

ASS. REC. BY:

REF:

AIG / 210050271KV

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:

03

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:

SC14 7080M

Yr Regn:

11.16

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

Truck / Trailer or

Make:

MS Qashga

cc

1197

Colour

m. Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

43042

T/Radio:

Insured / Std / NI / NA

Eng. No:

Ch. No:

JNF EAJ 1141786733

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rlm / STD / Rlm or

Tyre Size:

F:

215/60R17

R:

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

TOYO / YOKO or

WEST HALE

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

2/2/21

D.O.I.

22/4/2021

Survey held at

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

N/S M

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

Prell. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS \$

Fees

Others

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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



S THREE AUTOMOTIVE RECOVERY PTE LTD

TO  
ATTN : MOTOR CLAIM DEPT.

ESTIMATE REPORT 1st QUOTATION

OWNER'S PARTICULAR

NAME : TAN SIEW KIM  
ADDRESS :  
LICENSE NO. : SLH7080M TRANS. :  
MAKE / MODEL : NISSAN QASHQAI  
OWNER'S INSURER : TENET INSURANCE  
JOB-CODE : TP S/A : JOEY

CLAIM DETAIL

MATERIALS

1	FRONT BUMPER
2	FRONT BUMPER FOG LAMP CHROME COVER LH
3	FRONT BUMPER LOWER GARNISH
4	FRONT BUMPER BRACKET LH
5	FRONT BUMPER RETAINER LH
6	FRONT BUMPER RETAINER RH
7	FRONT BUMPER FOG LAMP LH
8	FRONT BUMPER REINFORCEMENT
9	FRONT BUMPER LOWER GRILLE
10	FRONT BUMPER SPONGE
11	FRONT BUMPER TOWING COVER
12	RADIATOR GRILLE
13	FRONT GRILLE CHROME
14	RADIATOR GRILLE LOGO
15	HEADLAMP LED LH
16	HEADLAMP PANEL LH
17	FRONT WHEEL ARCH PROTECTOR LH
18	FRONT FENDER INNER SHIELD LH

TOTAL (PARTS) :

T/P VEH. NO. : LKK Auto Consultants hence notify the Repairer of the following:  
JOB NO. :  
CONTACT :  
CHASSIS NO. :  
ENGINE NO. :  
ACCIDENT DATE : 2-Feb-21

Acknowledged by Repairer

Signature:

SUR

Date:

DISC.

DISC.

REV. PRICE

QTY	QUO-PRICE	%	PRICE	DIS	REV. PRICE
				P	
1.00	\$ 839.00	10.00	755.10	Y	X
1.00	\$ 196.60	10.00	176.94	Y	✓
1.00	\$ 284.80	10.00	256.32	Y	✓
1.00	\$ 98.30	10.00	88.47	Y	X
1.00	\$ 58.00	10.00	52.20	Y	X
1.00	\$ 58.00	10.00	52.20	Y	X
1.00	\$ 327.30	10.00	294.57	Y	X
1.00	\$ 479.70	10.00	431.73	Y	X
1.00	\$ 938.70	10.00	844.83	Y	X
1.00	\$ 270.50	10.00	243.45	Y	X
1.00	\$ 68.00	10.00	61.20	Y	X
1.00	\$ 440.90	10.00	396.81	Y	X
1.00	\$ 498.30	10.00	448.47	Y	X
1.00	\$ 62.60	10.00	56.34	Y	X
1.00	\$ 2,529.70	10.00	2276.73	Y	✓
1.00	\$ 107.60	10.00	96.84	Y	X
1.00	\$ 564.00	10.00	507.60	Y	7
1.00	\$ 118.50	10.00	106.65	Y	X

7940.50

7146.45

SPECIAL NETT ITEM

1	FRONT BUMPER CLIPS 1SET
2	FRONT NO. PLATE
3	FRONT FENDER INNER SHIELD CLIPS
5	RADIATOR GRILLE CLIPS

TOTAL (PARTS) :

200.00

200.00

LABOUR

1	STRAIGHTEN & PANEL BEAT ACCIDENT AREA
2	SPRAY PAINTING ON ACCIDENT AREAS
3	CHECK & REPAIR WIRING SYSTEM
4	RESPRAY TUFF KOTE ON ACCIDENT AREAS

1.00 1000.00 0.00

1000.00 Y

1.00 1000.00 0.00

1000.00 Y

1.00 120.00 0.00

120.00 Y

1.00 120.00 0.00

120.00 Y

2501

4001

201

X



# 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	22/04/2021 10:14 (SGT)
Date of Accident	02/02/2021 22:05 (SGT)
Exact Location of Accident	Bedok North Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH7080M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN SIEW KIM
NRIC No	SXXXX693E
Email Address	admin@sthreeautomotive.com.sg
Mobile Phone No	(Phone) +65-96253793
Alternative Phone No	+65-96253793

## VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

## INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MTPV01014153
Cover Note Number	-

## DRIVER

Name of Driver	TAN SIEW KIM
NRIC No	SXXXX693E

Date Of Birth	10/06/1963
Occupation	Indoor
Date Of Driving Pass	15/07/1983
Driving experience	37 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96253793
Alt. Phone Number	+65-96253793
Email Address	admin@sthreeautomotive.com.sg
Address	BLK 572 HOUGANG ST 51 #11-33
Address complement	-
Postcode	530572
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	GOH PENG HUAN
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### PLEASE REFER TO POLICE REPORT

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD4193Z
Vehicle Manufacturer	-



## SKETCH PLAN

### IMPORTANT NOTICE

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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.
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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.

CITY AUTO PTE LTD

Blk 8 Sin Ming Road

#01-58/60/62 Sin Ming Ind Est

Singapore 575643

Tel: 6453 1233 Fax: 6453 7944

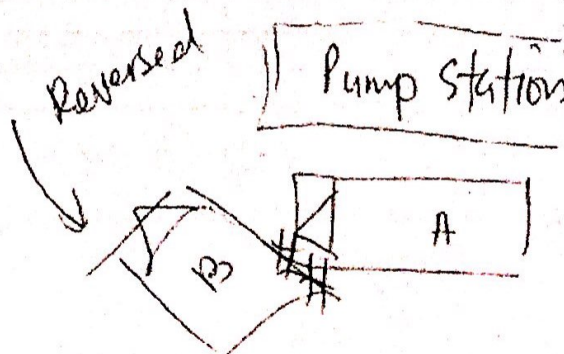
(Claims Section)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SLH 7080M

B - SKD4193Z