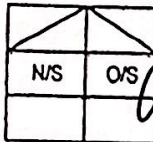


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s Yes Auto
 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: 876k
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 04 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLZ 5821X Yr Regn: 05, 18
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or Wagon
 Make: Mit Outlander c.c. 1998
 Colour: M.D. Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 25258 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: GPFW 0401585
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: NII / S/Rlm / STD A/Rlm or
 Tyre Size: F: 225/55R18
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
YOYO / YOKO or
 Front: _____ Rear: _____
 R/Bal: 8 mm R/Bal: 7 mm
 L/Bal: 8 mm L/Bal: 7 mm
 D.O.A. 20/12/20 D.O.I. 23/12/202
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
distress body
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report
☐ : Final Report

1) _____
 Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. SI

Fixing

Others

TOTAL

Report Format :

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

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech Invs (\$ _____)

☐ : Weekend (\$ _____)



YEE AUTO PTE LTD

160 Sin Ming Drive #02-17/#07-12 Sin Ming AutoCity Singapore 575722
Tel: 6457 5768 Fax: 6252 8459 Mobile: 9687 4031
Email: yeeautopte ltd@gmail.com
Registration No.: 201719251W GST No: 201719251W

M/S : AXA Insurance Pte Ltd
8 Shenton Way
#24-01 AXA Tower
Singapore 068811.

Not Authorised

11 Days

Money After Pain

4 days

Estimate No: ES2000118
Date: 22 Dec 2020
Policy No:
Veh Reg No: SLZ5621X
Make/Model: MITSUBISHI OUTLANDER 2.0 CVT
Chassis No: GF7W0401585
Engine No: 4J11YA0284
Reg. Date: 09/05/2018

ATTN: Motor Claim Department

Your Ref No: -
Claim Type: Third Party
Accident Date: 20/12/2020
TP Veh Reg No: XD3362E

Estimate Repair Cost to Vehicle No: SLZ5621X
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 resurvey on no 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:

Description	U/Price	Quantity	List Price	Amount
			<u>S\$</u>	<u>S\$</u>
Net Price				
1 REAR WHEEL RIM - RH	600.00	1 PC	600.00	600.00
Spare Parts				
2 REAR DOOR - RH	1,335.90	1 PC	1,335.90	
3 REAR DOOR GLASS OUTER MOULDING - RH	185.50	1 PC	185.50	
4 REAR DOOR LOCK - RH	372.80	1 PC	372.80	
5 REAR DOOR OUTER HANDLE - RH	385.00	1 PC	385.00	
6 REAR DOOR REGULATOR GEAR - RH	378.60	1 PC	378.60	
7 REAR DOOR REGULATOR GEAR MOTOR - RH	334.90	1 PC	334.90	
8 REAR DOOR STICKER - RH	85.50	1 PC	85.50	
9 REAR DOOR TRIM BOARD - RH	868.10	1 PC	868.10	
10 REAR DOOR WEATHERSTRIP - RH	179.50	1 PC	179.50	
11 REAR DOOR PROTECTOR - RH	585.00	1 PC	585.00	
12 REAR FENDER - RH	1,280.90	1 PC	1,280.90	
13 REAR FENDER GARNISH - RH	230.90	1 PC	230.90	
14 REAR KNUCKLE ARM - RH	550.80	1 PC	550.80	
15 REAR SHOCK ABSORBER - RH	320.00	1 PC	320.00	
16 REAR WHEEL BEARING - RH	340.15	1 PC	340.15	
17 REAR LOWER ARM - RH	540.20	1 PC	540.20	
			7,973.75	7,973.75
Labour				
18 TO DISMANTLE & REPLACE DAMAGED PARTS. PANEL BEAT WHERE NECESSARY.	1,800.00	1 JOB	1,800.00	400
19 TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION.	1,800.00	1 JOB	1,800.00	420
20 TO APPLY RUST- PROOFING ON REPAIRED, REPLACED PANEL.	200.00	1 JOB	200.00	30
21 TO REMOVE/RENEW REAR DOOR RH	300.00	1 JOB	300.00	60
22 TO CHECK WIRING FUNCTIONS.	150.00	1 JOB	150.00	20
23 TO REMOVE/REPLACE UNDERCARRIAGE LABOUR.	350.00	1 PC	350.00	X
24 WHEEL ALIGNMENT	120.00	1 T	120.00	X
			4,720.00	4,720.00

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	21/12/2020 14:44 (SGT)
Date of Accident	20/12/2020 16:30 (SGT)
Exact Location of Accident	Braddell Rd, Singapore
Additional Location Information	Braddell Road towards Bartley Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ5621X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Chua Yeong Kwang
NRIC No	SXXXX599F
Email Address	chuasim@singnet.com.sg
Mobile Phone No	(Phone) +65-96838866
Alternative Phone No	+65-96838866

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
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	1800046420-01
Cover Note Number	-

DRIVER

Name of Driver	Chua Yeong Kwang
NRIC No	SXXXX599F
Date Of Birth	11/06/1971
Occupation	Indoor

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

08/03/1996

24 YEARS AND 9 MONTHS

Male

(Phone) +65-96838866

+65-96838866

chuasim@singnet.com.sg

Blk 143 Potong Pasir Avenue 2 #10-30

- 350143

Yes

- No

-

-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

Collision - Change/cross lane

Clear

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?

No

Number of Passengers (Including Driver)

2

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No

PASSENGER 1

Name

Sim Kwee Khim

Gender

Female

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 the sketch plan.

ATTACHMENT(S)

Are accident photos available for attachment?

Yes

Was there any video captured by Car Camera?

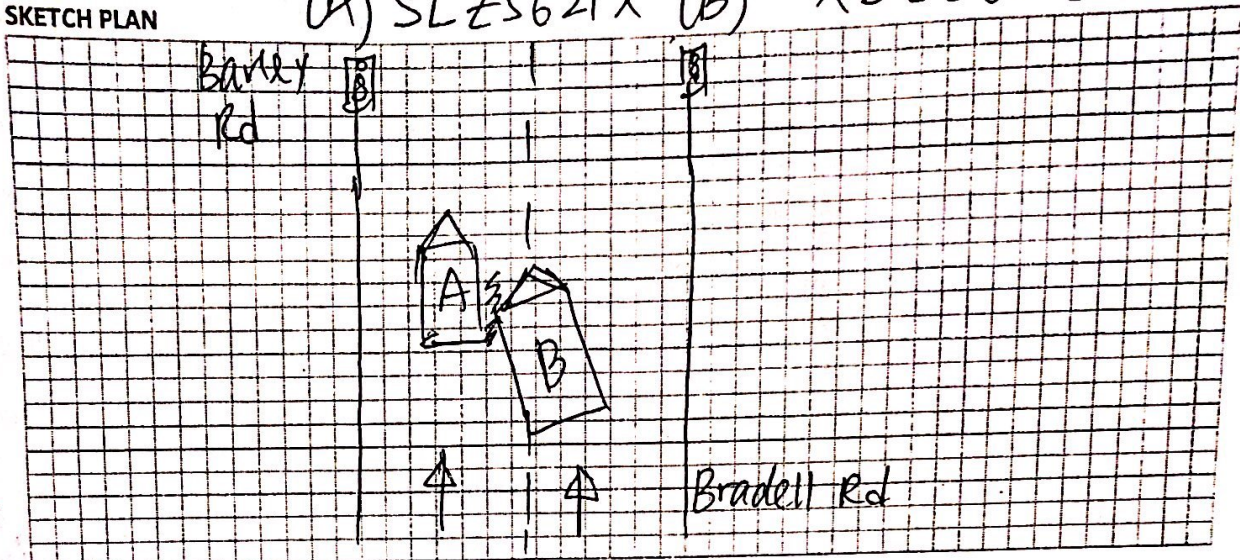
No

Was there any audio recorded?

No

SKETCH PLAN

(A) SLZ5621X (B) XD3362E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/12/2020 at 4:30pm. I was travelling my Vehicle (A) SLZ5621X along Bradell Rd towards Baney Rd. The traffic light turn green and I start move forward and go straight. Suddenly, the vehicle (B) XD3362E from right side move and over to my lane hit onto my vehicle rear right portion.

Please email EIA Report to owner and my workshop Yee Auto Pte Ltd
yeeautopteltd@gmail.com

DECLARATION

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

Policyholder's Signature
Date & Time: 21 DEC 2020

GIARMC SketchPlanForm_v3

Driver's Signature
(If driver is not the policyholder)
Date & Time: 21 DEC 2020

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