ASS. REC. BY: Kenneth

REF: AIG/ CS/AIG21004936/Kvf3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Vin's

of _____

Insured: _____

Policy No. 1700029043

Claims No. 7091002868SG

Sum Insured: _____ Excess: 500

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: $75K

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SKP 9988J Yr Regn: 07/17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or SA

Make: Toy Prius c.c 1797

Colour M. L. Beige A/C: Insured / Std / NI / NA

Sp.Reading 96694 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZVW50 - 8032851

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: 215/45R17

R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	17/4/21	D.O.I.	20/4/2021

Survey held at ✓

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

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

Date / Time	Action / Instruction
28/6/21	Final fig $5853.46 confirmed with Raymond (Red 799.85,12%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 28/6/21-Typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Parking _____

Others _____

TOTAL _____

Report Format : Merimen

~~Lump Sum~~ / I.B.I: ($ 5853.46)

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Vin's
AUTOMOTIVE GROUP

A Sin Ming Autocity,
160 Sin Ming Drive #03-03
Singapore 575722
T 6453 2121 (4 lines) / 6458 1111 (24 hrs)
F 6459 9795 / 6459 0433
E admin@vinsautogroup.com.sg
W www.vinsautogroup.com.sg

Our Ref : OD/042021/4819
Accident date: 17/4/2021
Your Ref : 1700029043-03

Tax Invoice:

Date : 20/4/2021

MOTOR CLAIM DEPARTMENT
AIG ASIA PACIFIC INSURANCE PTE LTD
AIG Building
78 Shenton Way #07-16
Singapore 079120

Not Authorised
Resurvey B4 paint
5 days
Excess to be confirm

ESTIMATE COST OF REPAIRS

Vehicle No. : SKP9968J
Model : Toyota Prius

1	pc	Front bonnet RH hinge	$	59.90
1	pc	Front RH headlamp	$	2,558.10
1	pc	Front RH headlamp panel	$	220.50
1	pc	Front bumper	$	1,547.70
1	pc	Front bumper RH side cover (black)	$	81.90
1	pc	Front bumper RH side retainer	$	82.32
10	pcs	Front bumper clips @ $3.00	$	30.00
1	pc	Front bumper uncer cover	$	144.50
1	pc	Front wiper tank	$	182.50
1	pc	Front RH fender	$	977.80
1	pc	Front RH fender inner shield	$	155.10
10	pcs	Front RH fender inner shield clips @ $3.00	$	30.00
1	pc	Front RH fender "Hybrid" emblem	$	69.60
1	pc	Front RH fender bracket	$	55.30
1	pc	Front RH fender triangle cover	$	129.20
			$	6,324.42
		Less 25%	$	(1,581.11)
			$	4,743.32
		To diagnose electrical components	$	250.00
		To repair damages	$	780.00
		To spray painting	$	880.00
			$	6,653.32

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:

VIN'S MOTOR PTE LTD

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SL03214J0009 / Lai Huat (Meng Kee) Motor Pte Ltd
ENTRY DATE & TIME: 19/04/2021 17:01 (SGT)
SUBMITTED BY: LHMK -3
VERSION: 1 (19/04/2021 17:01 (SGT))

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 witholding 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	19/04/2021 17:01 (SGT)
Date of Accident	17/04/2021 14:35 (SGT)
Exact Location of Accident	Pasir Ris, Singapore
Additional Location Information	Flyover before exit to TPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP9968J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Chu Luo Shien
NRIC No	SXXXX783G
Email Address	deschu88@gmail.com
Mobile Phone No	(Phone) +65-96853861
Alternative Phone No	+65-96853861

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700029043-03
Cover Note Number	-

DRIVER

Name of Driver	Chu Luo Shien
NRIC No	SXXXX783G

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SIGNMENT

	05/12/1970
	Indoor
	09/03/1999
Pass	22 YEARS AND 1 MONTH
nce	Male
	(Phone) +65-96853861
ver	+65-96853861
lumber	deschu88@gmail.com
ress	Blk 7 Pasir Ris Rise #04-16
	-
complement	518083
le	Yes
Driver the policyholder?	-
Relationship of the Driver with the Insured	No
s Driver Own Other Vehicles?	
icle Registration Number of Other Vehicle Owned by Driver	-
surance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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 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	SMW7467R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Poh Eng Siang
NRIC No	SXXXX200C
Contact Number	-
Address	-

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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 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. 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.

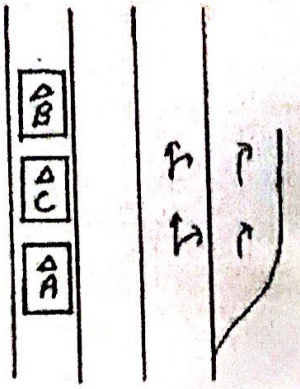
(collectively the "**Purposes**")

(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.

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
19 APR 2021		Angie Soh

Sketch Plan



A : SFP9968J
B : SMN7467K
C : SOJ3378L

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