

ASS. REC. BY:

Tang Jkh

REF:

CS/CT121006521/T. C

## 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:

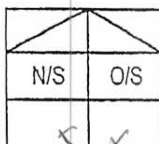
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

885K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.:

Yes or No

Lum Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

WP

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SJX 10284

Yr Regn:

2015, March

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

Truck / Trailer or

Make:

Toyota Lexus ES250

c.c.

2494

Colour

white

A/C:

Insured / Std / NI / NA

Sp. Reading

150613

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTH13J166 902075846

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:

215/55R17

R:

2 -

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

TOYO / YOKO or

Hablead

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

16/6/21

Survey held at

Kian Fook Sing.

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Rep. Format:

Lump Sum / L.B.H. (\$





# 簡福星摩多工廠

## KAN FOOK SING MOTOR WORKSHOP

Headquarter: 61 Defu Lane 12 Singapore 539147

Tel: (65) 6747 9560, 6473 5344 Fax: (65) 6748 1006, 6281 8428

E-mail: ryan@kanfs.net/ patricia@kanfs.net

Branch: 1 Kaki Bukit Avenue 6 #01-108 Singapore 417883

Tel: (65) 6481 5150 Fax: (65) 6481 8683

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

3 ANSON ROAD #16-00 SPRINGLEAF TOWER  
SINGAPORE 079909

DATE : 08-06-2021

VEHICLE NO. : SJX1028U

ACCIDENT DATE : 07-06-2021 17:18

THIRD PARTY REF. : GZ9115Z

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEHICLE SJX1028U LEXUS ES250 LUXURY AUTO

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
1	1	REAR BUMPER	895.00 <i>del</i>
2	1	REAR BUMPER FOAM	145.70 ?
3	1	REAR BUMPER REINFORCEMENT	621.00 ?
4	2	REAR BUMPER SENSOR@\$488.00 <i>photo</i>	976.00 <i>mm</i> ✓
5	4	REAR BUMPER SENSOR RING@\$19.20	76.80 <i>na</i> ✓
6	48	REAR BUMPER SENSOR BRACKET@\$21.30	0.00 ?
7	10	REAR BUMPER CLIP@\$5.00	50.00 <i>new</i>
			<hr/>
			2,764.50
LESS 25 %			<hr/>
			691.13
TOTAL ( A )			<hr/>
			2,073.38

### LABOUR CHARGES

1	1	TO CHECK WIRING SYSTEM	30.00 ✓
2	1	TO REMOVE ALL NECESSARY AFFECTED PARTS WELD CUT PANEL BEAT AND FITTING NEW PARTS	400.00 <i>250</i>
3	1	SPRAYPAINTING CHARGES	400.00 <i>250</i>
			<hr/>
TOTAL ( D )			830.00
ESTIMATE TOTAL			<hr/>
			2,903.38

Taufik 97495749 / 62563561

'WP' 16/6/21 @ 115 pm

Taufik @ Kuantan

2 days

~~HS Resurvey after repair~~

P/P Resurvey before paint.

**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:

is subject to final approval from Insurance Company  
• Supplemental item(s) must be resurveyed and  
• No illegal modification(s) is allowed  
• Third party survey is on a "Without Prejudice" basis  
• Parts prices are subject to confirmation  
• To display damaged part(s) during resurvey  
• To resurvey before/after spray painting  
The Repairer of the following:  
LKK Auto Consultants hence notify

Acknowledged by Repairer

Signed:

Date:

## 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	08/06/2021 12:08 (SGT)
Date of Accident	07/06/2021 17:18 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF VICTORIA STREET AND ROCHOR ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX1028U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SENG AI LING
NRIC No	SXXXX696D
Email Address	ireneseng888@yahoo.com.sg
Mobile Phone No	(Phone) +65-83835115
Alternative Phone No	+65-83835115

#### VEHICLE PARTICULARS

Manufacturer	Lexus
Model	ES250 LUXURY AUTO
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	2494

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100458615-05
Cover Note Number	31/03/2021 TO 30/03/2022

#### DRIVER

Name of Driver	CHIA KUAN WEE (XIE GENGWEI)
NRIC No	SXXXX792F



Date Of Birth	26/01/1973
Occupation	Indoor
Date Of Driving Pass	13/04/1994
Driving experience	27 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97929878
Alt. Phone Number	-
Email Address	ireneseng888@yahoo.com.sg
Address	75A LORONG K TELOK KURAU SINGAPORE 425778
Address complement	-
Postcode	-
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 - 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	SENG AI LING
Gender	Female

#### 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 WITH ATTACHED.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GZ9115Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	SEKAR SATHIYARAJ
Contact Number	(Phone) +65-90571134
Address	-
Address complement	EFFICIENT NETWORK INT'L (S) PTE LTD / 10 UBI CRESCENT
Postcode	#01-63 (S)
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## 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 based outside of Singapore, for one or more of the above Purposes

Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time 8/6/2021 @ 11:00hr

Witnessed by Reporting Centre Personnel



A - 10284

B - 629152



**Describe Circumstances of the Accident**


ON THE MENTIONED DATE & TIME, I WAS STATIONARY ALONG VICTORIA STREET DUE TO VEHICLES INFRONT STOPPED. OUT OF A SUDDEN, I FELT AN IMPACT FROM BEHIND AND REALISED THAT MY VEHICLE WAS BEING HIT BY GZ9115Z. NOBODY WAS INJURED.


Insurance Co: AIG INSURANCE
Vehicle no: SJX1028U
Date of accident: 7/6/2021
Claim type: THIRD PARTY CLAIM
Workshop: KAN FOOK SING MOTOR WORKSHOP

**Declaration**

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

  
 Policyholder's Signature / Date & Time

  
 Driver's Signature (If driver is not the policyholder) / Date & Time 8/6/2021 @ 11:00hr

  
 Witnessed by Reporting Centre Personnel

