

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:

IDAC Accident Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

\$50k.

Consistent?: Yes or No

Consistent?: Yes or No

days Res.: Yes or No

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

LTA 42548

Vehicle: IN / OUT

Date:

Person Contacted:

Dez / 11K

Date / Time

Action / Instruction

rear bumper (8K5807067A GRU-2273

undercoiler (8K0810172C - 219

sport rim (8K0601025CE - 746

18/11/20 d/s \$3300 confirmed with Alan

Veh No:

SKM9812A

Yr Regn:

3d/4/14

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

Truck / Trailer or

CA1

Make:

Audi A4

c.c.

1798

Colour

white

A/C:

Insured / Std / NI / NA

Sp. Reading

107025'

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WAU2228K8EA048657

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

225/50 R17

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

TOYO / YOKO or

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

13/11/20

D.O.I.

14/11/20

Survey held at

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

O/S Rear

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

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) __S + RS __SI

) Photos

) Others

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

submit to insurance.

FASTECH AUTO PTE LTD
1 KAKI BUKIT AVE 6 #01-48
SINGAPORE 417883

VEHICLE No: SKM 9852A

Not Approved
2/s 3300/
14/12/20 3 days

1PC	REAR DOOR O/S
1PC	REAR FENDER O/S
1PC	REAR BUMPER
1PC	REAR BUMPER SIDE RETAINER O/S
1SET	REAR BUMPER CLIPS
1PC	REAR FENDER UNDER COVER O/S
1SET	REAR FENDER UNDER COVER CLIPS O/S
1PC	REAR SPORT RIM O/S
1PC	REAR SHOCK ABSORBER O/S
1PC	REAR WHEEL HUB BEARING O/S
1PC	REAR KNUCKLE O/S

2275

219
30.00
746

52

2	\$2,111.20	X
2	\$1,891.00	X
2/20m	\$1,850.00	✓
su	\$60.00	X
11	\$50.00	✓
Torn	\$399.10	✓
11	\$50.00	✓
cu	\$1,200.00	✓
11	\$319.00	X
11	\$450.00	X
11	\$1,280.00	X
	\$9,660.30	

TO CHECK WIRING
TO DISMANTLE & REFIX REAR REVERSE SENSOR
TO DISMANTLE & REFIX CUSHION UPHOLSTERY
TO SPRAY RUST PROOFING
TO CONDUCT WHEEL ALIGNMENT
TO DISMANTLE & REFIX REAR UNDER CARRIAGE
LABOUR FOR PANEL BEATING & REPLACED PARTS
TO PUTTY & SPRAY PAINTING

	\$50.00	20
	\$80.00	50
	\$120.00	80
11	\$100.00	X
	\$120.00	80
11	\$250.00	X
	\$880.00	550
	\$1,280.00	600
TOTAL	\$12,540.30	

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:

2-2895
5%
2-2750.25
2-1380.00
4130.25
20%
3304

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	14/12/2020 12:36 (SGT)
Date of Accident	13/12/2020 10:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG UPP CHANGI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM9852A
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHONG KIM IMM
NRIC No	SXXXX637B
Email Address	CARELCHONG@YMAIL.COM
Mobile Phone No	(Phone) +65-96874874
Alternative Phone No	+65-96874874

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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	Direct Asia
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00791086
Cover Note Number	-

DRIVER

Name of Driver	CHONG KIM IMM
NRIC No	SXXXX637B
Date Of Birth	03/06/1969
Occupation	Indoor

Date Of Driving Pass	29/04/1995
Driving experience	25 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96874874
Alt. Phone Number	+65-96874874
Email Address	CARELCHONG@YMAIL.COM
Address	279 BEDOK SOUTH AVE 3 #04-32
Address complement	-
Postcode	465458
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	Clear
Road Surface	Dry

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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE POLICE REPORT

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	SLF5805M
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Accident Toolkit

Sketch plan

Sketch of accident scene:

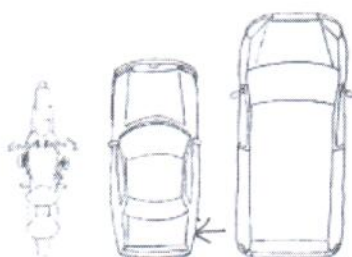
Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

If safe, please take photos or videos from all angles.

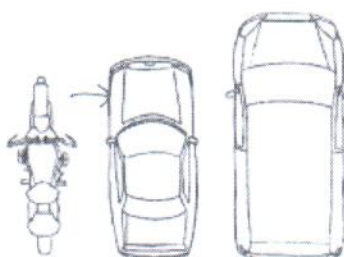


On Dec 13 about 10.50am, I was driving along Changi Road towards Jalan Chuan, on the 2nd right lane. Suddenly a Toyota Camry barged onto the right side (rear) of my car. He was disputing and accused me for changing lane but obviously I had been keeping on the same 2nd right lane. It was him who was switching from 1st right lane into my lane that he hit onto my car. He insisted he was not wrong so I filed the claim against him.

Please indicate on vehicle A (your vehicle) and, vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow.



Vehicle A
(SKM 9852A)



Vehicle B
(3LF 5805M)

**direct
asia**
• insurance

Handwritten signature
12/14/2011
11.06 am

Call us direct

Customer Care
6665 5555

Claims Support 24/7 Hotline
6532 1818

*05 6603 8809 (from overseas)

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 rescind 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.
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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:


14/12 11:26 AM

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	637B
Vehicle Details	
Vehicle No.:	SKM9852A
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Dec 2020
Vehicle Make:	AUDI
Vehicle Model:	A4 1.8 TFSI MU (EU6)
Primary Colour:	White
Manufacturing Year:	2013
Engine No.:	CJE066550
Chassis No.:	WAUZZZ8K8EA048657
Maximum Power Output:	125.0 kW (167 bhp)
Open Market Value:	\$32,240.00
Original Registration Date:	30 Apr 2014
First Registration Date:	30 Apr 2014
Transfer Count:	0
Actual ARF Paid:	\$27,136.00 13568
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Apr 2024
PARF Rebate Amount:	\$17,638.00
Intended COE Rebate Details	
COE Expiry Date:	29 Apr 2024
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$73,810.00
COE Rebate Amount:	\$24,910.00
Total Rebate Amount:	\$42,548.00

The information contained herein is correct as at 14 Dec 2020

OK

14/12/2020

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TTS Eurocars

Posted: 20-Nov-2020 Tags: 2014 Audi A4, Audi A4, Audi, A4



Audi A4 1.8A TFSI MU

\$55,998

\$12,420 /yr

15-May-2014

1,798 cc

78,000 km

Luxury

Available

Christmas Offer, Trade-in Your Used Vehicle And Get Up To \$5,000 Above Trade-In Value! High PARF Value. Well Maintained And Excellent Condition. No Funny Noise. Mint Interior. Accident-Free Straight Chassis. Sheltered Parking Unit. Administrations And Loan Ser...

CarQuotations

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Depreciation

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