ASS. REC. BY: Kenneth

REF: AG-21 / 21012926 / Kt

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Accord

of _____

Insured: _____ CBD1

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 Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 07 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP / 24 HRS

Date: 04/22 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJS7292J Yr Regn: 08, 09

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

Truck / Trailer or (A) : MPV

Make: Toy Wish c.c 1797

Colour M.P.White A/C: Insured / Std / NI / NA

Sp.Reading 190339 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZGE20 - 0013799

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: 205/55R16

R: _____

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	8 mm
L/Bal.	4 mm	L/Bal.	8 mm
D.O.A.	17/12/21	D.O.I.	23/12/2021

Survey held at ✓

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

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

Date / Time	Action / Instruction
/	LUMP SUM 4150, 7DAYS
	RED:7652.66;64%

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 7

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

Survey Fee: _____

Transportation: _____ S + RS _____ SI

Parking _____

Others _____

TOTAL _____

Not Authorise L/Bump & Recovery After Paint 7days

ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A
#03-11 AMK Autopoint Singapore 568047
Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

ESTIMATE

Auto & General Insurance (Singapore) Pte Ltd
Singapore Shopping Centre
190 Clemenceau Ave #03-01
Singapore 239924
Attn: Accident Claims Department

Date : 20.12.2021
Vehicle No : SJS7292J
Veh Make/Model : Toyota Wish 1.8X A
YOM : 2009
Chassis No : ZGE200013799
Date of Accident : 17.12.2021

No	Qty	Description	Amount $	
		List Items:-		
1	1	Rear Bumper	$ 627.30	✓
2	1	Rear Bumper Side Retainer RH (Short)	$ 97.40	✗
3	1	Rear Bunper Side Retainer RH (Long)	$ 46.00	✗
4	1	Rear Lamp RH	$ 263.80	✗
5	1	Rear RH Fender	$ 1,072.80	✓
6	1	Rear RH Fender Shield	$ 67.00	✗
7	1	Rear RH Fender Glass Moulding	$ 592.90	?
8	1	RH Rocker Panel	$ 589.20	✗
9	1	RH Side Skirt	$ 1,382.00	✗
10	1	Rear Absorber	$ 187.20	?
11	1	Rear Absorber Spring	$ 387.60	?
12	1	Rear Absorber Mounting	$ 180.20	?
13	1	Rear Absorber Dust Cover	$ 86.90	✗
14	1	Rear RH Door	$ 1,000.40	✓
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

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:

Total - List Item	$ 6,580.70
Less 25%	$ 1,645.18
Total	$ 4,935.53

ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A
#03-11 AMK Autopoint Singapore 568047
Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

ESTIMATE

Auto & General Insurance (Singapore) Pte Ltd
Singapore Shopping Centre
190 Clemenceau Ave #03-01
Singapore 239924
Attn: Accident Claims Department

Date :	20.12.2021
Vehicle No :	SJS7292J
Veh Make/Model :	Toyota Wish 1.8X A
YOM :	2009
Chassis No :	ZGE200013799
Date of Accident :	17.12.2021

No	Qty	Description	Amount $	
		Special Nett Items:-		
1	1	Rim	$ 1,000.00	28osn
2	1	Tyre		X
3	Set	Rear Bumper Clips	$ 45.00	—
4	Set	Rear Fender Glass Sealant	$ 80.00	40sn
5	Set	Rear Fender Shield Clips	$ 45.00	X
6	Set	Rear Inner Compartment Clips	$ 45.00	X
7	1	Rear Bumper Lower Spoiler	$ 1,200.00	700sn
		Total - SN Item	$ 2,415.00	
		Labour Charges:-		
1		Spray painting on all affected area.	$ 1,200.00	1000
2		Labour remove/refix accident damages parts to knock, jack, cut weld and realign accident affected area.	$ 1,200.00	800
3		To apply anti rust treatment.	$ 120.00	60
4		To check wiring system & light.	$ 100.00	20
5		To Check & Adjust Wheel Alignmnet	$ 100.00	60
6		To Remove/Refix Rear Tyre & Rim & Undercarrige Replacement	$ 280.00	7
7		To Remove/Refix Rear Inner Compartment & Rear Car Seat to Facilities	$ 180.00	100
8		To Check Water Leaking	$ 100.00	20
9		To Remove/Refix Rear RH Fender Glass For Repalce Fender	$ 250.00	60
10		To Remove/Refix Rear RH Window Glass, Mechanism & ETC To New Door	$ 150.00	60
		Total - L/C	$ 3,680.00	
		Sub-Total	$ 11,030.53	
		7% GST	$ 772.14	
		Total	$ 11,802.66	

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	17/12/2021 16:55 (SGT)
Date of Accident	17/12/2021 10:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES CENTRAL 7
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS7292J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG WEI MENG
NRIC No	S7278080I
Email Address	WONG.NORBU@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-90013455
Alternative Phone No	+65-90013455

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	WISH 1.8X 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	1797

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10389265R01
Cover Note Number	01/03/2021 - 28/02/2022

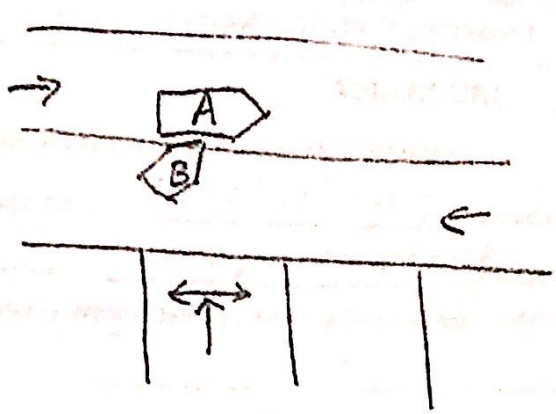
DRIVER

Name of Driver	WONG WEI MENG
NRIC No	S7278080I

Date of accident: 17/12/2021 Time: 10.20am Location: Tampines Central 7

My Vehicle A: SJS7292J Vehicle B: SGX4897T Vehicle C:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 10.20am, I am driving along Tampines Central 7. Suddenly vehicle SGX4897T change from opposite road and knock on my side door.

Veh B: Emeline Tuan Shi-Jun Li
S1828519C.

☐ Claim OD/TP at Ah Lim Motor ☑ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :
My workshop :
Email address :
& myself :
Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: