

ASS. REF. BY:

REF: AG/ 2100 7732/Kp

Kenath

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 CO/PAWS/TP RES/CO RES/EVA/INV/LMV
 To inspect Vehicle No: _____
 at Workshop in: City Auto
 of _____
 Insured: 362
 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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Est. or Market Value: _____

IDAC Accident Report: _____ Consistent?: Yes or No

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

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

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SK S 8035 S Yr Regn: 06, 13
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toy Camry CO: 1988
 Colour: M.P. White AC: Insured / Std / NI / NA
 Sp. Reading: 126120 T/Racks: Insured / Std / NI / NA
 Eng No: _____
 C/No: NR053BK510.4070572
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: NI / S/Rim / STD / R/Rim or _____
 Tyre Size: F: 215/60R16
 R: _____

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

Front	Rear
R/Bal. <u>7</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>7</u> mm	L/Bal. <u>6</u> mm
D.O.A. <u>15/7/21</u>	D.O.I. <u>19/7/2021</u>
Survey held at _____	<input checked="" type="checkbox"/>

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

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to? : Prell. Report
 : Final Report

Days Of Repair: _____
 Resurvey No. of Trip: _____

Survey Fee:
Transportation:
S - RS: \$
Fuel:
Others:
TOTAL

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

Report Format : _____
 Lump Sum / I.B.I. (\$) _____



CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643
 TEL: 6453 1235, 6452 0850 FAX: 6453 7944
 24hrs Towing Services Tel 9823 9898
 Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

AIG ASIA PACIFIC INSURANCE PTE. LTD
 NO. 78
 SHERTON WAY #07-16
 SINGAPORE 079120

Contact : -

Fax No. : 6880 4838

*Not Authorized
 L1 Sup &
 Resurvey After Paint
 2 days*

Estimate : QUOT202107-000508(00)

Date : 16/07/2021

Vehicle No. : SKS8035S

Make/Model : TOYOTA CAMRY 2.0 AUTO

Mileage (km) : 0

Chassis No. : MR053BK5104010572

Accident Date : 15/07/2021 00:00:00

Claim No. : ER7667B

Reference : JO202107-0649

Policy No. : SP2000384814-01

S/No	Particular	Quantity	Unit Price	Amount S\$
LIST ITEMS :				
1	Front bumper	1.0	596.90	596.90 ✓
2	Front bumper retainer	2.0	100.40	200.80 ✓
3	Front bumper sponge	1.0	102.50	102.50 ?
4	Front bumper reinforcement	1.0	399.50	399.50 ?
5	LH foglamp	1.0	310.40	310.40 X
6	LH foglamp cover	1.0	68.20	68.20 ?
7	Washer tank	1.0	219.10	219.10 ?
8	Washer motor	1.0	291.60	291.60 X
9	LH headlamp	1.0	1,294.60	1,294.60 ?
10	LH parking sensor cap	1.0	20.30	20.30 ?
11	Front LH fender innershield	1.0	200.10	200.10 X
12	Front LH fender innershield clip	8.0	2.80	22.40 X
13	Bumper clip	10.0	4.50	45.00 ✓
List Total :				3,771.40
25% Discount S\$				942.82
				2,828.58
SPECIAL NET :				
1	LH parking sensor	1.0	392.80	392.80 ✓
SPECIAL NET Total S\$:				392.80
LABOUR :				
	- To check wiring and lighting	1.0	60.00	60.00 15/-
	-To knock jackout damaged parts, panel beating,welding, align, refix and to renew accident parts	1.0	400.00	400.00 200/-
	- Spray painting on affected & replace parts	1.0	500.00	500.00 220/-
				960.00

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:

CONTINUE NEXT PAGE

Page 1 of 2

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 15/07/2021 17:36 (SGT)
Date of Accident 15/07/2021 13:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information KEBUN BARU MARKET AND FOOD CENTRE CARPARK , ANG
MO KIO AVENUE 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKS8035S
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner SO SIM KHOON
NRIC No SXXXX368A
Email Address simkhoon@hotmail.com
Mobile Phone No (Phone) +65-98411997
Alternative Phone No +65-98411997

VEHICLE PARTICULARS

Manufacturer Toyota
Model Camry
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 1998

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SP2000384814-01
Cover Note Number -

DRIVER

Name of Driver SO SIM KHOON

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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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.

CITY AUTO PTE LTD

Blok 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6453 1444 Fax: 6453 7944
 (Claims Section)

[Signature]

[Signature]

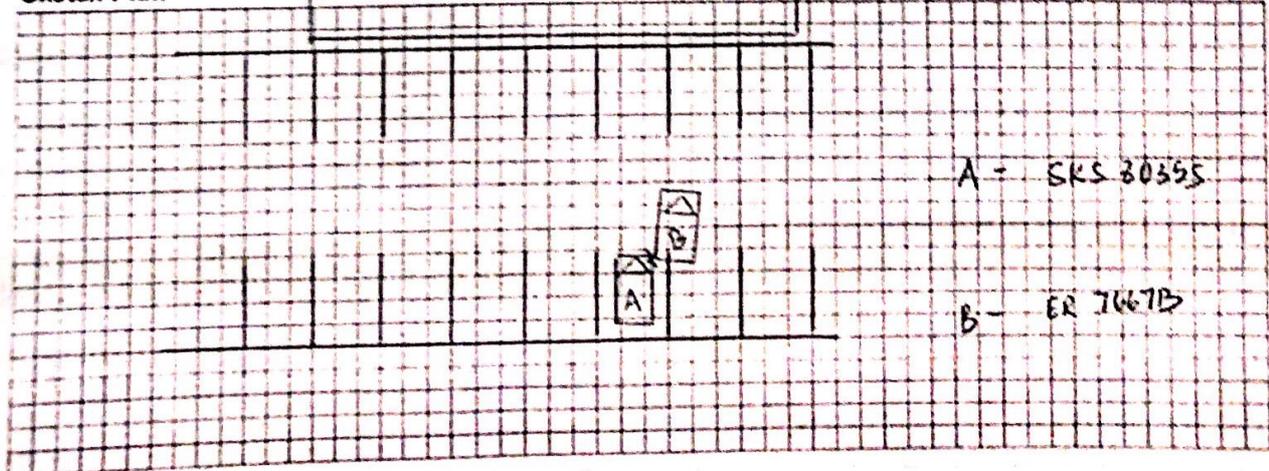
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

226E



A - SKS 30355

B - ER 7667B

Describe Circumstances of the Accident

1) I parked my car in car park lot and went for lunch.
2) On returning to my car, when I got along to my front right car bumper.
3) I noticed my car bumper was damaged and the plate EK 9669 D bumped into
my car while reversing not aware of it.
4) This is incident as per indicated in other reports.

Declaration

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-55/56/57 Sin Ming Ind Est
Singapore 575643
Tel: 6453 4335 Fax: 6453 7944
(Claims Section)

Witnessed by Reporting Centre Personnel