

ASS. REC. BY:

REF:

AAA / 20014692 / kv

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / LWS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Yee Auto

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

11.30am

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: 47k

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

04/29

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMG 80917 Yr Regn: 08, 09

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

Truck / Trailer or (A) MPV

Make: Toy Wish c.c. 1797

Colour: M. Silver A/C: Insured / Std / NI / NA

Sp. Reading: 187692 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 76220 0011057

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / SRim / STD A/Rim or

Tyre Size: F: 215/45R17

R: _____

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

TOYO / YOKO or Fire 29

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 22/12/20 D.O.I. 31/12/2020

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or 015177

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

Date / Time Action / Instruction

11/11 11pm 700k 1550k

13/1/21 @ 2:15pm LS 1550 confirmed with repairer (Red 4432.80, 7490)

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

2) 13/1/21-Typist

Days Of Repair: 4

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS: \$

Fees:

Others:

TOTAL

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Report Format : SMART CLAIM

Lump Sum I.H.B.F. (\$ 1550)

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	22/12/2020 17:26 (SGT)
Date of Accident	22/12/2020 08:00 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 10, Singapore
Additional Location Information	BLK 531 / 532 AVE 10 ANG MO KIO OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG8091T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KHANG LAI SOON
NRIC No	SXXXX852J
Email Address	SOONLY71@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91875200
Alternative Phone No	(Office) +65-91875200

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	FWD
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2020-00002010
Cover Note Number	25/04/2020 TO 24/04/2021

DRIVER

Name of Driver	KHANG LAI SOON
NRIC No	SXXXX852J
Date Of Birth	19/12/1971
Occupation	Outdoor

Date Of Driving Pass	12/03/1994
Driving experience	26 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91875200
Alt. Phone Number	(Office) +65-91875200
Email Address	SOONLY71@HOTMAIL.COM
Address	BLK 590B ANG MO KIO STREET 51 #29-27
Address complement	-
Postcode	562590
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 - Major/Minor Rd
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NG WEI MIN ADEELA
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

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	SJQ8512D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

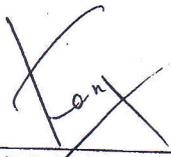
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

IMPORTANT NOTICE

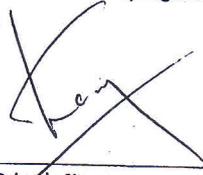
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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. 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 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:



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

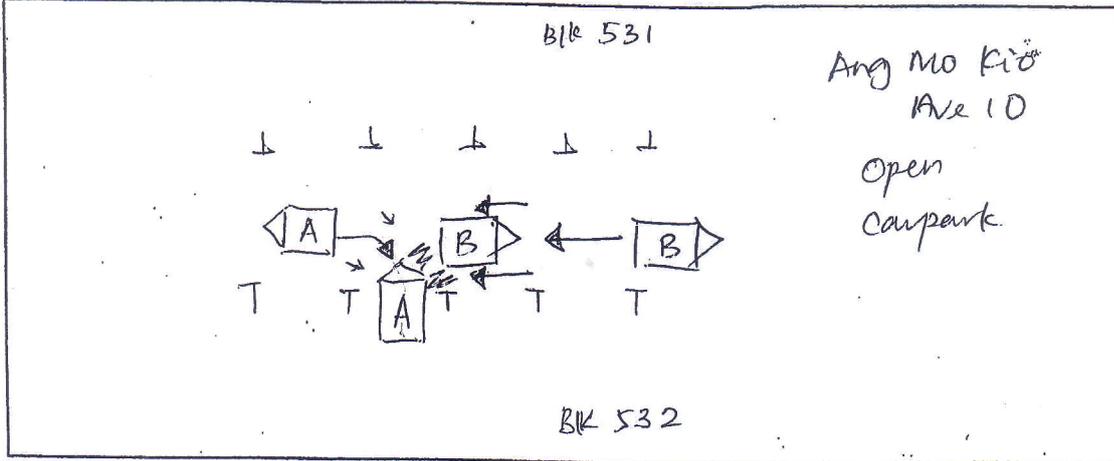


 Reporting Centre Personnel's Signature
 Name: 22/12/2020
 NRIC/FIN No.:

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

Date of accident: 22/12/2020 Time: 8:00am Location: Blk 531 X 532 Ang Mo Kio Ave 10
 My Vehicle A: SMG 8091T Vehicle B: SJQ 8512D Vehicle C: Open Carpark

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/12/2020 at 8:00am. I was travelling my vehicle (A) SMG 8091T along Blk 531 & 532 Ang Mo Kio Ave 10 Open Carpark. As I reversed into the carpark lot and half complete, suddenly, the vehicle (B) SJQ 8512D from my right side reverse with high speed and hit onto my vehicle right portion.

Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

Yee Auto Pte Ltd
 yeeautoptehd@gmail.com

* Kindly email my CIA report to me and my workshop Yee Auto Pte Ltd

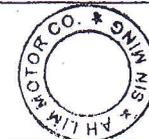
Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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.:

[Handwritten Signature]

22/12/2020

Yee Auto Pte Ltd

160 Sin Ming Dr #02-17 / #07-12 Sin Ming Autocity Singapore 575722
 TEL: 6457 5768 FAX: 6252 8459 Email: yeeautopteltd@gmail.com
 GST:201719251W RCB NO:201719251W

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

Estimate No: ES2000121
Date: 31 Dec 2020
Policy No:
Veh Reg No: SMG8091T
Make/Model: TOYOTA WISH 1.8X A
Chassis No: ZGE200011057
Engine No: 2ZR0432989
Reg. Date: 14/08/2009

ATTN: Motor Claim Department
 Your Ref No: -
 Claim Type: Third Party
 Accident Date: 22/12/2020
 TP Veh Reg No: SJQ8512D

NOT Authorized
11 Pay & 9000
15501
Resurvey After Paint
4 days

Estimate Repair Cost to Vehicle No :SMG8091T

Description	U/Price	Quantity	List Price	Amount
			<u>SS</u>	<u>SS</u>
Net Price				
1 PARKING SENSOR	300.00	1 SET	<i>Sm</i> 300.00 X 300.00	300.00
Spare Parts				
2 FRONT BUMPER <i>648.</i>	955.80	1 PC	<i>Ry</i> 955.80 ✓	
3 FRONT BUMPER CLIPS	40.00	1 SET	<i>Me</i> 40.00 ✓	
4 FRONT BUMPER FOG LAMP - RH	328.10	1 PC	<i>Sm</i> 328.10 X	
5 FRONT BUMPER FOG LAMP COVER - RH	125.00	1 PC	<i>Sm</i> 125.00 X	
6 FRONT BUMPER REINFORCEMENT	365.50	1 PC	<i>R</i> 365.50 X	
7 FRONT BUMPER SIDE RETAINER - LH	36.30	1 PC	<i>Sm</i> 36.30 X	
8 FRONT BUMPER SIDE RETAINER - RH	36.30	1 PC	<i>Di</i> 36.30 ✓	
9 FRONT BUMPER SPONGE	195.90	1 PC	<i>Sm</i> 195.90 X	
10 FRONT FENDER - RH	544.00	1 PC	<i>R</i> 544.00 X	
11 FRONT FENDER SPLASH SHIELD - RH	245.30	1 PC	<i>Sm</i> 245.30 X	
12 FRONT FENDER SPLASH SHIELD CLIP	40.00	1 SET	<i>Sm</i> 40.00 X	
13 FRONT GRILLE	285.50	1 PC	<i>Sm</i> 285.50 X	
14 FRONT HEADLAMP - RH <i>25!</i>	825.10	1 PC	<i>GT</i> 825.10 ✓	
			4,022.80	4,022.80
Labour				
15 TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY.	800.00	1 JOB	800.00 <i>360!</i>	
16 TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION.	800.00	1 JOB	800.00 <i>400!</i>	
17 TO CHECK WIRING FUNCTIONS.	60.00	1 JOB	60.00 <i>20!</i>	
			1,660.00	1,660.00

Total SS 5,982.80

Add GST @ 7% 418.80

Total Amount Payable SS 6,401.60

TOTAL: SINGAPORE DOLLAR SIX THOUSAND FOUR HUNDRED AND ONE AND CENTS SIXTY ONLY

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:

For Yee Auto Pte Ltd

AUTHORISED SIGNATURE