

ASS. REC. BY:

REF: SMO/ 200137551Kt

Kenneth

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2-3 days Res.: Yes or No

Lum Sum: 1.21 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SMH 292B Yr Regn: 04, 19

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

Truck / Trailer or

Make:

Audi A5 c.c. 1984

Colour:

White A/C: Insured / Std / NI / NA

Sp. Reading:

35206 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WAU 8Z81-58KA028546

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: 255/35 ZR19

R:

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

TOYO / YOKO or

Front

Rear

R/Bal. 8 mm

R/Bal. 8 mm

L/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 10/12/20

D.O.I. 21/12/2020

Survey held at

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

FR O/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

PART BY PART \$11046.86, 3DAYS

red: 8558.28 ; 43%

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

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

Report Format :

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

CHUAN HO AUTO SERVICE
SIN MING AUTO CITY
160 SIN MING DRIVE #07-09
SINGAPORE 575722

Not Authorised
Punmy Bypain

Vehicle & Document Information

Date: 15/12/2020

Vehicle No: SMM 292 B

Make/Model: AUDI A5 SB 2.0

ESTIMATE : SMM 292 B

S/N	Description	Qty	Repairer's Est
1	FRONT BUMPER	1	\$ 2,858.77 7
2	FRONT BUMPER BRACKETS LH/RH	2	\$ 128.40 X
3	FRONT BUMPER TOW HOOK COVER	1	\$ 58.85 X
4	FRONT BUMPER WASHER NOZZLE COVER LH/RH	2	\$ 77.04 X
5	FRONT BUMPER SENSOR	2	\$ 612.90 X
6	FRONT BUMPER AIR DUCT LH/RH	2	\$ 231.12 X
7	FRONT BUMPER ENGINE BAY COVER	1	\$ 354.08 X
8	FRONT BUMPER LOWER ENGINE COVER	1	\$ 726.10 1
9	FRONT GRILLE	1	\$ 2,921.00 ✓
10	FRONT GRILLE AUDI LOGO EMBLEM	1	\$ 175.26 ✓
11	RHF LOWER GRILLE	1	\$ 535.00 X/L
12	RHF HEADLAMP	1	\$ 8,358.84 7
13	RHF HEADLAMP BRACKET (SET)	1	\$ 139.10 7
14	FRONT NUMBER PLATE	1	\$ 50.00 ✓

Total :	\$ 17,226.46
-5%	\$ 861.32
Parts Total :	\$ 16,365.14

1	TO CHECK LIGHTINGS & WIRINGS	\$ 380.00 201
2	PROGRAMMING & CALIBRATION RESET	\$ 280.00 7
3	ANTI-RUST PROOFING AND GALVANISING AFFECTED & REPLACEMENT PARTS	\$ 380.00 X
4	LABOUR TO DISMANTLE, REPAIR, REPLACE AND ALIGN THE ABOVE PARTS	\$ 1,000.00 2501
5	TO PUTTY, PRIMER, SPRAY PAINT FRONT BUMPER, FRONT GRILLE, RHF LOWER GRILLE	\$ 1,200.00 2801

Labour Total :	\$ 3,240.00
Parts Total :	\$ 16,365.14
Total :	\$ 19,605.14

CHUAN HO AUTO SERVICE



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:

CHUAN HO AUTO SERVICE
SIN MING AUTO CITY
160 SIN MING DRIVE #07-09
SINGAPORE 575722

Vehicle & Document Information

Date: 21/12/2020
Vehicle No: SMM 292 B
Make/Model: AUDI A5 SB 2.0

SUPPLEMENTARY : SMM 292 B

S/N	Description	Qty	Repairer's Est	
1	FRONT BRACE PANEL	1	\$ CM	364.87 ✓
			Total :	\$ 364.87
			-5%	\$ 18.24
			Parts Total :	\$ 346.63

CHUAN HO AUTO SERVICE



h.

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 Submission 11/12/2020 17:54 (SGT)
Date of Accident 10/12/2020 14:45 (SGT)
Exact Location of Accident Serangoon, Singapore
Additional Location Information Along Petain Road Turning Right To Serangoon Road
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM292B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Tan Lee Thong (Chen Litong)
NRIC No SXXXX932G
Email Address kelvin14@outlook.com
Mobile Phone No (Phone) +65-96939355
Alternative Phone No +65-96939355

VEHICLE PARTICULARS

Manufacturer Audi
Model A5
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900090867
Cover Note Number -

DRIVER

Name of Driver Tan Lee Thong (Chen Litong)
NRIC No SXXXX932G
Date Of Birth 14/11/1975
Occupation Indoor

Date Of Driving Pass 22/03/1994
 Driving experience 26 YEARS AND 9 MONTHS
 Gender Male
 Mobile Number (Phone) +65-96939355
 Alt. Phone Number +65-96939355
 Email Address kelvin14@outlook.com
 Address 84 Flora Road #05-18
 Address complement -
 Postcode 507001
 Is the driver the policyholder? Yes
 If No, Relationship of the Driver with the Insured -
 Does Driver Own Other Vehicles? No
 Vehicle Registration Number of Other Vehicle Owned by Driver -
 Insurance Company of Other Vehicle Owned by Driver -

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 the accident? No
 Number of vehicles involved in the accident 2
 Was anybody injured in the Accident? No
 Was any injured conveyed to hospital by ambulance? -
 Was any other material or property damaged? Yes
 Number of Passengers (Including Driver) 3
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name Matthias Tan
 Gender Male

PASSENGER 2

Name Darius Tan
 Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? No
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

Please refer to sketch plan.

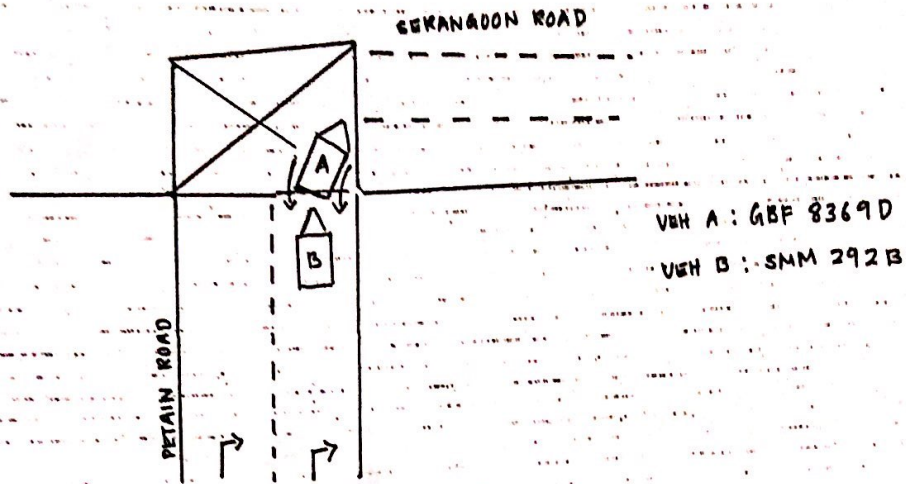
ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBF8369D
 Vehicle Manufacturer Fiat
 Vehicle Model Doblo
 Vehicle Variant -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 10/12/2020, I WAS STATIONARY ON PETAIN ROAD WAITING TO TURN RIGHT INTO SERANAGUN ROAD. SUDDENLY THE VEHICLE IN FRONT OF ME, VEHICLE A (GBF8369D) ROLLED BACKWARDS AND HIT ONTO MY VEHICLE (SMM292B)'S FRONT.

* I HAVE VIDEO FOOTAGE TO PROVE THE ACCIDENT.

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 11/12/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time: 11/12/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Deborah Lai