

ASS. REC. BY:

Tang Jih

REF:

CS/EG/21002903/T1133

## 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.

N/S	O/S
X	

Bal. or Market Value:

\$86K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SBW54A

Yr Regn:

2018, Nov

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

Truck / Trailer or

Make:

Subaru Forester

c.c

1995

Colour

Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

55226

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

225/60RT7

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

23/3/21

Survey held at

Motor Image Dora Poyun

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

Confirm \$4.831.48 before GST, 5days

red: 9194.32;65%

14025.8

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Rep. Format:

Lump Sum / I.B.B. (%)

Days Of Repair: 5

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Estimate

Date 03 / 03 / 2021

001 / 002

Name	QUOTATION FOR SBW54A	Tel (Home)	
Address		Tel (Office)	
E-Mail		Tel (Portable)	
		Fax	
		Model Name	S13
		Body Model	SJ5EK7C
		Vin-Code	JF1SJ5KC5JG112545

Part Number	Part Code Name	Part Code	Q'ty	Price
63019SG000	GLASS-REAR GATE	FIG-621 63011	1	rel ✓ 799.20
63232SG010	RUBBER-REAR GATE	FIG-621 63232	1	rel ✓ 12.60
63232SG000	DAM RUBBER-REAR GATE GLASS	FIG-621 63232C	2	rel ✓ 7.20
60809SG0109P	PANEL-REAR GATE	FIG-620 60810	1	bt ✓ 1,072.80
63032FG102	LATCH & ACTUATOR-REAR GATE	FIG-622 63176A	1	X 144.00
63264AG100	STRIKER-REAR GATE	FIG-622 63264	1	X 21.60
59122SG060	MUD GUARD, REAR RIGHT	FIG-541 59112	1	X 57.60
59122SG070	MUD GUARD, REAR LEFT	FIG-541 59112A	1	? 57.60
63516SG001	WEATHER STRIP-REAR GATE	FIG-901 63516	1	X 111.60
94026SG000VH	TRIM PANEL-REAR SKIRT	FIG-940 94046	1	X 36.00
57704SG012	BUMPER-FACE, REAR	FIG-591 57704A	1	de ✓ 540.00
57711SG0219P	BACK BEAM COMPLETE-REAR	FIG-591 57711D	1	? 288.00
57707SG080	BRACKET-REAR BUMPER SIDE, RIGHT	FIG-591 57707H	1	X 14.40
57707SG090	BRACKET-REAR BUMPER SIDE, LEFT	FIG-591 57707I	1	rel ✓ 14.40
57707SG060	BRACKET-REAR BUMPER CORNER, RIGHT	FIG-591 57707AC	1	X 18.00
57707SG070	BRACKET-REAR BUMPER CORNER, LEFT	FIG-591 57707AD	1	rel ✓ 18.00
Page-Total				3,213.00

Memo

Grand Total
3,640.80

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Tel
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Estimate

Date 03 / 03 / 2021

002 / 002

Name	QUOTATION FOR SBW54A	Tel (Home)	
Address		Tel (Office)	
E-Mail		Tel (Portable)	
		Fax	
		Model Name	S13
		Body Model	SJ5EK7C
		Vin-Code	JF1SJ5KC5JG112545

Part Number	Part Code Name	Part Code	Q'ty	Price
57731SG010NN	COVER-REAR BUMPER	FIG-591 57731C	1	12.60 <i>ut ✓</i>
57731SG060	COVER-REAR BUMPER	FIG-591 57731CA	1	14.40 <i>de ✓</i>
84281SC000	REFLEX REFLECTOR ASSEMBLY-RIGHT	FIG-842 84281	1	20.40 <i>X</i>
84281SC010	REFLEX REFLECTOR ASSEMBLY-LEFT	FIG-842 84281A	1	20.40 <i>X</i>
91111SG000	GARNISH ASSEMBLY-REAR GATE, B	FIG-914 91111P	1	144.00 <i>X</i>
91713SG000	PROTECTOR-REAR GARNISH	FIG-914 91713	1	21.60 <i>X</i>
91713SG010	PROTECTOR-REAR GARNISH	FIG-914 91713C	2	10.80 <i>X</i>
93033SG001	ORNAMENT	FIG-914 93033D	1	79.20 <i>nd ✓</i>
93079SG000	LETTER MARK-REAR	FIG-919 93073Y	1	39.60 <i>nd ✓</i>
93079SG030	LETTER MARK-REAR	FIG-919 93073Y	1	64.80 <i>nd ✓</i>
		Page-Total		427.80
		Sub-Total		3,640.80
		Total		3,640.80
		Tax		0.00
		Grand Total		3,640.80

Memo

Grand Total
3,640.80

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Tel
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### ESTIMATE / QUOTATION COST OF ACCIDENT REPAIR

<b>REG NO: SBW54A</b>	<b>MODEL : FORESTER 2.0I-L AWD CVT</b>
<b>REF NO:INS/IC/CHI/0050/2021</b>	<b>YEAR: 20-NOV-2018</b>
<b>ENGINE NO: FB20YE50257</b>	<b>CHASSIS NO: JF1SJ5KC5JG112545</b>
<b>DOA: 02/03/2021</b>	<b>TOA: 1925HRS</b>
<b>TYPE OF CLAIM: 3<sup>RD</sup> PARTY</b>	<b>INS COMPANY: ERGO</b>

S/N	NATURE OF JOB	AMOUNT
1.	REPAIR/REPLACE REAR BUMPER, TAILGATE, BEAM & END PANEL	\$3360.00 1120
2.	RESpray REAR BUMPER, TAILGATE, BEAM & END PANEL	\$2620.00 840.
3.	DISMENTLE & REFIX UNDERCARRAIGE TO FACILITATE REPAIR	\$900.00 X
4.	REMOVE & REFIX EXHAUST	\$150.00 X
5.	TRANSFER TAILGATE MECHANISM	\$150.00 ✓
6.	WHEEL ALIGNMENT	\$200.00 X
7.	REMOVE & REFIX CARPET,SEATS TO FACILITATE REPAIRS	\$400.00 ?
8.	REMOVE & REFIX REAR BOOT GARNISH & TRIM TO FACILITATE REPAIRS	\$150.00 ✓
9.	FAULT DIAGNOSTIC	\$280.00 X
10.	REMOVE & INSTALL REAR WINDSCREEN	\$300.00 ✓
11.	TO REMOVE & REFIX FUEL TANK	\$200.00 X
12.	TO CONDUCT REAR LIGHTING TEST	\$50.00 30.
13.	TO CONDUCT REAR PROTECTANT COATING	\$500.00 X
14.	TO CONDUCT REAR NATI RUST COATING	\$580.00 290 ?
15.	TO SUPPLY & INSTALL REVERSE SENSOR – 2 EYES	\$300.00 ?
16.	TO SUPPLY & INSTALL REAR WINDSCREEN TINTED FILM	\$145.00 ✓
17.	SUNDRIES	\$100.00 20.
<b>Total Labour</b>		<b>\$10385.00</b>

<b>DATE APPROVAL:</b>	23/3/21 @ 3pm.
<b>TIME APPROVAL:</b>	
<b>SURVEY BY:</b>	Tan Jiah
<b>HP / EMAIL:</b>	62563581 / 97495749 tanjiah@lkkauto.com
<b>BEFORE PAINT:</b>	M
<b>DAYS GIVEN:</b>	4-5 days

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:

## 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	03/03/2021 12:04 (SGT)
Date of Accident	02/03/2021 19:25 (SGT)
Exact Location of Accident	Bedok S Rd, Block 71, Singapore 460071
Additional Location Information	BEDOK SOUTH ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBW54A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	THAI KIAN LYE
NRIC No	SXXXX577J
Email Address	syinteriorworkz@gmail.com
Mobile Phone No	(Phone) +65-96664528
Alternative Phone No	(Home) +65-65838130

### VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	18001374470-02
Cover Note Number	-

### DRIVER

Name of Driver	THAI KIAN LYE
NRIC No	SXXXX577J
Date Of Birth	10/11/1954
Occupation	Indoor

Date Of Driving Pass	20/02/1975
Driving experience	46 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96664528
Alt. Phone Number	(Home) +65-65838130
Email Address	syinteriorworkz@gmail.com
Address	APT BLK 602 ELIAS ROAD , #13-238
Address complement	-
Postcode	510602
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

PLEASE REFER TO ATTACHED DOCUMENT.

#### ATTACHMENT(S)

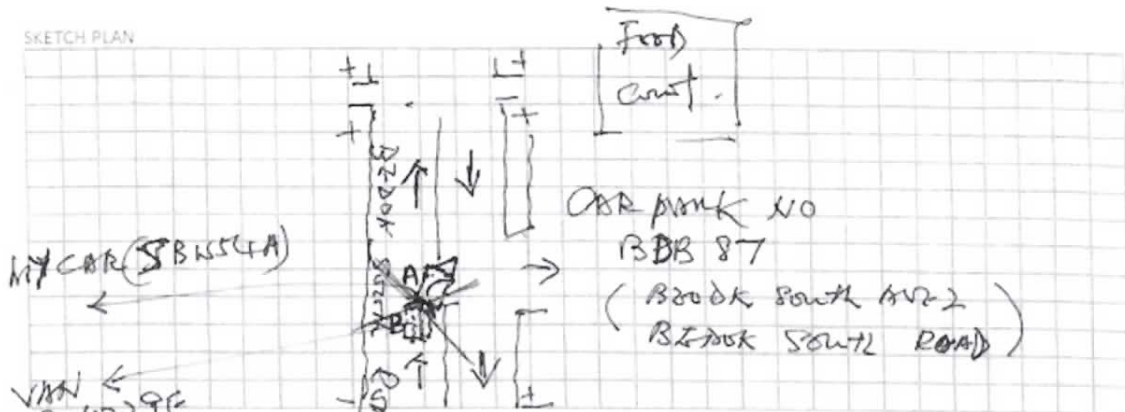
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ4229E
Vehicle Manufacturer	Nissan
Vehicle Model	Nv200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	ERGO

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting along Brook South Road before I turn my car to carpark NO BDB 87 (Brook South Ave 2, Brook South Road carpark)  
VAN GBJ 4229E HIT behind my vehicle (SBW54A)

- \* VEH A : SBW54A — SUBARU
- \* VEH B : GBJ4229E — NISSAN

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)

Reporting Centre Personnel's Signature  
Name: DANIEL SXXXX5181



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.
3. Information provided must be as truthful and accurate as possible. Any willful 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: DANIEL  
NRIC/PIN NO.: Sxxxx518D