

ASS. REC. BY:

REF:

AIG/21011409/K+

C

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:

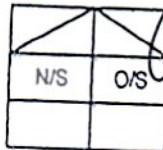
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05

days

Res.:

Yes or No

Lum Sum:

20

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

12/28

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

STV 1413B

Yr Regn:

01, 10

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

Truck / Traller or

Make:

Kia Cerato

c.c

1591

Colour

M. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

279/400

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KNAFW411MA5174972

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/55R16

R:

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

Kumo

Front

Rear

R/Bal.

8

mm

R/Bal.

6

mm

L/Bal.

8

mm

L/Bal.

6

mm

D.O.A.

6/11/21

D.O.I.

9/11/2021

Survey held at

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

O/S FR & UIC

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1 EST not ready

12/11/21 Rep @ 36000 Curb

804.48;14%

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation

S - RS - SI

F. & S.

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

INVOICE

RC AUTO

Not Authorised
 L1 Rep @ 3600p
 Resurvey After Paint
 4 days

160 Sin Ming Drive #06-20 Sin Ming Autocity Singapore 575722
 Tel : 97619383 Email: rcauto5555@gmail.com
 Reg. No. 53199168K

SJV 1413 B

Date : 11.11.2021

Quantity	Description/Particular	Unit Price	Amount	
	FRONT FENDER		B1 476	54 ✓
	FRONT FENDER COWLING		D17 96	00 ✓
	FRONT BUMPER 620		B1 670	00 ✓
	FRONT DOOR 852		B1 980	00 ✓
	FRONT DOOR STICKER		na 68	00 ✓
	FRONT ABSORBER		B1 370	00 ✓
	FRONT LOWER ARM 374.90		D17 460	00 ✓
	FRONT KNUCKLE ARM		B1 340	00 ✓
		TOTAL	3460	64
		LESS10	3114	48
	WHEEL ALIGNMENT		60	00 ✓
	TO RESPRAY JOB		500	00 ✓
	TO RENEW UNDERCARRIAGE		250	00 200d
	SPORTS RIM		Rd 450	00 ✓ 350sn
	TO CHECK WIRING		30	00 20d
	Panel Acrylic		650	00 550d ✓
			4404	48

Received the above goods in good order and condition

for RC AUTO

Received by

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:

Authorised Signature



SJV1413B

Kia : Cerato/Forte TD (Modified Specification)
4-Wheel Total Alignment

Front : Left

Actual	Before	Specified Range
-1°20'	-1°21'	-1°30' -0°30'
4°22'	4°22'	3°53' 4°53'
-0°01'	-0°10'	-0°05' 0°05'
14°15'	14°16'	13°07' 14°07'
12°55'	12°55'	11°37' 13°37'

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Front : Right

Actual	Before	Specified Range
-1°00'	-0°56'	-1°30' -0°30'
4°30'	4°30'	3°53' 4°53'
0°01'	-0°22'	-0°05' 0°05'
13°35'	13°31'	13°07' 14°07'
12°35'	12°35'	11°37' 13°37'

Front

Cross Camber
Cross Caster
Cross SAI
Total Toe
Cross Turn Diff.

Actual	Before	Specified Range
-0°20'	-0°24'	
-0°09'	-0°09'	
0°40'	0°45'	
0°00'	-0°32'	-0°09' 0°09'

Rear : Left

Actual	Before	Specified Range
-1°47'	-1°50'	-2°00' -1°00'
0°14'	0°12'	0°06' 0°15'

Camber
Toe

Rear : Right

Actual	Before	Specified Range
-1°31'	-1°27'	-2°00' -1°00'
0°14'	0°13'	0°06' 0°15'

Rear

Cross Camber
Total Toe
Thrust Angle

Actual	Before	Specified Range
-0°16'	-0°23'	
0°28'	0°25'	0°11' 0°30'
0°00'	0°00'	



SJV1413B

Kia : Cerato/Forte : 2009-13 (TD)
4-Wheel Total Alignment

Front : Left

Actual	Before	Specified Range
-1°18'	-1°18'	-1°08' -0°08'
4°25'	4°25'	3°53' 4°53'
-0°42'	-0°42'	-0°05' 0°05'
14°09'	14°09'	13°07' 14°07'
12°50'	12°50'	11°59' 13°59'

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Front : Right

Actual	Before	Specified Range
-2°20'	-2°21'	-1°08' -0°08'
4°36'	4°36'	3°53' 4°53'
-0°27'	-0°27'	-0°05' 0°05'
15°00'	15°01'	13°07' 14°07'
12°40'	12°40'	11°59' 13°59'

Front

Cross Camber
Cross Caster
Cross SAI
Total Toe
Cross Turn Diff.

Actual	Before	Specified Range
1°02'	1°03'	
-0°11'	-0°11'	
-0°52'	-0°53'	
-1°09'	-1°09'	-0°09' 0°09'

Rear : Left

Actual	Before	Specified Range
-1°53'	-1°53'	-2°00' -1°00'
-0°10'	-0°10'	0°06' 0°15'

Camber
Toe

Rear : Right

Actual	Before	Specified Range
-1°28'	-1°28'	-2°00' -1°00'
0°35'	0°35'	0°06' 0°15'

Rear

Cross Camber
Total Toe
Thrust Angle

Actual	Before	Specified Range
-0°25'	-0°24'	
0°25'	0°25'	0°11' 0°30'
-0°22'	-0°23'	



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	08/11/2021 15:31 (SGT)
Date of Accident	06/11/2021 18:06 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 3, Singapore
Additional Location Information	after the traffic light of AMK Ave 3 under the CTE bridge
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV1413B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Ong Tau Fatt
NRIC No	S1132168B
Email Address	samongtf@gmail.com
Mobile Phone No	(Phone) +65-96666425
Alternative Phone No	(Home) +65-96666425

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5115111142
Cover Note Number	-

DRIVER

Name of Driver	Ong Tau Fatt
NRIC No	S1132168B



Date Of Birth	26/02/1955
Occupation	Outdoor
Date Of Driving Pass	29/11/1978
Driving experience	43 YEARS
Gender	Male
Mobile Number	(Phone) +65-96666425
Alt. Phone Number	(Home) +65-96666425
Email Address	samongtf@gmail.com
Address	Blk 303 Shunfu Road #10-49
Address complement	-
Postcode	570303
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

refer attached report.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK9352Z
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Lancer
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Mohamed Fazly Bin Rosli
NRIC No	S8227431F
Contact Number	(Phone) +65-93887087
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident

On Saturday 06-11-21 at around 1800hrs I moving my car slowly to the next traffic light after the green light this car SSIC 9352 Z drove into my lane and hit my driver side front area (front wheel) causing damages to my car and door and front body.

Declaration

We declare the foregoing particulars are true in every respect.

Signature
Policyholder's Signature / Date & Time
06/11/21 1800hrs

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

Witnessed by Reporting Centre Personnel

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:

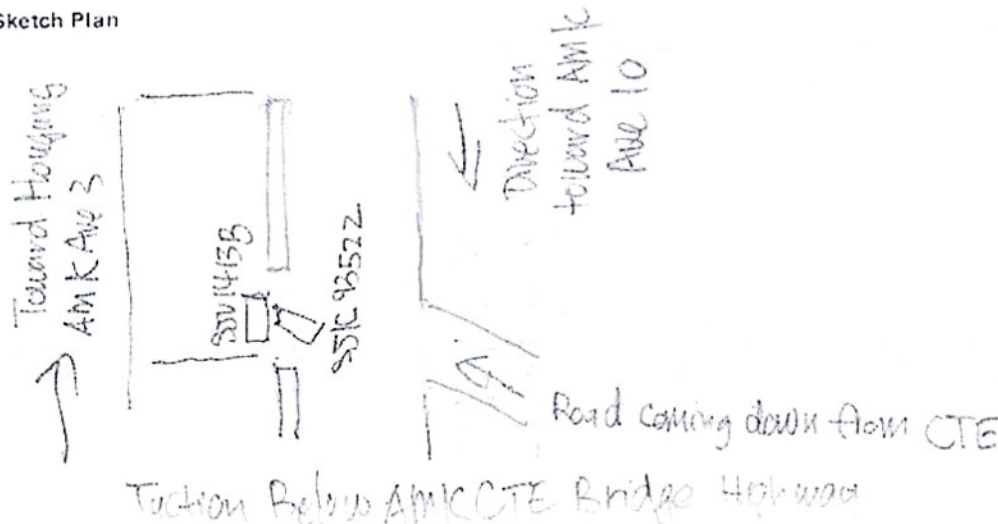
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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
 [Signature] / 03-11-21

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

Witnessed by Reporting Centre Personnel

Sketch Plan



**CHAN RONG FEN BUILDING CONSTRUCTION PTE LTD**

Address 3 Little Road #05-01/02 CRF Building Singapore 536982

Tel: 6256 8115 Fax: 6256 2520

Co. Reg No. : 200010796W

PAYMENT VOUCHER**PROJECT: N6C17/18 @ TAMPINES****R002****RC AUTO*****rcauto5555@gmail.com*****9761 9383****BANK****ACC NO****STAND CHARL 0105149179**

S/N	DATE	INV NO :	NETT	GST	AMOUNT
1	09/09/2021	7393	\$ 100.00	\$ -	\$ 100.00

TOTAL	\$ 100.00
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(100)

PAY TO : RC AUTO**Account :** CRF Cash/Cheque No. BOC 227748 ^{Q. Cheque} Voucher No. 09/11/2021 Date 09/11/2021**The Sum of Dollars : One Hundred Only****Checked by GM :** [Signature]**Payment Approved by :** [Signature]
Director / Date 9xpr/0912**Please do sign with Company's stamp and fax back to us.***Acknowledge of Receipt**

Hereby we acknowledged of the receipt of the abovementioned cheque for payment of invoice(s) by fax this acknowledgement to you at fax number +(65) 6256 2520

Prepared by : JASMINE (Account Dept)**Date of prepared : 19/10/2021****RC AUTO**