

ASS. REC. BY:

Steve

REF

CC4/III 21999529/RAS

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle Not

at Workshop m/s

at

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.

Ret. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Sent

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Sum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

MV-ISK

Time/Time, File, Pass to:



: Prel. Report



: Final Report

Time/Time, File Return to:

Time/Time:

Time/Time / LD / etc

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Inve (\$



: Weekend (\$

Survey Fee:

Transportation:

\$ + RS \$

Police

Others

TOTAL

Veh No:

STN 5558H

Yr Reg:

20/2/09

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Hyundai Avante

c.c. 1591

Colour:

Red

A/C: Insured / Std / NI / N

Sp. Reading

1/1055

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

KV1-HD442:1SR 94648915

Gen. Cond: Good / Fair / Poor / Bupl

Steering: Inorder / Jammed / Leaked / Burnt or

Brakes: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/65R15

R:

11

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

TOYO / YOKO or

TOYOTA

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

U/Bal.

4

mm

U/Bal.

4

mm

D.O.A.

12/9/21

O.O.I.

13/9/21

Survey held at

Wah Hong

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

Rear R/H

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



Wah Hong Motors & Credit Pte Ltd

Enterprise Hub 3B Toh Guan Road East #01-57 S(608581)

Email: motor@wahhong.sg
(199806235M)

Vehicle No. **SJN5558H HYUNDIA AVANTE**

Page No. 1

| QTY | DESCRIPTION | CONDITION | REPAIRER'S ESTIMATE(\$) | SURVEYOR'S ADJUSTMENT |
|---------------------------|---|-----------|-------------------------|-----------------------|
| PARTS (LIST ITEMS) | | | | |
| 1 | Rear door RH / 00 | | 1000.00 | |
| 1 | Rear door outer handle long RH x R | | 65.00 | |
| 1 | Rear door outer handle small RH x R | | 22.00 | |
| 1 | Rear fender RH / 07 | | 1207.00 | |
| 1 | Rear bumper x R | | 450.00 | |
| 1 | Rear bumper side retainer LH/RH @2*\$35 x B | | 70.00 | |
| Part Items Total: | | | 2814.00 | |
| | | | -20% -562.80 | |
| | | | 2251.20 | |
| SPECIAL NETT ITEMS | | | | |
| 1 | Rear bumper clips X | | 35.00 | |
| 1 | Rear fender shield clips RH X | | 25.00 | |
| 1 | Rear windscreen sealant - MC | | 60.00 | 40 |
| 1 | Rear fender sealant RH - MC | | 60.00 | 30 |
| 1 | Rear rim 15 inch RH - C47 | | 680.00 | 250 |
| SN Items Total: | | | 860.00 | |
| Total Parts | | | 3111.20 | |

LKK Auto Consultants hereby notify the Repairer of the following:

- To be fully aware of the early painting
- To display damaged part(s) during resurvey
- To provide a signed copy to confirmation
- The repair cost is on a "No Fault Found" basis
- No third modification is allowed
- Supplementary Notice must be received by LKK is subject to final approval from Insurance Company

Accepted by Repairer:
Signature:



Wah Hong Motors & Credit Pte Ltd

Enterprise Hub 38 Toh Guan Road East #01-57 S(608581)

Email: motor@wahhong.sg

(199806235M)

Vehicle No. SJN55S8H HYUNDIA AVANTE

Page No. 2

| S/N | DESCRIPTION | REPAIRER'S ESTIMATE (\$) | SURVEYOR'S ADJUSTMENT |
|-------------------------|---|--------------------------|-----------------------|
| | LABOUR | | |
| 1 | To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas and replace the damaged parts and components | 800.00 | 700 |
| 2 | To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired | 800.00 | 600 |
| 3 | To perform anti-rust treatment on affected areas | 60.00 | 30 |
| 4 | Check and wheel computerize alignment | 80.00 | 60 |
| 5 | To remove and refix front tyre and wheel balancing in order to rear rim LH | 50.00 | 20 |
| 6 | To remove and replace rear door RH fitting, trimmings, garnish, window glass and mechanism | 100.00 | 50 |
| 7 | To remove and replace rear windscreen | 120.00 | ✓ |
| 8 | To remove and refit rear seat in order to repair | 100.00 | 50 |
| 9 | To remove and refit/replace roots lining & upholster garnish | 100.00 | 50 |
| 10 | To remove and replace rear quarter glass RH | 100.00 | 50 |
| Labour Total : | | 2310.00 | |
| TOTAL (PARTS & LABOUR): | | 5421.20 | |

Steve (LKK)

13/9/21, 330pm

HL PL

L/S

My AL sy
7 days



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 Authorized 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 | 10/09/2021 13:05 (SGT) |
| Date of Accident | 10/09/2021 09:07 (SGT) |
| Exact Location of Accident | Near 207 Clementi Ave 6, Singapore |
| Additional Location Information | BLK 206 CLEMENTI AVENUE 6 TOWARDS COMMONWEALTH AVE WEST (CARPARK) |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SJN5558H |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------------|
| Is company? | No |
| Name Of Registered Owner | SHANKAR GANESH S/O BALAKRISHNA |
| NRIC No | SXXXX703Z |
| Email Address | SILENCER2005@HOTMAIL.COM |
| Mobile Phone No | (Phone) +65-81118711 |
| Alternative Phone No | +65-81118711 |

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 | Direct Asia Insurance (Singapore) Pte Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | MT/00917581 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------------------------|
| Name of Driver | SHANKAR GANESH S/O BALAKRISHNA |
|----------------|--------------------------------|



| | |
|--|-------------------------------|
| NRIC No | SXXXX703Z |
| Date Of Birth | 25/04/1990 |
| Occupation | Indoor |
| Date Of Driving Pass | 29/04/2019 |
| Driving experience | 2 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-81118711 |
| Alt. Phone Number | +65-81118711 |
| Email Address | SILENCER2005@HOTMAIL.COM |
| Address | APT BLK 202 CLEMENTI AVENUE 6 |
| Address complement | #06-59 |
| Postcode | 120202 |
| 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 - Major/Minor Rd |
| Weather Conditions | Clear |
| Road Surface | Wet |

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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|---------|
| Name | BHAVANI |
| Gender | Female |

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

PLEASE REFER TO THE SKETCH PLAN FOR ACCIDENT DETAIL.

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|---------|
| Vehicle Registration Number | PC2871J |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |

Vehicle Category

Name of Driver

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

Bus

ABDUL RAHMAN BIN GANI

-
-
-
-
-
-
-
-

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 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. 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 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.

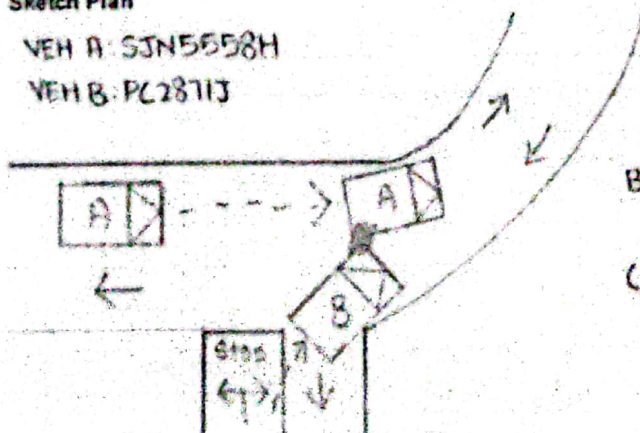
[Signature] 11:28am
10/3/21
Policyholder's Signature / Date & Time

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

[Stamp: WONG MOTORS & TRADING PTE LTD]
Witnessed by Reporting Centre Personnel

Sketch Plan

VEH A: SJN5558H
VEH B: PC2871J




BLK 206 CLEMENTI AVE 6
TOWARDS COMMONWEALTH AVE WEST
(CARPARK)

Describe Circumstances of the Accident


On 10 Sep 2021 at about 9.07am I was driving my vehicle A
 3JN5558H along BIK 206 Clementi Carpark towards
 Commonwealth Ave W.
 I was proceeding straight when suddenly a Vehicle B PC2871J
 collided onto my rear right side of my car. I alighted from
 my car with my handbrake on. The driver immediately reversed
 and proceed forward to park his vehicle. I also parked my
 vehicle in order to not cause inconvenience to other road users.
 We then exchanged pictures of our NBIC and driving licence.
 Driver of Vehicle B mentioned to proceed with an insurance claim
 and he made his way off immediately.

Declaration

We declare the foregoing particulars are true in every respect.

 11.28am
 10/9/21
 Policyholder's Signature / Date &
 Time

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


 Witnessed by Reporting Centre
 Personnel