

REF: CS/CT/21007238/T1tc.

TOTAL

PLEASE ARRANGE TO SURVEY
VEHICLE AT 30 BUKIT BATOK
CRESCENT (S 658075)

Selamatshahh
CLAIM DEPARTMENT
DID : 66547519
FAX :

Date : 30/06/2021

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
ESTIMATION

Attn : Motor Claim Department FAX :

Owner : CHONG CHEE SENG, KLENN

: AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED

Certificate No : P10493990R00

Accident Date : 25/06/2021

Vehicle No : SLV-5173-T

Make & Model : NISSAN QASHQAI 1.2 DIG-T CVT 1197

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
<u>Nett Item</u>			
1	FRONT BUMPER	682.90	de -
1	FRONT BUMPER LOWER GARNISH	195.20	ant -
10	FRONT BUMPER CLIPS	50.00	ner -
1	FRONT BUMPER REINFORCEMENT	831.50	?
1	FRONT BUMPER BEAM	415.70	?
1	FRONT BUMPER SPONGE	219.50	?
2	FRONT BUMPER REINFORCEMENT BRACKET	387.40	?
2	FRONT BUMPER LOWER ABSORBER	219.00	?
1	FRONT BUMPER RETAINER RH	25.40	ner -

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Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	FRONT GRILLE	486.00	OK
10	FRONT GRILLE CLIPS	80.00	OK
1	FRONT GRILLE LOGO	125.40	OK
1	HEADLAMP RH	3,243.00	OK
1	BONNET	1,134.50	OK
10	BONNET INSULATOR CLIPS	100.00	OK?
2	BONNET HINGE RH/LH	130.00	XK
1	BONNET LOCK	70.00	XR
1	FRONT FENDER RH	753.50	OK
1	FRONT FENDER INNERSHIELD RH	128.30	?

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Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
10	FRONT FENDER SHIELD CLIPS	50.00	?
1	FRONT FENDER WHEELARC GARNISH RH	540.50	?
1	FRONT BUMPER SDIE GARNISH RH	125.50	ent -
1	FRONT FOGLAMP RH	301.00	?
1	HEADLAMP TOP PANEL RH	83.90	Rp
1	SUPPORT TOP PANEL	588.10	Rp
1	SUPPORT LOWER PANEL	110.00	Rp
1	WIPER WASHER TANK	188.50	?
1	FRONT AIRGUIDE RH	90.20	?

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	11355.00	
	Discount 10% On Parts	(1135.50)	
	<u>Special Nett Item</u>		
1	FRONT NUMBER PLATE	35.00	BT ✓
1	COOLANT	30.00	?
	Sub Total	65.00	
	<u>Labour & Misc</u>		
	LABOUR TO FACILITATE REPAIR	1,000.00	600
	TO RESPRAY AFFECTED AREAS	1,000.00	700
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	50.00	30

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	TO TOP UP AIRCON GAS	120.00	700
	Sub Total	2170.00	

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:

12,454.50

Remarks:

SUB TOTAL

GST 7.0 % 871.82

TOTAL 13,326.32

Surveyor's name:

Tanpin 97495747

Principal's name: CHONG CHEE SENG, KLENN

Survey Date & Time:

5/7/2021 3:30 pm

plp Reay before paint
tanpin@lkhauto.com
Soleys

PAGE : 5

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
Date of Accident
Exact Location of Accident
Additional Location Information
Country/State of Loss

26/06/2021 13:52 (SGT)
25/06/2021 22:40 (SGT)
Near 60 Chestnut Ave, Singapore 679517
CROSS JUNCTION OF CHESTNUT AVE & PETIR ROAD
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLV5173T

INSURED/POLICYHOLDER

Is company?
Name Of Registered Owner
NRIC No
Email Address
Mobile Phone No
Alternative Phone No

No
CHONG CHEE SENG, KLENN
SXXXX746E
chong.klenn@gmail.com
(Phone) +65-81273854
+65-81273854

VEHICLE PARTICULARS

Manufacturer
Model
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?
Vehicle Category
Transmission
CC

Nissan
Qashqai
-
-
No - Claiming third party
Private car
Auto
1197

INSURANCE COMPANY

Name of Insurance Company
Type of Coverage
Fleet Policy
Policy Number
Cover Note Number

Auto & General Insurance (Singapore) Pte. Limited.
Comprehensive
No
P10493990R00
-

DRIVER

Name of Driver
NRIC No

CHONG CHEE SENG, KLENN
SXXXX746E

Date Of Birth	27/06/1982
Occupation	Indoor
Date Of Driving Pass	04/04/2001
Driving experience	20 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81273854
Alt. Phone Number	+65-81273854
Email Address	chong.klenn@gmail.com
Address	BLK 61 CHESTNUT AVENUE #07-03
Address complement	-
Postcode	S(679522)
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 - Cross Junction
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

KINDLY REFER TO SKETCH PLAN.

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	SKL3135G
Vehicle Manufacturer	Toyota
Vehicle Model	Estima
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LI WEN
NRIC No	SXXXX409C
Contact Number	(Phone) +65-81638116
Address	-

Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
-
-
-
-
-

WITNESS DETAILS

WITNESS 1

Name
Phone
Email

DAVID
(Phone) +65-90929471
-

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

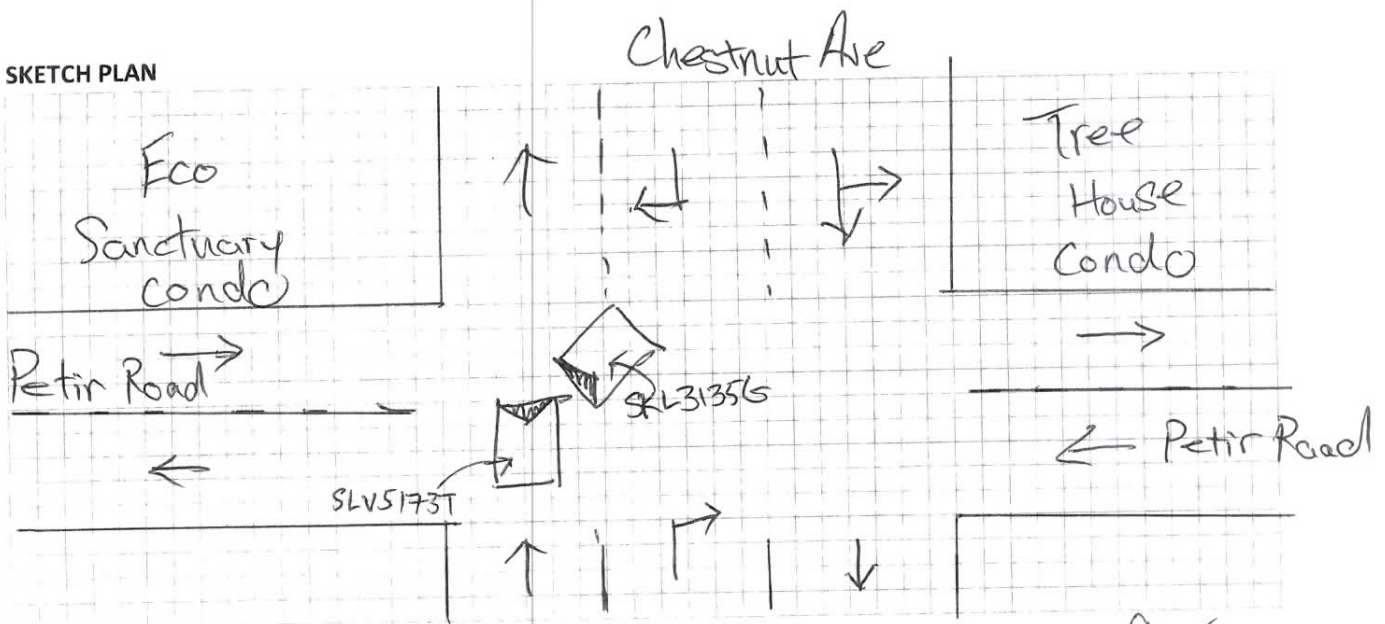
Policyholder's Signature
Date & Time:

26/6/21

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling home along Chestnut Ave road towards Chestnut Park direction. Prior to traveling across the cross junction of Chestnut Ave and Petir Road, my car was stopped at the ~~junction~~ just before the junction as the traffic light was still red. Upon green light, I proceeded forward towards the junction towards Chestnut Park. Although the traffic was in favour of my ~~car~~ traveling direction, the opposite car (SKL3135G) ~~did~~ failed to give way while turning right into Petir Road which resulted in a head on collision with the front ~~of~~ of my car. The speed at which the opposite car was traveling did not provide sufficient reaction time for me to react and by the time I stopped, the ~~car~~ opposite car continued to hit onto the front side of my vehicle.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
Claim OD
<input checked="" type="checkbox"/> Claim TP
Claim OD / TP at other workshop

DECLARATION

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

Policyholder's Signature

Date & Time: 26/6/21

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: