

ASS. REC. BY:

REF: AIG/21001244/K4

Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop n/s Yee Auto
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SMF-2221E Yr Regn: 10, 18
 Type: CA / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: NIS Sulphy c.c. 1598
 Colour: M. Silver A/C: Insured / Std / Nil / NA
 Sp. Reading: 30536 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: MNTBBAB1770032865
 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: 195/60R16
 R: _____

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

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front R/Bal. 5 mm Rear R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 16/1/21 D.O.I. 27/1/2021
 Survey held at _____

Bal. or Market Value: _____
 IDAC Accident Rport: _____ 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

Des. of Damages: Fr / Rear / O/S / N/S / UIC / Rooftop or
NIS FR UIC
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	LUMP SUM \$3150, 4DAYS RED: 8009.5; 71%
	11159.50

Date/Time, File Pass to? : Prell. Report
 : Final Report

Days Of Repair: 4
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:	
Transport:	
S - RS	\$ _____
Fees	
Others	
TOTAL	

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



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: yeeautopteltd@gmail.com
 Registration No.: 201719251W GST No: 201719251W

M/S : AIG Asia Pacific Insurance Pte Ltd
 78 Shenton Way
 #07-16
 Singapore 079120

Estimate No: ES2100009
 Date: 25 Jan 2021
 Policy No:
 Veh Reg No: SMF2221E
 Make/Model: NISSAN SYLPHY 1.6 CVT
 Chassis No: MNTBBAB17Z0032865
 Engine No: HR16930545C
 Reg. Date: 31/10/2018

ATTN: Motor Claim Department

Your Ref No: -
 Claim Type: Third Party
 Accident Date: 16/01/2021
 TP Veh Reg No: EY2170M

Not Authorized

*11 Day @
 Recovery After Pain*

4 days

Estimate Repair Cost to Vehicle No :SMF2221E

Description	LKK Auto Consultants hence notify U/Price	Quantity	List Price	Amount
	the Repairer of the following:		<u>SS</u>	<u>SS</u>
Net Price	<ul style="list-style-type: none"> 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" No illegal modification(s) is allowed Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company 			
1 FRONT WHEEL RIM - LH	800.00	1 PC	<i>Net</i> 800.00	<i>300.00</i>
2 FRONT TYRE 195/60R/16	300.00	1 PC	<i>in</i> 300.00	<i>X</i>
			1,100.00	1,100.00
Spare Parts				
3 FRONT BUMPER	Acknowledged by Repairer 956.10	1 PC	956.10	<i>?</i>
4 FRONT BUMPER BRACKET - LH	Signature: 86.20	1 PC	<i>in</i> 86.20	<i>X</i>
5 FRONT BUMPER BRACKET - RH	Date: 86.20	1 PC	<i>in</i> 86.20	<i>X</i>
6 FRONT BUMPER SIDE RETAINER - LH	62.40	1 PC	<i>in</i> 62.40	<i>X</i>
7 FRONT BUMPER SIDE RETAINER - RH	62.40	1 PC	<i>in</i> 62.40	<i>X</i>
8 FRONT BUMPER CLIPS	50.00	1 SET	50.00	<i>?</i>
9 HEAD LAMP - LH	955.50	1 PC	<i>in</i> 955.50	<i>✓</i>
10 FRONT FENDER - LH	720.10	1 PC	<i>in</i> 720.10	<i>✓</i>
11 FRONT FENDER INNER SHIELD - LH	255.10	1 PC	<i>in</i> 255.10	<i>X</i>
12 FRONT FENDER INNER SHIELD CLIPS	80.00	1 SET	<i>in</i> 80.00	<i>X</i>
13 FRONT WHEEL ABS SENSOR - LH	285.10	1 PC	<i>in</i> 285.10	<i>X</i>
14 FRONT WHEEL BEARING - LH	205.10	1 PC	<i>in</i> 205.10	<i>?</i>
15 FRONT SHOCK ABSORBER - LH	585.90	1 PC	<i>in</i> 585.90	<i>X</i>
16 FRONT LOWER ARM - LH	475.10	1 PC	475.10	<i>?</i>
17 FRONT KNUCKLE ARM - LH	535.60	1 PC	535.60	<i>?</i>
18 DRIVE SHAFT - LH	980.50	1 PC	<i>in</i> 980.50	<i>X</i>
19 FRONT SHOCK ABSORBER MOULDING - LH	178.20	1 PC	<i>in</i> 178.20	<i>X</i>
			6,559.50	6,559.50
Labour				
20 TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY.	1,300.00	1 JOB	1,300.00	<i>400</i>
21 TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION.	1,200.00	1 JOB	1,200.00	<i>400</i>
22 TO APPLY RUST- PROOFING ON REPAIRED, REPLACED PANEL.	150.00	1 JOB	150.00	<i>30</i>
23 TO CHECK WIRING FUNCTIONS.	120.00	1 JOB	120.00	<i>20</i>
24 TO COMPUTER RESET	280.00	1 PC	280.00	<i>?</i>
25 WHEEL ALIGNMENT	150.00	1 T	150.00	<i>60</i>
26 TO REMOVE/REPLACE UNDERCARRIAGE LABOUR.	300.00	1 JOB	300.00	<i>?</i>
			3,500.00	3,500.00

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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 18/01/2021 15:06 (SGT)
Date of Accident 16/01/2021 11:46 (SGT)
Exact Location of Accident Singapore
Additional Location Information BUKIT TIMAH ROAD NORTH BOUND AFTER TRAFFIC LIGHT
FOURTH AVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF2221E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ZHONG DAN
NRIC No SXXXX420H
Email Address xiongchuanyi@hotmail.com
Mobile Phone No (Phone) +65-83055186
Alternative Phone No +65-83055186

VEHICLE PARTICULARS

Manufacturer Nissan
Model Sylphy
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 NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5119363642
Cover Note Number -

DRIVER

Name of Driver XIONG CHUANYI
NRIC No SXXXX701E
Date Of Birth 09/11/1975

Occupation
 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

Indoor
 23/10/2018
 2 YEARS AND 3 MONTHS
 Male
 (Phone) +65-83055186
 -
 xiongchuanyi@hotmail.com
 266 YIO CHU KANG ROAD #13-14
 -
 545684
 No
 Spouse
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Side Swipe
 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? 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

REFER TO SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number EY2170M
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver CHAY VIN SING
 NRIC No SXXXX506E
 Contact Number -
 Address -
 Address complement -

SKETCH PLAN

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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.

CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6453 1238 Fax: 6453 7944
 (Claims Section)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

