

ASS. REQ. BY: Kenneth REF: AGZ/210036101K qd3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s Accor

of _____

Insured _____

Policy No _____

Claims No: C10009467/ST

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: 11an

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
-----	-----

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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. 07/29 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: STN 3587U Yr Regn: 02, 09

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

Truck / Trailer or _____

Make: Toy Uins CC 1492

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 292272 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR05314Y9305100626

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD / R/Rim or

Tyre Size: F: 185/60R15

R: _____

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

TOYO / YOKO or _____

<p>Front</p> <p>R/Bal. <u>8</u> mm</p> <p>L/Bal. <u>8</u> mm</p> <p>D.O.A. <u>17/3/21</u></p>	<p>Rear</p> <p>R/Bal. <u>8</u> mm</p> <p>L/Bal. <u>8</u> mm</p> <p>D.O.A. <u>22/3/2021</u></p>
---	--

Survey held at _____

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

N/S Rear

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

Date / Time	Action / Instruction
<u>11/04</u>	<u>Kenneth confirmed LS \$1200 (Red \$1995, 62%)</u>
<u>11/04</u>	<u>Kenneth re-confirmed LS \$1100 (Red \$2095, 66%)</u>

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

11/26/04 Typist ☐ : Final Report

Date/Time, File Return to? _____

2) _____

Report Format: TP

Lump Sum / L.B.I. 1100

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee: _____

Transportation: _____

S - RS. \$ _____

Fixes _____

Others _____

TOTAL _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech Invs (\$ _____)

☐ : Weekend (\$ _____)

ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A

#03-11 AMK Autopoint Singapore 568047

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

ESTIMATE

Auto & General Insurance (Singapore) Pte Ltd

Singapore Shopping Centre

190 Clemenceau Ave #03-01

Singapore 239924

Attn: Accident Claims Department

Date : 17.03.2021

Vehicle No : SJN3567U

Veh Make/Model : Toyota Vios

YOM : 2009

Chassis No : MR053HY9305100626

Date of Accident : 17.03.2021

Not Authorised

11 Imp &

4 days, Money After Pay

No	Qty	Description	Amount \$
<u>List Items:-</u>			
1	1	Rear RH Door LH	\$ 825.00 ✓
2	1	Rear RH Door Sticker @ Pillar Front LH	\$ 65.00 X
3	1	Rear RH Door Outer Garnish Moulding @ Window Glass LH	\$ 75.00 X
4	1	Rear RH Door Rubber @ Rear LH	\$ 175.00 X
5	1	Rocker Panel	\$ 280.00 ✓
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
Total - List Item			\$ 1,420.00
Less 25%			\$ 355.00
Total			\$ 1,775.00

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:

10 Ang Mo Kio Industrial Park 2A

#03-11 AMK Autopoint Singapore 568047

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

ESTIMATE

Auto & General Insurance (Singapore) Pte Ltd
Singapore Shopping Centre
190 Clemenceau Ave #03-01
Singapore 239924
Attn: Accident Claims Department

Date : 17.03.2021
Vehicle No : SJN3567U
Veh Make/Model : Toyota Vios
YOM : 2009
Chassis No : MR053HY9305100626
Date of Accident : 17.03.2021

[illegible]

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 17/03/2021 17:16 (SGT)
Date of Accident 17/03/2021 15:26 (SGT)
Exact Location of Accident Singapore
Additional Location Information BLK 702 ANG MO KIO AVE 8
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJN3567U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ANG HWEE HONG (HONG HUIHUANG)
NRIC No SXXXX354Z
Email Address GABRIELHONG@HOTAMIL.COM
Mobile Phone No (Phone) +65-96915359
Alternative Phone No +65-96915359

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
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 NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5118446133
Cover Note Number -

DRIVER

Name of Driver ANG HWEE HONG (HONG HUIHUANG)
NRIC No SXXXX354Z
Date Of Birth 14/05/1973
Occupation Outdoor

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 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.

0

0

11 Aug 17/3/21

11 Aug

11 Aug

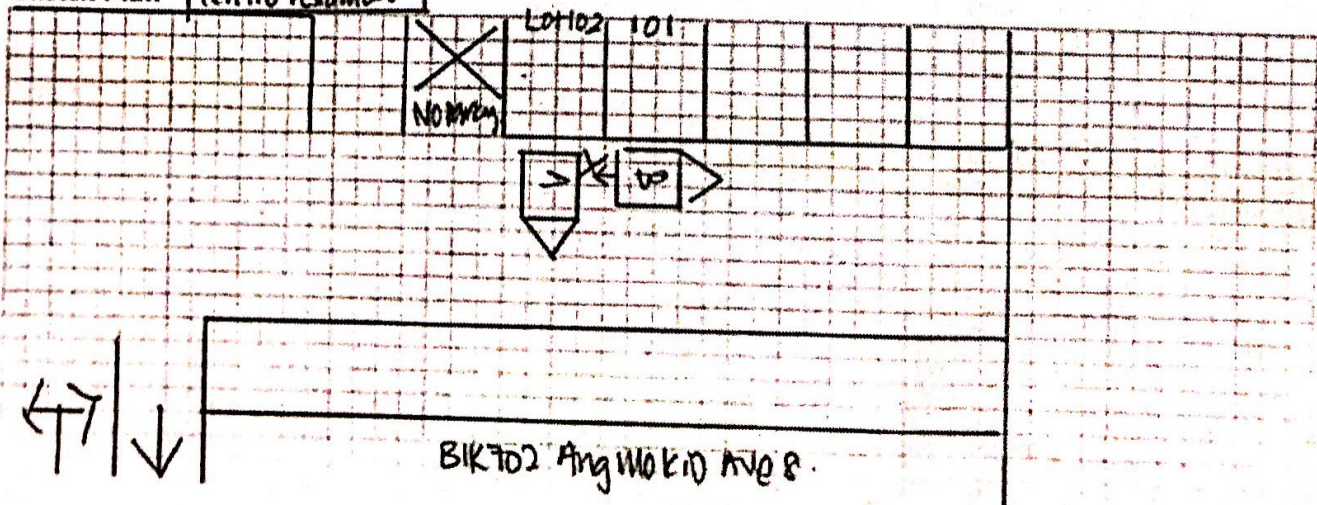
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

CENTRO VERAMUS



Describe Circumstances of the Accident

Vehicle A: SJN 3567 U Vehicle B: CLE 2493 Y.

DOA : 17.03.2021 @ 1526hrs.


While I was doing reversing into carpark ^{no.} Lot 102 along
Bik 702 Ang Mo Kio Ave open carpark, suddenly vehicle B reversed

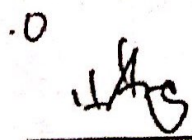
my car and hit into my rear left side portion


I will claim repair under Accord Auto Services Pte Ltd

Declaration

We declare the foregoing particulars are true in every respect.

 17/3/21
Policyholder's Signature / Date & Time

 17/3/21
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel