

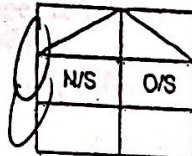
## ASSIGNMENT

Kenneth

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s Chom Hock  
 of \_\_\_\_\_  
 Insured: XE 2257C  
 Policy No. DMCVSNW00083982000  
 Claims No. SNM21D201773/C02/TOHHS  
 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 Report: \_\_\_\_\_ Consistent?: Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No  
 Est. Repairs: 09 days Res.: Yes or No  
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Date / Time	Action / Instruction
20/4/21	Kenneth confirmed LS \$10,900 (Red 8754.44%)

Veh No: SCV 1188S Yr Regn: 07.1A  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_

Make: Audi A6 c.c. 1984  
 Colour: M. Silver A/C: Insured / Std / NI / NA

Sp. Reading: 87689 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: \_\_\_\_\_

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rim / STD A/Rim or

Tyre Size: F: \_\_\_\_\_

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 27/3/21

Survey held at \_\_\_\_\_

Rear

R/Bal. 8 mmL/Bal. 8 mmD.O.I. 31/3/2021Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

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

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

Days Of Repair: 9Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

26/4/21-Typist

Report Format : Merimen

Lump Sum I+B:H (\$ 10,900)

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



# CHOON HOCK MOTOR TRADING CO

30 March 2021

*Not Authorised*  
*11 Day &*  
*Resurvey After Paint*  
*9 days*

## ESTIMATE REPAIR BILL ON SCV1168S KIA SERATO

1 pce front fender LH	RT ✓	\$
1 pce front fender inner trimcover LH	SNX	\$
1 pce front fender sticker	NR	\$
1 pce wiper watertank	SNX	\$
1 pce front door	RT	\$
1 pce front door sticker	NR	\$
2 pcs front door hinges (upper & lower)	R X	\$
1 pce rear door LH	RT ✓	\$
1 pce rear door inner rubber LH	SNX	\$
1 pce rear fender	RT	\$
1 pce rear bumper	?	\$
1 2 pcs rear wheel rim (front & rear)	Rec Del	\$
1 pce rear wheel hub	?	\$
1 pce rear shock absorber	?	\$
1 pce rear door glass regulator LH	SNX	\$
1 pce rear door glass regulator motor LH	SNX	\$
1 pce rear top arm LH	?	\$
1 pce rear lower arm LH	?	\$
1 pce front knuckle arm LH	?	\$
	wheel Alignment report	

### Labour

Remove rear windscreen assy.	\$ 200.00	120L
Remove upholstery	\$ 350.00	100L
Remove both doors fittings, replace refit	\$ 240.00	120L
Remove undercarriage	\$ 350.00	?
Check and align wheels	\$ 280.00	60L
Wirings	\$ 180.00	20L
Panel beating	\$2,500.00	1200L
Spray painting	\$2,500.00	1200L
Rustproofing	\$ 350.00	120L
Total amount :		

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

Mailing address : 28 Surrey Road #18-03 Singapore 307762 Reg No: 30568200L  
Tel: (65) 64530778 Email: choonhockmotor@gmail.com



## 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 ..... 29/03/2021 14:01 (SGT)  
Date of Accident ..... 27/03/2021 13:00 (SGT)  
Exact Location of Accident ..... Marina Blvd, Singapore  
Additional Location Information ..... TRAFFIC JUNCTION OF MARINA BOULEVARD TURN TO  
BAYFRONT AVE  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SCV1168S

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ALAN TAN CHENG CHUAN  
NRIC No ..... SXXXX051G  
Email Address ..... BUNKERCLERK@YAHOO.COM  
Mobile Phone No ..... (Phone) +65-96716265  
Alternative Phone No ..... (Office) +65-96716265

#### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... A6  
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  
Transmission ..... Auto  
CC ..... 1984

#### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D20MTPV01010211  
Cover Note Number ..... 30/07/2020 TO 29/07/2021

