ASS. REC. BY: Kenneth | REF: AG2 / 21005197/K4

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Accord

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

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SDT 172J Yr Regn: 11, 13

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

Make: Volvo S60 T5 c.c 1969

Colour M. Black A/C: Insured / Std / NI / NA

Sp.Reading 117310 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: YV1FS40LDG 2402826

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: _____

R: 235/45R17

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	7 mm
L/Bal.	5 mm	L/Bal.	7 mm
D.O.A.	24/4/21	D.O.I.	30/4/2021

Survey held at _____

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

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

Date / Time	Action / Instruction
1	Maj repair on I.B.I.

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ - RS. _____ SI

Parking _____

Others _____

TOTAL _____

Report Format : _____

Lump Sum / I.B.I: (S _____)

Not Authorised
L/Sup @
Resurvey After Paint
2 days

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 : 26.04.2021
Vehicle No : SDT172J
Veh Make/Model : Volvo S60
YOM : 2015
Chassis No : YV1FS40LDG2402926
Date of Accident : 24.04.2021

No	Qty	Description	Amount $	
		List Items:-		
1	1	Rear Bumper	$ CM 1,846.00	✓
2	2	Rear Bumper Side Retainer	$ 136.00	✗
3	1	Rear Lower Bumper	$ 930.00	✗
4	1	Reinforcement Bar	$ 1,544.00	?
5	1	Rear End Panel	$ 882.00	✗
6	1	Rear End Panel Garnish	$ 566.00	✗
7	2	Rear Exhaust Chrome Tip	$ 552.00	✗
8	1	Rear Bumper Tow Cover	$ 97.00	✗
9	2	Rear Bumper Reverse Sensor	$ 696.00	✗
10	2	Rear Bumper Lower Reverse Sensor	$ 696.00	✗ ?
11	1	Rear Boot	$ 2,659.00	✗
12	1	Rear Boot Logo "Volvo"	$ 143.00	✗
13	1	Rear Boot "S60"	$ 139.00	✗
14	1	Rear Boot "T5"	$ 127.00	✗
15	1	Rear Boot Lock	$ 599.00	✗
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

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:

	Total - List Item	**$ 11,612.00**
LESS	**10%**	**$ 1,161.20**
	Total	**$ 12,773.20**

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 :	26.04.2021
Vehicle No :	SDT172J
Veh Make/Model :	Volvo S60
YOM :	2015
Chassis No :	YV1FS40LDG2402926
Date of Accident :	24.04.2021

No	Qty	Description	Amount $	
		Balance c/f		
		Special Nett Items:-		
1	Set	Rear Bumper Clips	$ 40.00	✓
2	Set	Reaer End Panel Garnish Clips	$ 40.00	X
3	Set	Rear Bumper Seal	$ 60.00	X
4	Set	Rear Inner Compartment Clips	$ 80.00	X
		Total - SN Item	**$ 220.00**	
		Labour Charges:-		
1		Spray painting on all affected area	$ 800.00	220
2		Labour remove/refit accident damages parts to straighten up, jack out, cut/weld and realign accidnet affected areas.	$ 800.00	200
3		Check Wiring System & Light	$ 100.00	X
4		Anti Rush Treatment	$ 120.00	X
5		To Remove/Refix/Replace Reverse Sensor	$ 180.00	50
6		To remove/Refix/Rfix rear inner compartment to facilities repair	$ 180.00	X
7		Computer Diagnostic after repair	$ 350.00	X
8				
9				
10				
11				
12				
13				
		Total - L/C	**$ 2,530.00**	
		Sub-Total	**$ 15,523.20**	
		7% GST	**$ 1,086.62**	
		Total	**$ 16,609.82**	

SA1J214Q0001 / ACCORD AUTO SERVICES PTE LTD[568047]
ENTRY DATE & TIME: 26/04/2021 15:24 (SGT)
SUBMITTED BY: GOH JACQUELINE
VERSION: 1 (26/04/2021 15:24 (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	26/04/2021 15:24 (SGT)
Date of Accident	24/04/2021 10:10 (SGT)
Exact Location of Accident	583 Orchard Rd, Singapore 238884
Additional Location Information	Forum Shopping Centre Exit Carpark
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDT172J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Alvin Tan Teck Chin
NRIC No	SXXXX921F
Email Address	alvin3043@yahoo.com
Mobile Phone No	(Phone) +65-98154181
Alternative Phone No	+65-97861891

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	S60
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	2000

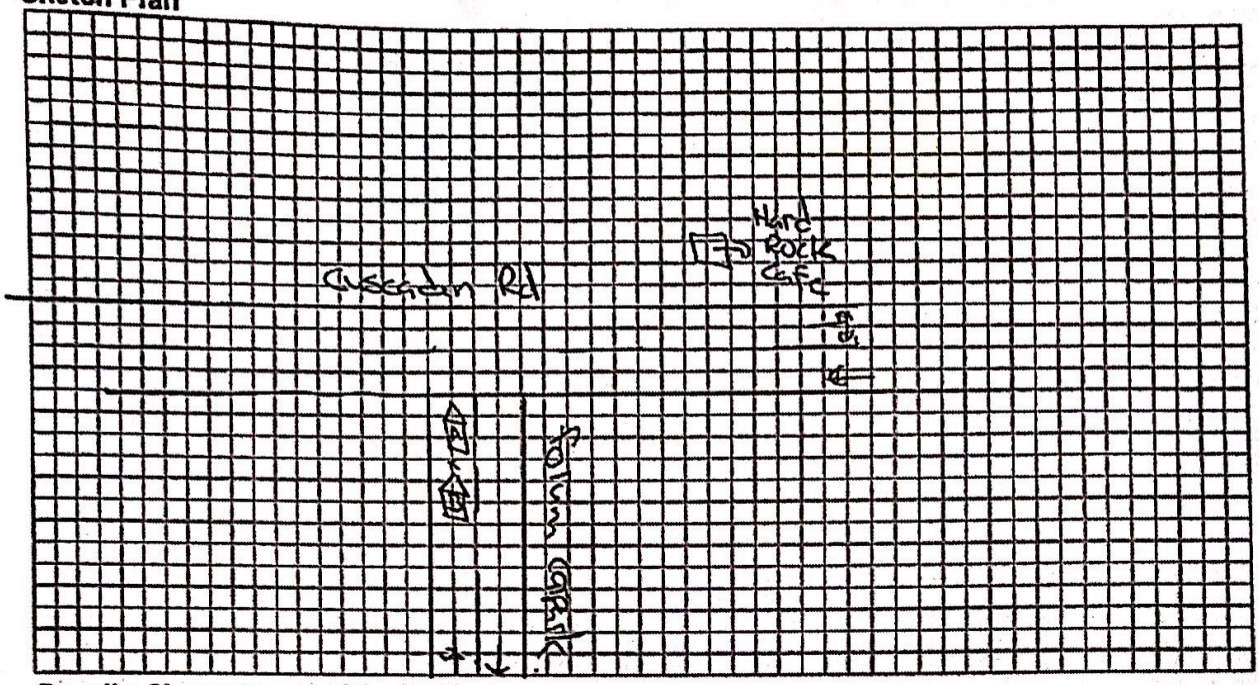
INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MP315249
Cover Note Number	-

DRIVER

Name of Driver	Alvin Tan Teck Chin
NRIC No	SXXXX921F

Sketch Plan



Describe Circumstances of the Accident

Location : Car Park Exit at Eastern Shopping Centre.	
Date of Accident : 24/4/21	Time of Accident : 10.00am
Vehicle A : SOT 172T	Vehicle B : SGJ 6106Y. Vehicle C : —
While I was checking for the traffic to exit the car park (right turn) Suddenly I heard a banal from the rear vehicle, collided collided onto my vechicle Vehicle	

Declaration
I/We declare the foregoing particulars are true in every respect.

26 APR 2021

alwinfoo 26 Apr 1430hrs
Policyholder's Signature / Date & Time

alwinfoo 26 Apr 1431hrs
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel