

Not Notified

Low Tze Chiang
Blk 892B Woodlands Drive 50
#05-161
Singapore 731892

*11 Day @
Survey After Pain
5 day*

File No: SH/2020/099/12/004/TP
Date: 19-January-2021

Estimated cost of repair for vehicle no: **SJM4616K Toyota Camry**
Accident involving vehicle no: **SJM4616K & SLV2734U on 23.12.2020**

Description	Quantity	Cost Price
RH rear door	1	\$ <i>R</i> 1,248.00 ✓
RH rear door protector	1	\$ <i>ru</i> 91.70 ✓
RH rear door inner lock	1	\$ <i>R</i> 529.10 X
RH rear bumper retainer	1	\$ <i>ru</i> 79.40 X
RH rear wheel rim 16" <i>Pi?</i>	1	\$ <i>Full Wt</i> 2,010.10 ✓
RH rear knuckle arm	1	\$ <i>ru</i> 599.10 X
RH rear knuckle arm wheel bearing	1	\$ <i>ru</i> 611.70 X
RH rear lower arm	1	\$ <i>ru</i> 420.60 X
RH rear control arm	1	\$ <i>ru</i> 590.60 X
RH rear thrust arm	1	\$ <i>ru</i> 511.90 X
RH rear shock absorber	1	\$ <i>ru</i> 429.50 X
		\$ 7,121.70
		Less 25% \$ 1,780.43
		\$ 5,341.28
To remove and check RH rear suspension system and replace damaged parts		\$ <i>ru</i> 240.00 X
To perform computerised wheel alignment		\$ 65.00 <i>601</i>
To disconnect wire harness to facilitate repairs and check for damage and reconnect wiring system and check for full functionality		\$ 15.00 ✓
To remove damaged parts, to jack out RH rear fender panel, to reweld, reshape and repair RH rear fender and inner panel, Rear bumper, RH runnign board garnish, to remove and refit RH rear door trim, lock, window and adjust body panel alignment		\$ 680.00 <i>601</i>
To spray paint affected RH rear and inner damaged portion inclusive of preparatory works and material		\$ 850.00 <i>801</i>
		<u>\$ 7,191.28</u>

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: _____

T/Party: AIG Asia Pacific Insurance Pte Ltd

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 24/12/2020 17:16 (SGT)
Date of Accident 23/12/2020 17:55 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJM4616K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Low Tze Chiang
NRIC No SXXXX038E
Email Address beh7731@gmail.com
Mobile Phone No (Phone) +65-81399970
Alternative Phone No (Home) +65-81399970

VEHICLE PARTICULARS

Manufacturer Toyota
Model TOYOTA / CAMRY 2.0 AUTO ABS AIRBAG
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 MSIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number A 80365585 QMX
Cover Note Number -

DRIVER

Name of Driver Low Tze Chiang
NRIC No SXXXX038E
Date Of Birth 07/08/1971
Occupation Indoor

Date Of Driving Pass 18/05/2011
 Driving experience 9 YEARS AND 7 MONTHS
 Gender Male
 Mobile Number (Phone) +65-81399970
 Alt. Phone Number (Home) +65-81399970
 Email Address beh7731@gmail.com
 Address Blk 892B #05-161 Woodlands Drive 50
 Address complement -
 Postcode 731892
 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 Side Swipe
 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 Traffic Police
 Police Station Phone No (Phone) +65-65470000
 Alt. Police Station Phone No (Fax) +65-65474900
 Police Station Address 10 Ubi Avenue 3 Singapore 408865
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

refer attached police report.

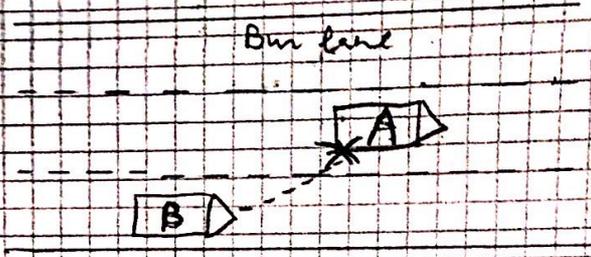
ATTACHMENT(S)

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 SLV2734U
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -

SKETCH PLAN



A - SJM4616K.

B - SLV2734U.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer attached police report.

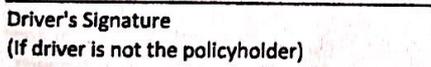
DECLARATION

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



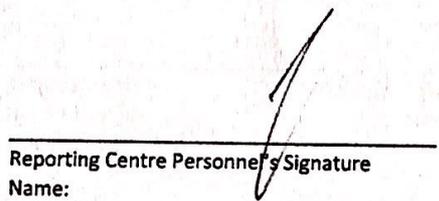
Policyholder's Signature

Date & Time:



Driver's Signature
(if driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: