

ASS. REC. BY:

REF: AK / 21 002145/K

Kenneth

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

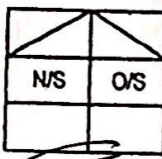
Sum Insured: _____

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: 02 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: SMF9825CYr Regn: 04, 16Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: HyundaiA/C: 1591Colour: M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 81432

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM110841CM14U143719Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD A/Rlm or

Tyre Size: F: _____

R: 205/55R16BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 9/2/21D.O.I. 18/2/2021

Survey held at _____

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

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

Date / Time

Action / Instruction

Data/Time, File Pass to?

☐

: Prell. Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

1)

☐

: Final Report

Data/Time, File Return to?

2)

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech Invs (\$ _____)

☐

: Weekend (\$ _____)

Transportation: _____

S + RS. \$ _____

Fees: _____

Others: _____

TOTAL

Report Format :

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



KGC WORKSHOP PTE LTD

Since 1967

Sincere • Secure • Satisfaction

Not Withheld
11 Rps &
Primary After Paint
2 days

Lai Siu Kei
14 Ang Mo Kio St 63
Block B
Singapore 569116

TP210202
Date 15/2/2021
No of Page : 1/1

Registration No : SMF 9625C

Model : Hyundai Elantra AD GLS AT

Accident Date : 9-Feb-21

Chassis No: KMHD841CMHU143719

Our Ref : TP 210202

Engine Capacity 1.6cc

S/No	Qty	Items	Unit Price	Amount
1	1	Rear Bumper	\$ 845.70	\$ 845.70 ✓
2	1	Rear Lower Bumper	\$ 412.00	\$ 412.00 ✓
3	2	Rear Bumper Retainer	\$ 32.50	\$ 65.00 ✓
4	1	Rear Bumper reflector RHS	\$ 85.00	\$ 85.00 ✓
5	1	Rear Bumper reflector LHS	\$ 85.00	\$ 85.00 ✓
6	1	Rear Bumper reinforcement	\$ 480.00	\$ 480.00 ?
7	1	Rear end Panel	\$ 525.00	\$ 525.00 ✓

Special Nett

1	1 set	Rear Bumper Clips
2	1 set	Reverse Sensor

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:

Total for spare parts

Total for SP

Sub-Total for Parts :

\$	2,497.70
-20%	\$ 499.54
\$	1,998.16
\$	50.00 ✓
\$	380.00 ?
\$	430.00
\$	2,428.16

S/No	Qty	Items	Unit Price	Amount
1		To dismantle, replace, cut, weld, knock out dents to straighten accident parts	600.00	2501
2		To putty and spray paint on all accident damage parts and other accident	600.00	2201
3		To check wiring system to facilitate repair and refit the same	80.00	101
4		To remove and refit reverse sensor and conduct safe distance setting	80.00	501
5		Apply rust proofing on the adjacent panels	na 50.00	✓

TOTAL AMOUNT :	1,410.00
OVERALL COST :	3,838.16

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 09/02/2021 17:29 (SGT)
Date of Accident 09/02/2021 13:12 (SGT)
Exact Location of Accident Sembawang Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF9625C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LAI SIU KEI
NRIC No SXXXX388J
Email Address JACK.LAI.SK@GMAIL.COM
Mobile Phone No (Phone) +65-87486785
Alternative Phone No +65-87486785

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Elantra
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 AGI
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P10344376R00
Cover Note Number 04/04/2020 - 03/04/2021

DRIVER

Name of Driver LAI SIU KEI
NRIC No SXXXX388J
Date Of Birth 23/07/1985
Occupation Indoor

Date Of Driving Pass	08/08/2012
Driving experience	8 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87486785
Alt. Phone Number	+65-87486785
Email Address	JACK.LAI.SK@GMAIL.COM
Address	411B FERNVALE RD
Address complement	#11-64
Postcode	792411
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 - 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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE SKETCH PLAN BY DRIVER

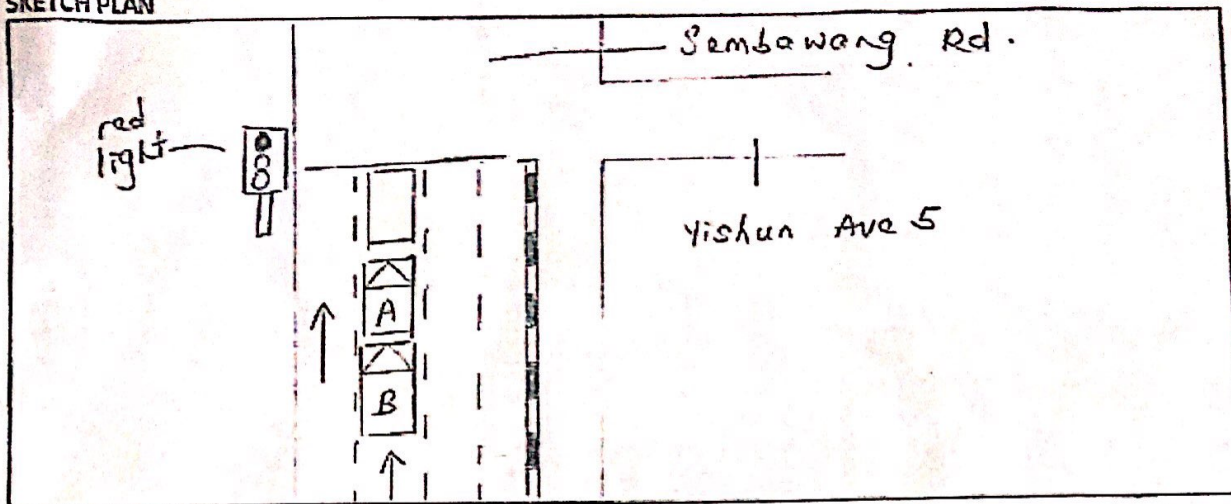
ATTACHMENT(S)

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	GBF1295D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIM LYE KOON
NRIC No	SXXXX635I
Contact Number	(Phone) +65-96828809
Address	-
Address complement	-
Postcode	-

Date of accident: 9/4/21 Time: 1312 Location: Along Sembawang Rd
My Vehicle A: SMF 9625 C Vehicle B: GBF 1295 D Vehicle C: _____
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above mentioned date and time, the weather condition was clear, road surface was dry. I was travelling along Sembawang Road, by Yishun Ave 5. I was lowering my speed, coming to a stop behind a vehicle waiting for the light to turn green, when suddenly I felt a bang at my rear. Vehicle B could not stop in time and collided into my car.

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

Remarks: Please forward a copy of my efile accident report to:

My workshop : poh.kin@kyworkshop.com.sg
Email address :
& myself : Jack.lai.sk@gmail.com
Email address :

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:

9/2/2021

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

Reporting Centre Personnel's Signature
Name:

Stamp/Seal