

ASS. REC. BY:

REF:

AG2/20014721/kv

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

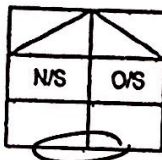
Excess:

(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:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

06

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:

G061558R

Yr Regn:

06, 17

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

Truck / Trailer or

Make:

Peugeot

Partner

c.c

1560

Colour

White

A/C: Insured / Std / NI / NA

Sp. Reading

87306

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VI-37FBHYMG-7861132

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: M / S / R / Lm / STD A / R / Lm or

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

3

mm

R/Bal.

6

mm

L/Bal.

7

mm

L/Bal.

6

mm

D.O.A.

23/12/20

D.O.I.

30/12/2020

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

# ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

No. : 06313

Vehicle Insured : SJA 7541K  
Accident Date : 23-Dec-2020

Date : 28-Dec-2020

Our Ref : 020189 (AGI) / CHAN

PAGE : 1

TEAM DECORAL PTE LTD  
21 MOONSTONE LANE, #03-03  
POH LENG BUILDING  
Singapore 328462

*Not Authorised*  
*L/Rup B*  
*Penalty After Paint*  
*6 days*

## ESTIMATED COST OF REPAIR FOR PEUGEOT PARTNER GBG1558R

1 pc N/s tail door  
1 pc N/s tail door "PEUGEOT" emblem  
1 pc O/s tail door  
1 pc O/s tail door "PARTNER" emblem  
1 pc Tail door rubber  
1 pc Rear bumper  
1 pc Rear bumper reinforcement  
1 pc Rear end panel

*R* 1,550.00 —  
*M* 65.00 —  
*R* 1,350.00 —  
*M* 85.00 —  
*Dij* 240.00 *50% Wn*  
*R* 520.00 —  
*R* 440.00 —  
*R* 340.00 —

4,590.00

Less 10% : 459.00

1 pc Rear w/s glass sealant  
1 pc Tail door 70km/h sticker  
1 pc Tail door 6pax sticker

4,131.00 —  
*M* 60.00 sn —  
*M* 15.00 sn —  
*M* 15.00 sn —

To remove & refix rear windscreen  
glass and conduct water leak test.

240.00 *16d*

To remove roof lining, front and  
rear seats, trim board and carpet

60.00 —

To apply undersealing

60.00 —

To putty and spray replaced parts

800.00 *60d*

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

Con't Page 2 ...

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Vehicle Insured : SJA 7541K

Page : 2

To remove, cut-out damaged parts,  
panel beating, welding, align,  
refix and to renew above parts

*6002*  
700.00

Total : S\$ 6,081.00  
=====

Singapore Dollars Six Thousand and Eighty One Only

## 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 ..... 23/12/2020 16:54 (SGT)  
Date of Accident ..... 23/12/2020 08:40 (SGT)  
Exact Location of Accident ..... Jln Besar, Singapore  
Additional Location Information ..... AFTER VEERASAMY ROAD JUNCTION  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBG1558R

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TEAM DECORAL PTE LTD  
Company Reg No ..... 2XXXXX132C  
Email Address ..... aufondinterior@gmail.com  
Mobile Phone No ..... (Phone) +65-96265196  
Alternative Phone No ..... (Office) +65-96265196

#### VEHICLE PARTICULARS

Manufacturer ..... Peugeot  
Model ..... Partner  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company ..... EQ  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCPHQ20-002091  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... LEE BOON WAY  
NRIC No ..... SXXXX464J  
Date Of Birth ..... 21/11/1960  
Occupation ..... Outdoor

Date Of Driving Pass ..... 16/08/1983  
 Driving experience ..... 37 YEARS AND 4 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-96265196  
 Alt. Phone Number ..... -  
 Email Address ..... aufondinterior@gmail.com  
 Address ..... BLK 317C ANCHORVALE ROAD  
 Address complement ..... #15-196  
 Postcode ..... 543317  
 Is the driver the policyholder? ..... No  
 If No, Relationship of the Driver with the Insured ..... Employee  
 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 ..... Rochor Neighbourhood Police Centre  
 Police Station Phone No ..... (Phone) +65-18002949999  
 Alt. Police Station Phone No ..... (Fax) +65-63918583  
 Police Station Address ..... 11 Kampong Kapur Road Singapore 208678  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO: V20201223/2014

#### 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 ..... SJA7541K  
 Vehicle Manufacturer ..... Honda  
 Vehicle Model ..... Jazz  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... MAHBOO BUNNISA BINTE MOHD  
 NRIC No ..... SXXXX303B

## 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.
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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 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.
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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

### Sketch Plan

