RETAINER	<i>RH</i> 101.80 <i>LH-X</i>
2	REAR CORNER BUMPER	450.60 <i>Ry</i>
1	FLOOR SPONGE TRAY BOARD	197.80 <i>X</i>
1	END PANEL	585.80 <i>Ry</i>
1	END PANEL TOP GARNISH	160.50 <i>T.</i>
		7690.00
Less 20%		1538.00
		6152.00
<u>PARTS REPLACEMENT - SPECIAL NETT ITEMS</u>		
1 SET	REAR BUMPER CLIP	30.00 <i>new</i>
1	REAR WINDSCREEN SEALANT	150.00 <i>new</i>
1 SET	END PANEL TOP GARNISH CLIP	50.00 <i>new</i>
1 SET	REAR REVERSE SENSOR	400.00 <i>2000</i>
1 SET	REAR REVERSE SENSOR BUZZER	150.00 <i>X</i>
Subtotal		780.00
<u>LABOUR AND MISCELLANEOUS CHARGES</u>		
Balance B/F		6932.00
1	CHECK WIRING AND LIGHTNING SYSTEM	80.00 <i>30</i>
2	REMOVE AND REFIT INNER GARNISHES & TRIMS	150.00 <i>60</i>
3	REMOVE AND REFIT REAR REVERSE SENSOR	150.00 <i>30</i>

4	REMOVE AND REFIT WINDSCREEN GLASS	180.00	120
5	PANEL BEATING ON AFFECTED AREAS	1400.00	600
6	SPRAY PAINTING ON AFFECTED AREAS	1200.00	600
7	APPLY ANTI RUST ON AFFECTED AREAS	150.00	30
Subtotal		3310.00	
Grand total		10242.00	

Taylor 97495749
 'wp' 25/11/2020 11am
 Lumpsum 5 day
 Resurvey after repair
 Taylor @ 11am 20/11/2020

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	24/11/2020 11:45
Date Of Accident	21/11/2020 11:50
Exact Location Of Accident	YISHUN AVE 6 SLIP ROAD TWDS YISHUN AVE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLG8307J
Insured/Policyholder	
Name Of Registered Owner	CHONG NAI LIANG ALEX
NRIC No	SXXXX609I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90268168
Alternative Phone No	OTHERS-90268168
Vehicle Particulars	
Manufacturer	HONDA
Model	HRV 1.5 DX CVT
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	GA521922/1
Cover Note Number	
Driver	
Name of Driver	CHONG NAI LIANG ALEX
NRIC No	SXXXX609I
Date Of Birth	04/11/1977
Occupation	INDOOR
Date Of Driving Pass	09/04/1997
Driving Experience	23 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90268168
Fax Number	
Contact Number	OTHERS-90268168
EMail Address	NOEMAIL

Address	BLK 1 HAIG ROAD #09-565 SPORE 430001
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
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)	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 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	SKQ8788M
Vehicle Make/Model/Colour	HONDA / VEZEL HYBRID 1.5X AUTO
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)	

Sketch Plan

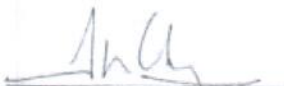
SKETCH PLAN

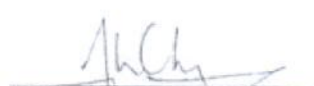
IMPORTANT NOTICE



- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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.
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- 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.

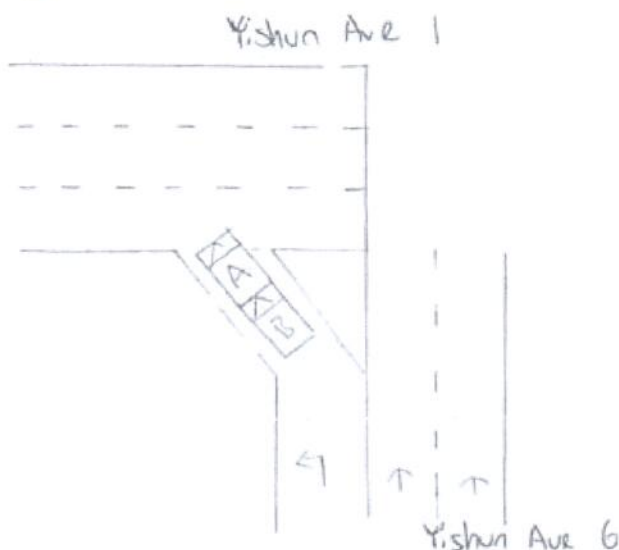

Policyholder's Signature
Date & Time:


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



A: SLG8307J

B: SKQ8788M

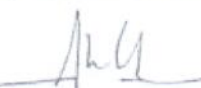
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling at the fitter lane of Yishun Ave 6 towards Yishun Ave 1, while I was waiting for the major Road to be clear before I can move, all of a sudden I felt an impact from my vehicle rear portion. After I came down I then realised that vehicle B had collided onto me.

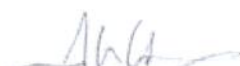
*****for company vehicle only*****
 I _____ is the _____ of
 company _____ and im using the vehicle
 _____ for work /private purpose .

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.: