

ASS. REC. BY:

REF:

CTW 2100 86801K7

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. _____

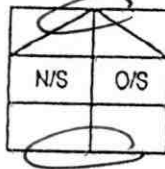
Claims No. _____

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: 826K

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 21 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 05/25 Person Contacted: _____

Vehicle: IN / OUT

Veh No: STX 2212Y Yr Regn: 05, 10Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or A1Make: Hyundai Avante S c.c 1591Colour: M. Silver A/C: Insured / Std / NI / NASp. Reading: 178544 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM11D441BMAU 986993Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: 185/65R15

R: _____

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 10/6/21 D.O.A. 15/6/2021

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or2 Frt

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

Date / Time Action / Instruction

1 Est not ready, CTA when @ 12,964.00

6/7 Ctlr @ 12,500 Ctlr

RED: 11986.80; 48%

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 21

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

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

Report Format :

Lump Sum / I.B.I. (\$) _____

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	11/06/2021 11:52 (SGT)
Date of Accident	10/06/2021 19:07 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO AVENUE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX2212Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WU MUN THIM
NRIC No	SXXXX932H
Email Address	wumunthim@gmail.com
Mobile Phone No	(Phone) +65-96251457
Alternative Phone No	+65-96251457

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5096932530-03 (DRIVO CLASSIC)
Cover Note Number	-

DRIVER

Name of Driver	WU MUN THIM
NRIC No	SXXXX932H

Date Of Birth	17/03/1957
Occupation	Indoor
Date Of Driving Pass	05/03/1980
Driving experience	41 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96251457
Alt. Phone Number	+65-96251457
Email Address	wumunthim@gmail.com
Address	BLK 617 #03-3246 YISHUN RING ROAD
Address complement	-
Postcode	760617
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	Chain Collision
Weather Conditions	DRIZZLING
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SON
Gender	Male

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

I WAS DRIVING STRAIGHT ALONG ANG MO KIO AVENUE 5. VEHICLE C TRAVELLING IN FRONT OF ME STOPPED DUE TO HEAVY TRAFFIC. MY VEHICLE TOO CAME TO A STOPPED. SUDDENLY VEHICLE B CAME FROM BEHIND AND COLLIDED INTO THE REAR OF MY STATIONARY VEHICLE. THE IMPACT CAUSED MY VEHICLE TO MOVE FORWARD, THUS CAUSING THE FRONT PORTION OF MY VEHICLE TO COLLIDE INTO THE REAR OF VEHICLE C.

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	GBJ5072H
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SHARIN ARI BIN HANAFI
NRIC No	SXXXX195C
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBE2541S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	PARAMASIVAM JEGADEESAN
Passport No/FIN	GXXXX706N
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

SKETCH PLAN

IMPORTANT NOTICE

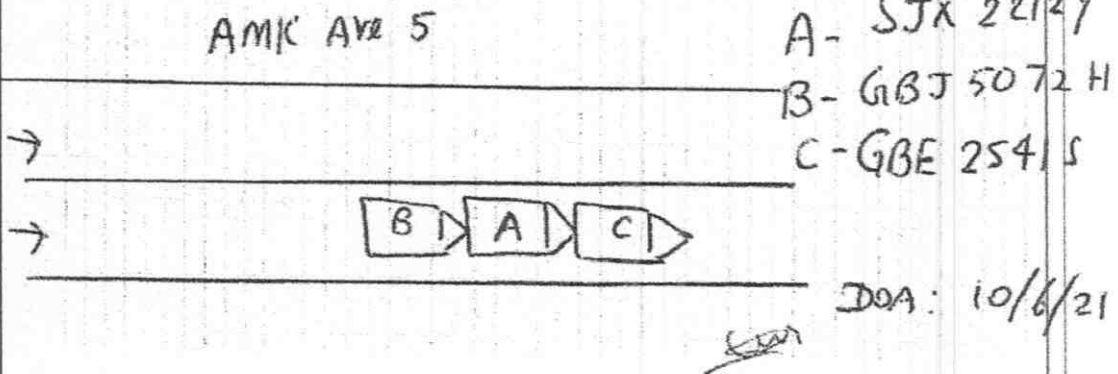
1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



This image shows a single sheet of white paper with horizontal blue or grey ruling lines. A vertical margin line is present on the left side, creating a narrow left margin. The paper appears to be from a notebook or a standard ruled document. There are no markings, text, or drawings on the page.

We declare the foregoing particulars are true in every respect.

Handwritten signature

11 JUN 2021

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel



HENG YAP SENG AUTO SERVICES

Blk 160, Sin Ming Drive, #08-13 Sin Ming AutoCity, Singapore 575722

Hp : 9183 3008

Fax : 6873 2017

Vehicle No : SDX2212Y
Vehicle Model : Hyundai Avante

NOT WITHIN

Date

18.06.2021

11 Prg 812, 500h

Estimate Repair Cost

After Pay 16 days

No.	Qty	Parts List Items			
1	1	Front bumper	CM	461.00	✓
2	2	Front bumper brackets	\$ R	118.60	✓
3	2	Front bumper retainers	NIS	\$ Di 101.30	✓
4	1	Front bumper reinforcement	\$ R	254.00	X
5	1	Front bumper sponge	\$ CM	118.00	✓
6	1	Front bumper grille lower	\$ Sn	69.00	X
7	1 set	Front bumper clips	\$ M	40.00	✓
8	1	Front grille	\$ Di	350.00	✓
9	1	Front bonnet 992.00	B	\$ 1,885.00	✓
10	1	Front bonnet lock	\$ B	122.00	✓
11	2	Front bonnet hinges	\$ Di	153.60	✓
12	1	Front bonnet insulator	99.50 IN	\$ Refm 199.00	50 IN
13	1	Front fender LH 466.50	\$ B	521.00	✓
14	1	Front support panel	\$ CM	791.00	✓
15	2	Head lamps C450	MJ	\$ CM 960.00	✓
16	1	Radiator	BTPN	\$ 588.00	✓
17	1	Radiator fan assy	\$ CM	497.00	✓
18	1	Air con condenser assy	\$ B	911.00	✓
19	1	Hose	\$ Sn	44.00	X
20	1	Air duct	\$ CM	89.00	✓
21	1	Battery	125 IN	\$ Rd 250.00	50 IN
22	1	Idle speed actuator	\$ Rd	347.00	✓
23	1	Rear bumper	\$ B	489.00	✓
24	1	Rear bumper reinforcement	B	\$ CM 204.00	✓
25	2	Rear bumper side retainers	NIS Di	\$ 73.60	✓
26	2	Rear bumper brackets	\$ B	172.80	✓
27	1	Rear bumper sponge	\$ CM	119.00	✓
28	1 set	Rear bumper clips	\$ M	40.00	✓
29	1	Rear bootlid 907.80	B	\$ 1,301.00	✓
30	2	Rear bootlid reflector lamps C196.30	NIS CM	\$ 408.00	✓
31	2	Rear bootlid hinges	NIS Di	\$ 194.00	✓
32	1	Rear bootlid weatherstrip	70.50 IN Di	\$ 141.00	50 IN
33	1	Rear bootlid lock assy	\$ T	139.00	✓
34	1	Rear bootlid number plate lamp	\$ Sn	69.00	X
35	1	Rear bootlid number plate garnish	\$ CM	139.00	✓
36	1	Rear bootlid inner trim	Return	\$ 336.80	✓
37	1 set	Rear bootlid inner trim clips	\$ M	60.00	✓
38	1	Rear bootlid centre logo	\$ M	34.00	✓
39	1	Rear bootlid "AVANTE" emblem	\$ M	34.00	✓
40	1	Tail lamp LH	\$ CM	299.00	✓
41	1	Tail lamp panel LH	\$ B	208.30	✓

42	1	Rear fender LH	1603
43	1	Rear fender inner side trim LH	
44	1 set	Rear fender inner trim clips	
45	1	Rear end panel	48510
46	1	Rear end panel top garnish	
47	1	Rear spare tyre compartment	
48	1	Rear spare tyre top board	
49	1	Rear exhaust silencer	
50	1 set	Rear exhaust silencer mounting	208

Total

Bu	\$	1,806.00	✓
Reform	\$	267.00	✓
	\$	40.00	✓
	\$	499.00	✓
	\$	79.00	✓
Bu	\$	859.00	X
	\$	311.00	X
	\$	825.00	X
	\$	69.80	X
	\$	18,086.80	

Parts Special Nett Items

51	1	Front number plate
52	1	Rear number plate
53	1 set	Reverse sensor

Total Parts

	\$	60.00	X
	\$	60.00	455A-
	\$	250.00	2005AL
	\$	370.00	
	\$	18,456.80	

Labour

1	Labour charge to remove, cut out damage portion, jack out, straighten, panel beating, welding, align and renew replaced parts.	\$	2,800.00	2400
2	To putty and respray painting on affected areas.	\$	2,200.00	2000
3	To remove, replace front bonnet, fender, rear bootlid and fender fittings to facilitate repair.	\$	350.00	1801
4	To remove, replace front radiator fan assy, air con condenser and batter	\$	300.00	1501
5	To remove, replace reverse sensor.	\$	150.00	501
6	To remove, replace rear exhaust silencer.	\$	150.00	X
7	To check wiring and lightings.	\$	80.00	401

Total Labour

Total Parts and Labour

\$	6,030.00
\$	24,486.80

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
- Supplemental item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date: