

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s _____ Tropical

of _____

Insured: _____

Policy No. _____

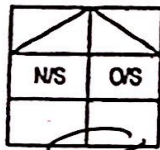
Claims No. _____

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 Report: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or NoLum Sum: 1.121 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SFE 86332 Yr Regn: 11 18Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or (A)Make: Audi S5 cc 2995Colour M. Blue A/C: Insured / Std / NI / NASp. Reading 23131 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WATU 222 F5XKA 000814Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD A/Rlm or

Tyre Size: F: _____

R: 255/35R19

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 4 mm R/Bal. 8 mmL/Bal. 4 mm L/Bal. 8 mmD.O.A. 28/6/21 D.O.I. 6/7/2021

Survey held at _____

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

finalise part by part \$4109.60, 3days

red:2225.00:35%

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$

Fees

Others

TOTAL

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

Report Format :

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

Tropical Tech Automobile Services

Blk 5032 Ang Mo Kio Avenue 3 #01-303 Industrial Park 2 Singapore 569535

Tel : 6481 7773 / 6481 1403 Fax : 6484 4978

E-mail : kennyphua@tropical-success-autocare.com.sg

M/s : **China Taiping Insurance (Singapore) Pte. Ltd**
3, Anson Road, #16-00,
Springleaf Tower,
Singapore 079909

Estimate bill : TT 27 / 21 / TP / WT

Registration No : SFE8633Z

Attention : Motor Claims Third Party Department
Tel : 6222 2366
Fax : 6224 7175

Make / model : Audi S5

*Not Authorised
Returning B4 pain 2 days*

Mileage : Date : 01 / 07 / 2021

TRAFFIC ACCIDENT INVOLVING VEHICLE BEARING REGISTRATION NO : GX7710D AND SFE8633Z ALONG
X JUNCTION OF TAMPINES AVENUE 10 AND TAMPINES AVENUE 1 ON 28 JUNE 2021 AT ABOUT 1130HRS.

Ipc	Rear bumper	<i>Brc / Re</i>	\$	2,509.00	✓
Ipc	Rear bumper lip		\$	850.00	?
Ipc	Rear bumper lip chrome (Centre)		\$	<i>Re</i> 594.00	✓
Ipc	Rear bumper lip chrome (Right)		\$	<i>Re</i> 297.00	✓
Ipc	Rear exhaust silencer box with built in twin tail pipe chrome		\$	<i>Re</i> 1,344.00	X
	Sub total :		\$	5,594.00	
	Less 10% discount :		\$	559.40	
	A total :		\$	5,034.60	

Remove & transfer rear bumper necessary attachment spare parts item.

Remove & refit rear bumper, rear bumper lip, rear bumper lip chrome (Centre), rear bumper lip chrome (Right), rear exhaust silencer box with built in twin tail pipe chrome.

Heat / weld / beating / pull / straighten / align rear chassis frame by Chassis Alignment Jack.

Diagnostic and reset on rear bumper parking sensor.

Putty / primer application, spray painting rear bumper, rear bumper lip.

Grand final amount :

\$ 6,334.60

Tropical Tech Automobile Services

Authorised Signature)
William Tan

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:

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 willful 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 lodging 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	29/06/2021 09:52 (SGT)
Date of Accident	28/06/2021 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	X-Junction of Tampines Avenue 10 & Tampines Avenue 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFE8633Z
INSURED POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Han Chwee Juan
NRIC No	SXXXXX346A
Email Address	hchwee@yahoo.com
Mobile Phone No	(Phone) +65-96662843
Alternative Phone No	+65-96662843

VEHICLE PARTICULARS

Manufacturer	Audi
Model	S5
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	2995

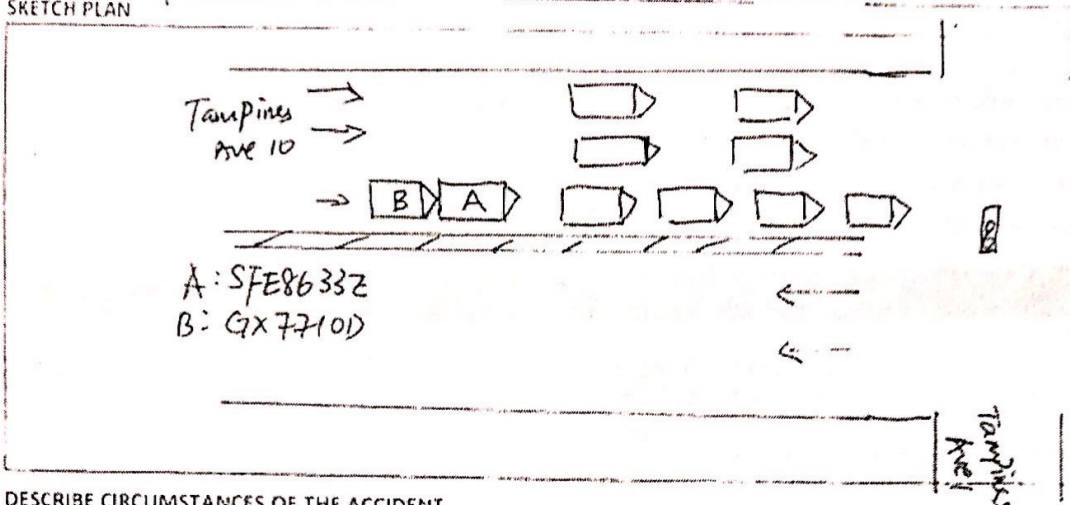
INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V12537/VPO/R00
Cover Note Number	-

DRIVER

Name of Driver	Han Chwee Juan
NRIC No	SXXXXX346A

Date of accident: 28/06/2021 Time: 11:30am Location: Junction of Tampines Ave 10 & Tampines Ave
 My Vehicle A: SF8633Z Vehicle B: GX7710D Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28 June 2021 at around 11:30 hrs I was driving along Tampines Ave 10. Approaching the junction of Tampines Ave 10 and Tampines Ave 1, I stopped my vehicle as there were a few vehicles in front of me. After stopping a while, suddenly a Toyota Van car knocked onto my car from behind.

☐ Claim OD/TP at ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: Tropical Success Auto Care
 Email address: tsae303@singnet.com.sg
 & myself
 Email address: hchwee@yahoo.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

For Reporter's Signature: [Signature]
 Date & Time: 29/6/21

Driver's Signature: [Signature]
 Date & Time: 29/6/21

Reporting Centre's Signature: [Signature]
 Date & Time: 29/6/21