ASS. REC. BY: Kenneth | REF: CTL / 21010674/KT

CS/CTI21010674/KTF3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s ST Tme

of 494

Insured: _____

Policy No. DMPCSNW00143742104

Claims No. SNM21D205843/C01/LEWLC

Sum Insured: _____ Excess: 800

(Client's Record) 800.00

Make of Veh: _____

2.30pm

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: 875

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 5-6 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: SJW 747 Yr Regn: 07, 14

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

Make: Audi Q5 Quattro 2.0 1984

Colour M. Grey A/C: Insured / Std / NI / NA

Sp.Reading 112003 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZ8R1EA075437

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 235/55R19

R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	9 mm
L/Bal.	8 mm	L/Bal.	9 mm
D.O.A.	10/10/21	D.O.I.	19/10/2021

Survey held at ✓

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

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

Date / Time	Action / Instruction
/	

LUMP SUM $6150, 5DAYS

RED:1487;70%

5

Date/Time, File Pass to? 1) _____ ☐ : Prell. Report ☐ : 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: _____

Transportation: _____ $ + RS. _____ St

Parking _____

Others _____

Report Format :

Lump Sum / I.B.I: (S _____)

S THREE AUTOMOTIVE RECOVERY PTE LTD REG NO. 201325741R

Not Authorise 11 Sep 8 Pumping After Paint Ex 880 / 5days

TO :
ATTN : MOTOR CLAIM DEPT. T/P VEH. NO. :

ESTIMATE REPORT 1st QUOTATION JOB NO : ______________
OWNER'S PARTICULAR

NAME : THIERRY PAUL HENRI FORICHON CONTACT :
ADDRESS :
LICENSE NO. SJW74Y TRAN: CHASSIS NO :
MAKE / MODEL : AUDI Q5 ENGINE NO :
OWNER'S INSURER :
JOB-CODE : OD S/A : JOEY ACCDENT DATE : 10-Oct-21

CLAIM DETAIL

MATERIALS

		QTY	QUO-PRICE	MARK UP15%		REV. PRICE
1	TAILGATE	1.00	2400.00	15.00	2760.00	✓
2	TAILGATE LOGO	1.00	60.00	15.00	69.00	✓
3	TAILGATE EMBLEM 4TFSI	1.00	40.00	15.00	46.00	✓
4	TAILGATE EMBLEM Q5	1.00	50.00	15.00	57.50	✓
5	TAILGATE RUBBER BEADING	1.00	120.00	15.00	138.00	?
6	TAILGATE INNER TRIM BOARD	1.00	250.00	15.00	287.50	X
7	TAILGATE GLASS WITH MOULDING	1.00	890.00	15.00	1023.50	?
8	TAILLAMP RH	1.00	700.00	15.00	805.00	✓
9	TAILLAMP INNER COVER	1.00	35.00	15.00	40.25	X
10	REAR BUMPER	1.00	900.00	15.00	1035.00	✓
11	REAR BUMPER LOWER	1.00	280.00	15.00	322.00	✓
12	REAR BUMPER WIRING HARNESS FAN SENSOR	1.00	480.00	15.00	552.00	?
13	REAR BUMPER REFLECTOR RH	1.00	200.00	15.00	230.00	✓
14	REAR BUMPER INNER SPONGE	1.00	100.00	15.00	115.00	?
15	REAR BUMPER INNER PLASTIC	1.00	120.00	15.00	138.00	?
16	REAR BUMPER BRACKET LH	1.00	40.00	15.00	46.00	X
17	REAR BUMPER BRACKET RH	1.00	40.00	15.00	46.00	?
18	REAR BUMPER RETAINER LH	1.00	40.00	15.00	46.00	X
19	REAR BUMPER RETAINER RH	1.00	40.00	15.00	46.00	X
20	REAR BUMPER TOWING COVER	1.00	50.00	15.00	57.50	X
21	REAR BUMPER LOWER COVER CENTRE	1.00	280.00	15.00	322.00	?
22	REAR BUMPER REINFORCEMENT	1.00	450.00	15.00	517.50	?
23	REAR END PANEL	1.00	400.00	15.00	460.00	?
24	REAR END PANEL INNER	1.00	400.00	15.00	460.00	X
25	REAR END PANEL INNER CROSSMEMBER	1.00	500.00	15.00	575.00	X
26	REAR END INNER CHROME PANEL	1.00	180.00	15.00	207.00	X
27	REAR END INNER GARNISH	1.00	135.00	15.00	155.25	X
28	EXHAUST PIPE CENTRE	1.00	1800.00	15.00	2070.00	X
29	EXHAUST PIPE MOUNTINGS	1.00	40.00	15.00	46.00	X

30	EXHAUST PIPE CHROME WITH MUFFLER	1.00	1650.00	15.00		1897.50	X
31	EXHAUST HEAT SHIELD	1.00	250.00	15.00		287.50	X
32	KEYLESS SENSOR	1.00	280.00	15.00		322.00	?
33	REAR FENDER INNER SHIELD RH	1.00	120.00	15.00		138.00	X
34	REAR AIR VENT RH	1.00	60.00	15.00		69.00	X
	TOTAL PARTS		**13380.00**			**15387.00**	

SPECIAL NETT ITEM

1	TAILGATE TRIM BOARD CLIPS	1.00	50.00	0.00		50.00	X
2	REVERSE SENSOR 4PCS	1 ~~4.00~~	1120.00	0.00		1120.00	?
3	REAR FENDER INNER TRIM CLIPS	1.00	50.00	0.00		50.00	X
4	REAR FENDER INNER SHIELD CLIPS	1.00	50.00	0.00		50.00	X
5	REAR BUMPER CLIPS	1.00	50.00	0.00		50.00	✓
6	REAR NO PLATE	1.00	50.00	0.00		50.00	X
7	REAR TAILGATE GLASS SEALANT	1.00	50.00	0.00		50.00	40/m
8	REAR TAILGATE GLASS INNER SEAL	1.00	50.00	0.00		50.00	30/m
9	REAR TAILGATE GLASS CLEANER & PRIMER	1.00	50.00	0.00		50.00	X
	TOTAL (PARTS) :		**1520.00**			**1520.00**	

LABOUR

1	STRENGTHEN & PANEL BEAT ACCIDENT AREA	1.00	1400.00	0.00		1400.00	500-700 ?
2	SPRAY PAINTING ON AFFECTED AREA	1.00	1400.00	0.00		1400.00	800
3	R&R TAILGATE COMPONENTS	1.00	180.00	0.00		180.00	60
4	R&R AND RESET REVERSE SENSOR	1.00	150.00	0.00		150.00	60
5	R&R EXHAUST PIPE SYSTEM	1.00	280.00	0.00		280.00	X
6	R&R INNER TRIM & CARPET TO REPAIR	1.00	150.00	0.00		150.00	?
7	RESPRAY KOTO TUFF ON ACCIDENT AREA	1.00	180.00	0.00	NZ	180.00	X
8	CHECK WIRING SYSTEM	1.00	80.00	0.00		80.00	20
9	R&R REAR TAILGATE GLASS	1.00	150.00	0.00		150.00	120
11	R&R CARPET, SEATS & TRIM TO ASSIST REPAIR	1.00	120.00	0.00		120.00	X
	TOTAL (LABOUR) :		**4090.00**			**4090.00**	
	TOTAL PARTS & LABOUR		**18990.00**			**20997.00**	

EXCESS : : S$ 800

NO. OF DAY : 5-6 days

RE-SURVEY : ~~BEFORE~~ / AFTER PAINTING

PART-~~BY-PART~~ OR LUMP-SUM : S$

DATE OF SURVEY : 19 / 10 / 21

SURVEY BY :

CONTACT NC : FAX NO :

NOTE : LUMP-SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED.

30	EXHAUST PIPE CHROME WITH MUFFLER	1.00	1650.00	SM	15.00	1897.50	X
31	EXHAUST HEAT SHIELD	1.00	250.00	M	15.00	287.50	X
32	KEYLESS SENSOR	1.00	280.00		15.00	322.00	?
33	REAR FENDER INNER SHIELD RH	1.00	120.00	SM	15.00	138.00	X
34	REAR AIR VENT RH	1.00	60.00	SM	15.00	69.00	X
	TOTAL PARTS		**13380.00**			**15387.00**	

SPECIAL NETT ITEM

1	TAILGATE TRIM BOARD CLIPS	1.00	50.00		0.00	NM 50.00	X
2	REVERSE SENSOR 4PCS	1 ~~4.00~~	1120.00		0.00	1120.00	?
3	REAR FENDER INNER TRIM CLIPS	1.00	NM 50.00		0.00	50.00	X
4	REAR FENDER INNER SHIELD CLIPS	1.00	NM 50.00		0.00	50.00	X
5	REAR BUMPER CLIPS	1.00	NM 50.00		0.00	50.00	✓
6	REAR NO PLATE	1.00	SM 50.00		0.00	50.00	X
7	REAR TAILGATE GLASS SEALANT	1.00	NM 50.00		0.00	50.00	40 SM
8	REAR TAILGATE GLASS INNER SEAL	1.00	NM 50.00		0.00	50.00	30 SM
9	REAR TAILGATE GLASS CLEANER & PRIMER	1.00	NM 50.00		0.00	50.00	X
	TOTAL (PARTS) :		**1520.00**			**1520.00**	

LABOUR

1	STRENGTHEN & PANEL BEAT ACCIDENT AREA	1.00	1400.00		0.00	1400.00	500 - 700 ?
2	SPRAY PAINTING ON AFFECTED AREA	1.00	1400.00		0.00	1400.00	800
3	R&R TAILGATE COMPONENTS	1.00	180.00		0.00	180.00	60
4	R&R AND RESET REVERSE SENSOR	1.00	150.00		0.00	150.00	60
5	R&R EXHAUST PIPE SYSTEM	1.00	280.00		0.00	280.00	X
6	R&R INNER TRIM & CARPET TO REPAIR	1.00	150.00		0.00	150.00	?
7	RESPRAY KOTO TUFF ON ACCIDENT AREA	1.00	180.00	NZ	0.00	180.00	X
8	CHECK WIRING SYSTEM	1.00	80.00		0.00	80.00	20
9	R&R REAR TAILGATE GLASS	1.00	150.00		0.00	150.00	120
11	R&R CARPET, SEATS & TRIM TO ASSIST REPAIR	1.00	120.00		0.00	NM 120.00	X
	TOTAL (LABOUR) :		**4090.00**			**4090.00**	
	TOTAL PARTS & LABOUR		**18990.00**			**20997.00**	

EXCESS : : S$ 800/-
NO. OF DAY : 5-6 days
RE-SURVEY : ~~BEFORE~~ / AFTER PAINTING
PART-BY-~~PART~~ OR LUMP-SUM : S$
DATE OF SURVEY : 19 / 10 / 21
SURVEY BY :
CONTACT NC : FAX NO :
NOTE : LUMP-SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED.

Your NCD will be affected due to late reporting

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 witholding 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	13/10/2021 15:29 (SGT)
Date of Accident	10/10/2021 16:30 (SGT)
Exact Location of Accident	Merchant Rd, Singapore
Additional Location Information	Merchant Road Riverside Building Basement carpark
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW74Y

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Thierry Paul Henri Forichon
NRIC No	S2684494J
Email Address	thierry_forichon@yahoo.fr
Mobile Phone No	(Phone) +65-96246992
Alternative Phone No	(Home) +65-96246992

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q5
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00143742104
Cover Note Number	-

DRIVER

Name of Driver	Thierry Paul Henri Forichon
NRIC No	S2684494J

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
	13/10/21	

Sketch Plan