

ASS. REC. BY:

REF:

Smo / 20013834/Kt

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: 04 days Res.: Yes or No

Lum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

Smo 242A

Yr Regn:

10, 19

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

Truck / Trailer or

Make:

Audi

(A)

c.c

1984

Colour:

Red

AC: Insured / Std / NI / NA

Sp. Reading

12341

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WAU 888F55K A071001

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

275/30ZR20

R:

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

TOYO / YOKO or

Front

R/Bal.

8

mm

Rear

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

11/12/20

D.O.I.

28/12/202

Survey held at

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

O/S Frt

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

Date / Time

Action / Instruction

PART BY PART \$12066.49.4DAYS

RED:8968.81.42%

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS. SI

F. Ins.

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 Authorized*  
*Repair B & P Air*  
*4 days*

**Vehicle & Document Information**

Date: 16/12/2020

Vehicle No: SMQ 242 A

Make/Model: AUDI A5 SB 2.0

**ESTIMATE : SMQ 242 A**

S/N	Description	Qty	Repairer's Est
1	FRONT BONNET	1	\$ 3,708.96 ✓
2	FRONT BONNET HINGES (LH/RH)	2	\$ 756.02 X
3	FRONT BONNET CENTER RUBBER	1	\$ 42.57 X
4	FRONT BONNET RUBBER (LH/RH)	2	\$ 85.14 X
5	RHF FENDER	1	\$ 1,583.81 ✓
6	RHF FENDER TOP SHIELD	1	\$ 239.57 X
7	RHF FENDER LOWER SHIELD	1	\$ 72.03 X
8	RHF FENDER TOP PANEL	1	\$ 1,419.33 X
9	RHF FENDER END BRACKET	1	\$ 49.12 ?
10	RHF FENDER TOP BRACKET (FRONT)	1	\$ 98.23 X
11	RHF FENDER TOP BRACKET (MID)	1	\$ 65.49 X
12	RHF FENDER TOP BRACKET (REAR)	1	\$ 29.47 X
13	RHF HEADLAMP	1	\$ 8,358.84 ✓
14	RHF HEADLAMP BRACKET (SET)	1	\$ 139.10 ?
<b>Total :</b>			\$ 16,647.68
<b>-5%</b>			\$ 832.38
<b>Parts Total :</b>			\$ 15,815.30

Special Nett			
1	FRONT RIMS (LH/RH)	2	\$ 1,600.00 X
2	NITROGEN GAS FOR TYRE PRESSURE	2	\$ 280.00 X
<b>Total :</b>			\$ 1,880.00
<b>Parts &amp; SN Total :</b>			\$ 17,695.30

1	TO CHECK LIGHTINGS & WIRINGS	\$ 380.00 201
2	PROGRAMMING AND CALIBRATION RESET	\$ 280.00 ?
3	LABOUR TO DISMANTLE, REPAIR, REPLACE AND ALIGN THE ABOVE PARTS	\$ 1,000.00 4501
4	LABOUR TO REMOVE AND REINSTALL TPMS (TYRE PRESSURE MONITORING SYSTEM)	\$ 200.00 X
5	FROM OLD RIMS TO NEW RIMS	\$ 1,200.00 4801
6	TO PUTTY, PRIMER, SPRAY PAINT FRONT BONNET, RHR FENDER	\$ 280.00 X
6	WHEEL ALIGNMENT AND HIGH SPEED BALANCING	\$ 280.00 X
<b>Labour Total :</b>		\$ 3,340.00
<b>Parts &amp; SN Total :</b>		\$ 17,695.30
<b>Total :</b>		\$ 21,035.30

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:



## 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 11:14 (SGT)
Date of Accident	11/12/2020 17:40 (SGT)
Exact Location of Accident	Hougang Street 32, Singapore
Additional Location Information	ALONG BLK 7 HOUGANG ST 32 CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMQ242A

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RICCO SHARAD
NRIC No	SXXXX131H
Email Address	RICCO.SHARAD@GMAIL.COM
Mobile Phone No	(Phone) +65-90019749
Alternative Phone No	+65-90019749

#### VEHICLE PARTICULARS

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

#### INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA508166/1
Cover Note Number	-

#### DRIVER

Name of Driver	RICCO SHARAD
NRIC No	SXXXX131H
Date of Birth	28/07/1974
Occupation	Indoor



Date Of Driving Pass ..... 05/06/1998  
 Driving experience ..... 22 YEARS AND 6 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-90019749  
 Alt. Phone Number ..... +65-90019749  
 Email Address ..... RICCO.SHARAD@GMAIL.COM  
 Address ..... 2 HOUGANG STREET 32  
 Address complement ..... #03-01  
 Postcode ..... 534041  
 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 on collision  
 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? ..... No  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

#### CIRCUMSTANCES OF ACCIDENT

#### AS ACCIDENT STATEMENT.

#### ATTACHMENT(S)

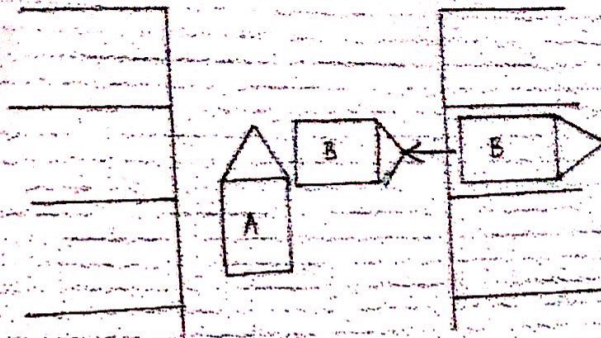
Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... No  
 Was there any audio recorded? ..... No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... GBH4390G  
 Vehicle Manufacturer ..... Toyota  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Commercial vehicle  
 Name of Driver ..... TAN BOON TECK  
 NRIC No ..... SXXXX568C  
 Contact Number ..... (Phone) +65-96911552  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -



# SKETCH PLAN



VEH A : SMQ 242A

VEH B : GBH 4390C

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 11/12/2020 AT AROUND 1740HRS, I WAS DRIVING MY VEHICLE SMQ 242A ALONG THE CARPARK OF BLK 7 HOUGANG ST32, SUDDENLY VEHICLE B (GBH 4390C) REVERSED OUT OF A PARKING LOT ON MY RIGHT, I SOUNDED MY CAR HORN BUT THE DRIVER FAILED TO REACT ON TIME, REVERSED AND HIT INTO MY VEHICLE.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 12/12/2020

11:30AM

Driver's Signature

(If driver is not the policyholder)

Date & Time: 12/12/2020

11:30AM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: