

ASS. REC. BY:

REF:

AGL 2100 9660 1K

Kenneth

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop n/s \_\_\_\_\_ S&H

of \_\_\_\_\_ 4735

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

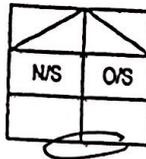
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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 Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

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

Lum Sum: 1-B.1% 3 Val.: Yes or No

CA / REV / REP. 1024 HRS Date: \_\_\_\_\_ Vehicle: IN / OUT

Person Contacted: \_\_\_\_\_

Veh No: STA 7888K Yr Regn: 08, 08

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

Make: Toy Crown c.c. 2499

Colour: M.D. Brown A/C: Insured / Std / NI / NA

Sp. Reading: 168446 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_ C/No: GRS 200 - 000 8981

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 235/35ZR19 R: 275/30ZR19

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

Front R/Bal. 6 mm Rear R/Bal. 4 mm

L/Bal. 6 mm L/Bal. 4 mm

D.O.A. 14/9/21 D.O.I. 8/10/2021

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
<u>8/10</u>	<u>Rec. brought as stake in local market, need to order over seas.</u>

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

1)  : Final Report

Date/Time, File Return to? \_\_\_\_\_

2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee: \_\_\_\_\_

Transport: \_\_\_\_\_

S - RS: \_\_\_\_\_ \$

Fees: \_\_\_\_\_

Others: \_\_\_\_\_

TOTAL: \_\_\_\_\_

Report Format : \_\_\_\_\_

Lump Sum / I.B.I: (\$ \_\_\_\_\_)

*Not authorized  
 Resurvey by party  
 2 days*



Koh Chik Hao Jason  
 26 Choa Chu Kang Grove #12-62  
 Singapore 688215

File No : SH/2021/080/10/001/TP  
 Date : 07-October-2021

Estimated cost of repair for vehicle no : SJA7888K Toyota Crown  
 Accident involving vehicle no: SJA7888K & SLA1100R on 14.09.2021

Description	Quantity	Cost Price
Rear bumper	1	\$ <i>Bur</i> 2,570.00 ✓
Rear bumper clips (1 set)	1	\$ <i>na</i> 35.00 ✓
Rear bumper reinforcement	1	\$ 369.70 ✓
Rear end panel	1	\$ <i>n</i> 620.70 X
Rear boot inner lock	1	\$ <i>n</i> 1,057.00 ✓
Rear boot badge "Crown"	1	\$ <i>na</i> 46.20 X
Rear boot badge "Athlete"	1	\$ <i>na</i> 62.20 ✓
Rear boot emblem	1	\$ <i>na</i> 50.70 X
Rear boot chrome moulding	1	\$ <i>na</i> 501.70 X
		\$ 5,313.20
	Less 25%	\$ 1,328.30
		\$ 3,984.90

To remove rear damaged parts, to jack out rear end panel and rear floor panel and, to reweld, reshape and repair rear end panel, rear floor panel, rear body panel, to straighten out rear chassis member, to replace damaged parts and adjust rear body and boot alignment \$ *200* 550.00

To spray paint affected rear and inner damaged portion inclusive of preparatory works and material \$ *250* 650.00

To disconnect wire harness to facilitate repairs and check for damage and reconnect wiring system and check for full functionality \$ *na* 25.00 X

\$ 5,209.90

T/Party: AIG Asia Pacific Insurance Pte Ltd

**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 surveys 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 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 ..... 14/09/2021 17:41 (SGT)  
 Date of Accident ..... 14/09/2021 14:07 (SGT)  
 Exact Location of Accident ..... Bukit Panjang, Singapore  
 Additional Location Information ..... infront of Bukit Panjang MRT Station bus stop  
 Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJA7888K

### INSURED/POLICYHOLDER

Is company? ..... No  
 Name Of Registered Owner ..... Koh Chik Hao Jason  
 NRIC No ..... SXXXX473E  
 Email Address ..... jasonkoh7888@gmail.com  
 Mobile Phone No ..... (Phone) +65-91687888  
 Alternative Phone No ..... (Home) +65-91687888

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
 Model ..... CROWN ATHLETE 2.5 A  
 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 ..... 2499

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
 Type of Coverage ..... Comprehensive  
 Fleet Policy ..... No  
 Policy Number ..... GA086603/1  
 Cover Note Number ..... -

### DRIVER

Name of Driver ..... Liu Caiping  
 NRIC No ..... SXXXX989H

**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 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;

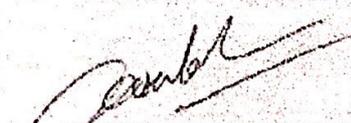
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

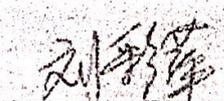
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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

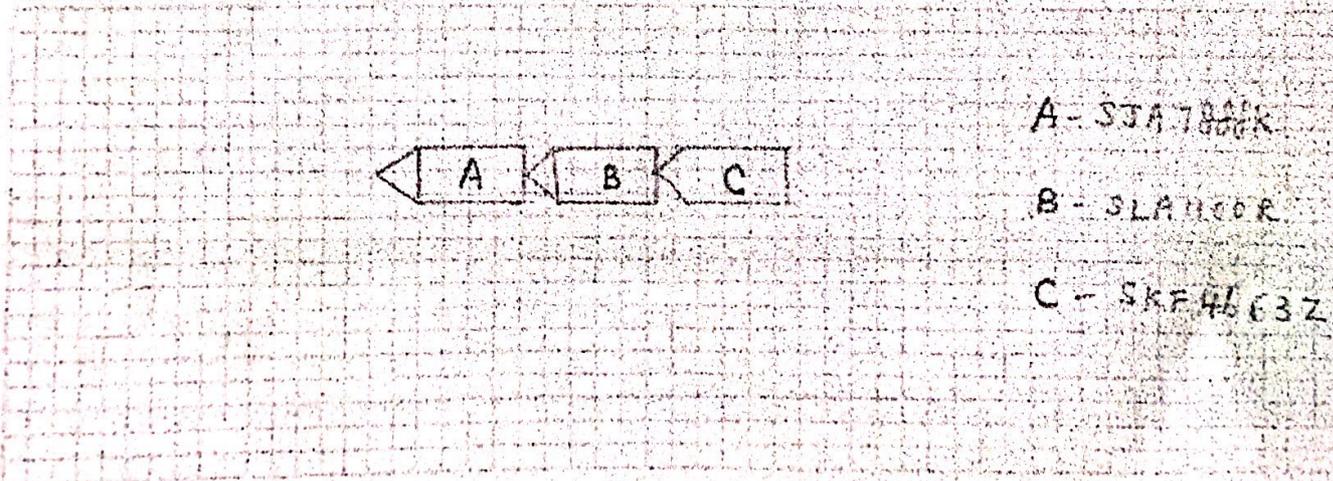
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



◀ [ A ] [ B ] [ C ] ▶

A - SJAT800K  
B - SLAUCOR  
C - SKF46E3Z