#### DRIVER

Name of Driver ..... LEE WEE KIAN

 Accident report SA18213T0003



NRIC No	SXXXX8221
Date Of Birth	02/03/1973
Occupation	Indoor
Date Of Driving Pass	20/03/1998
Driving experience	23 YEARS
Gender	Female
Mobile Number	(Phone) +65-97432868
Alt. Phone Number	-
Email Address	PLCYBER@GMAIL.COM
Address	312 SERANGOON AVE 2 #08-184
Address complement	-
Postcode	550312
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Major/Minor Rd
Weather Conditions	DRIZZLING
Road Surface	Wet

#### 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?	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	XE2257C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
Passport No/FIN	SILUVES ARULANAUDU ARUL
Contact Number	0XXXX0385
	(Phone) +65-86719714

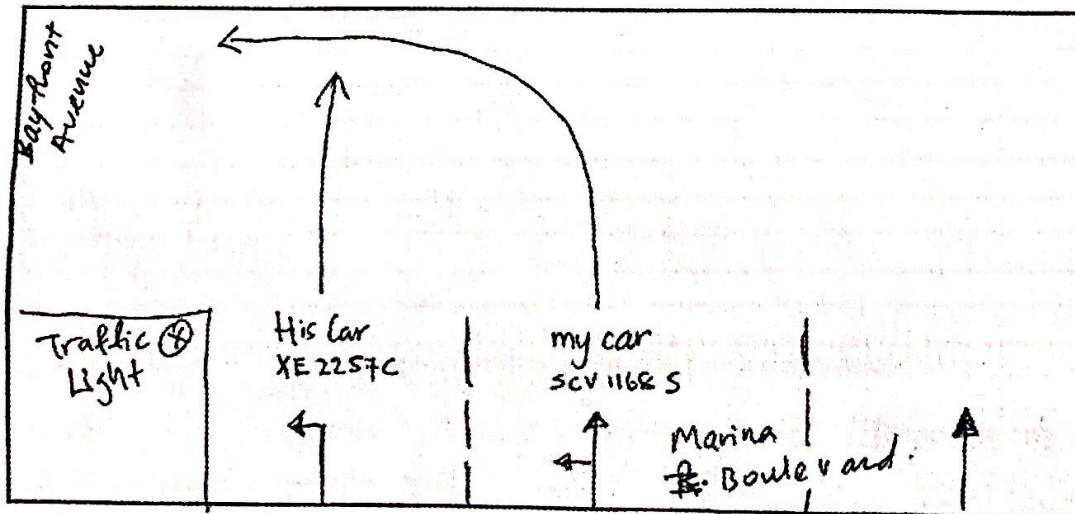


SKETCH PLAN

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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.

Sketch Plan



*[Signature]* 29/03/21  
Policyholder's Signature / Date & Time

*[Signature]* 29/3/21  
Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]*  
Witnessed by Reporting Personnel

AN LIM MOTOR COMPANY

Sompo

Vehicle: SCV 11685

29/03/2021



Date of accident: 27/3/21 Time: 1pm Location: Traffic Junction of Marina Boulevard & Bayfront Avenue  
My Vehicle A: SCV 1168S Vehicle B: XE 2257C Vehicle C: —

**SKETCH PLAN**

Describe Circumstances of the Accident.

At the traffic junction of Marina Boulevard and Bayfront Avenue, my car was at the 2nd most left lane which allows going straight and turning left, the long truck XE 2257C was on my left (that lane is marked for turning left only). When traffic light turned green, I moved my car and turn left, the truck moved straight and knocked my car. The truck knocked my car twice, first knock at the back left side of my car then second knock at the front left side of my car.

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.

☐ Claim OD/TP at Ah Lim Motor

☒ Claim OD/TP at other workshop

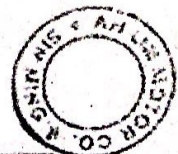
☐ Reporting Only

We declare the foregoing particulars are true in every respect.

ME  
Policyholder's Signature / Date & Time

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

[Signature]  
Witnessed by Reporting Centre Personnel



AH LIM MOTOR COMPANY