

ASS. REC. BY:

REF: C721

Kenneth

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 05 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLG 79384 Yr Regn: 10, 16Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai Sonata c.c. 1999Colour: Black AC: Insured / Std / NI / NASp. Reading: 50467 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM14E341CM1A 265884Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD / Rlm orTyre Size: F: 215/55R17

R: _____

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

TOYO / YOKO or Nexen

Front: _____ Rear: _____

R/Bal. 3 mm R/Bal. 5 mmL/Bal. 3 mm L/Bal. 5 mmD.O.A. 4/9/21 D.O.I. 6/9/2021Survey held at ✓

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

N/S Acc

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

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: (\$

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-78, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 8550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

Vehicle Insured : YP 3967K
Accident Date : 04-Sep-2021

No. : 06447

Date : 06-Sep-2021

Our Ref : 021129 (CHINA) / CHAN

PAGE : 1

CHIA TUCK KEONG
26 JALAN DATOH
#30-05
Singapore 329425

*Not Authorized
L1 Rep &
Resurvey After Paint*

ESTIMATED COST OF REPAIR FOR HYUNDAI LF SONATA 2.0 SLG7938U

1 pc Rear N/s fender
1 pc Rear n/s fender inner panel
1 pc Rear n/s quarter glass moulding
1 pc Rear n/s petrol lid
1 pc Rear n/s taillamp
1 pc Rear n/s taillamp side clip
1 pc Rear n/s taillamp corner panel
1 pc Rear w/s glass moulding (set)

By 1,855.90 ✓
633.51 ?
na na 332.70 ✓
na 61.20 ✓
na 794.20 ✓
na 9.00 ✓
na 198.10 ✓
na 157.30 ✓

4,041.91

Less 20% : 808.38

1 pc Rear w/s glass sealant

3,233.53
na 60.00 sn
801 na

To remove & refix rear windscreen
glass and conduct water leak test.

150.00 *1201*

To remove roof lining, front and
rear seats, trim board and carpet

150.00 *1001*

To apply undersealing

80.00 *801*

To dismantle and lower rear
undercarriage

na 180.00 X

To check and adjust wheel alignment

na 65.00 X

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:

Con't Page 2 ...

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

Vehicle Insured : YP 3967K

Page : 2

To putty and spray replaced parts

300/
800.00

To remove, cut-out damaged parts,
panel beating, welding, align,
refix and to renew above parts

600/
700.00

Total : S\$ 5,418.53

=====

Singapore Dollars Five Thousand Four Hundred
and Eighteen and Cents Fifty Three Only



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 04/09/2021 15:14 (SGT)
Date of Accident 04/09/2021 12:45 (SGT)
Exact Location of Accident Ah Hood Rd, Singapore
Additional Location Information Outside Ramada Hotel
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG7938U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHIA TUCK KEONG
NRIC No SXXXX494A
Email Address chiatk10@gmail.com
Mobile Phone No (Phone) +65-94885673
Alternative Phone No +65-94885673

VEHICLE PARTICULARS

Manufacturer Hyundai
Model HYUNDAI / LF SONATA 2.0 GLS A/T
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 1999

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number PNPV2017-00008120-03
Cover Note Number -

DRIVER

Name of Driver CHIA TUCK KEONG
NRIC No SXXXX494A

SKETCH PLAN

IMPORTANT NOTICE

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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.

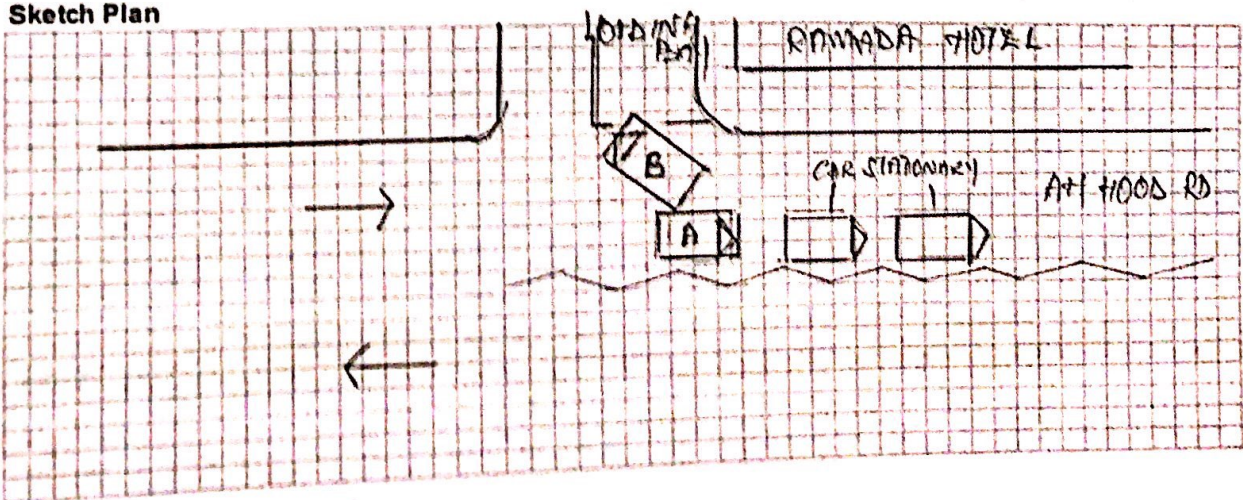
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



Sketch Plan



Describe Circumstances of the Accident

I STAYED IN CAR BEHIND A ROW OF VEHICLES AS THERE WAS ROAD WORK
AHEAD CAUSING THE TRAFFIC JAM. SECONDS LATER I FELT AN IMPACT
FROM BEHIND. UPON REALISING TO CHECK I REALISED THAT A TRUCK
HAD REVERSED OUT FROM THE LOADING BAY OF RAMADA HOTEL
& HIT INTO THE REAR LEFT OF MY CAR
AFTER THE ACCIDENT, THE TRUCK DRIVER DID NOT STOP BUT DROVE OFF.
IMMEDIATELY I APPROACHED THE SECURITY OFFICER WHO CHECKED THE CCTV
RECORD & CALLED THE DRIVER TO TURN BACK & I TOOK DOWN HIS PARTICULARS
FOR INSURANCE REPORT & CLAIMS PURPOSE.


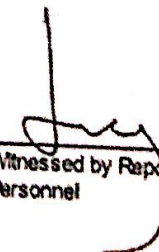
Declaration

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



Witnessed by Reporting Centre
Personnel