

ASS. REC. BY: Steve

REF: CS/SMR22000684/ET4

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.

Bel. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKX 53226 Yr Regn: 17/12/15

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

Truck / Trailer or

Make: Volkswagen Sportvan c.c. 1395

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: 14752 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WVWZ22AU2GWL0473

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/45R17

R: 1

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

TOYO / YOKO or

Front 5 mm Rear 5 mm

R/Bal. 5 mm L/Bal. 5 mm

D.O.A. 10/1/22 D.O.I. 25/1/22

Survey held at Wah Hong

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, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

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

☐ : Prell. Report
☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL



Wah Hong Motors & Credit Pte Ltd

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

Email: motor@wahhong.sg

(199806235M)

Vehicle No. SKX5322G VOLKSWAGEN SPORTSVAN 1.4 AT AM13HZ CL

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QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(S\$)	SURVEYOR'S ADJUSTMENT
PARTS (LIST ITEMS)				
1	Rear bumper / BR		1678.00	
2	Rear bumper side bracket LH/RH @2*\$101 ?		202.00	
1	Rear reinforcement ?		678.00	
2	Rear reverse sensor Qty:02*\$201 (LH) ?		402.00	
1	Boot lid emblem "TSI" / MC		134.00	
1	Boot lid emblem "Bluemotion" / MC		124.00	
1	Rear bumper center top bracket ?		181.00	
1	Boot lid (Repair refer to labour) X R		0.00	
Part Items Total:			3399.00	
			-10% -339.90	
			3059.10	
SPECIAL NETT ITEMS				
1	Rear bumper clips		35.00	30 MC
SN Items Total:			35.00	
Total Parts			3094.10	

- LKK Auto Consultants hereby 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 is allowed
 - Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:



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Enterprise Hub 38 Toh Guan Road East #01-57 5(608581)
Email: motor@wahhong.sg
(199806235M)

Vehicle No. SKX5322G VOLKSWAGEN SPORTSVAN 1.4 AT AM13HZ CL

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S/N	DESCRIPTION	REPAIRER'S ESTIMATE (\$\$)	SURVEYOR'S ADJUSTMENT
1	LABOUR To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas and replace the damaged parts and components	800.00	200
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	600.00	400
3	To perform anti-rust treatment on affected areas	60.00	30
4	To remove and repair/refit wiring system at accident damaged area and check for all electrical proper function	60.00	30
5	To remove and replace rear reverse sensor	100.00	30
Labour Total :		1620.00	
TOTAL (PARTS & LABOUR):		4714.10	

Steve (LKK)
25/1/22, 11.30am

WZ AL
3 djs
L/K
WZ AL Y

UC 1322

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	11/01/2022 17:37 (SGT)
Date of Accident	10/01/2022 19:05 (SGT)
Exact Location of Accident	Near Heavy Veh Pk, Singapore
Additional Location Information	WOODLANDS ROAD TWDS STAGMONT RING
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX5322G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH KAI MENG
NRIC No	SXXXX909I
Email Address	LOHKAIMENG@GMAIL.COM
Mobile Phone No	(Phone) +65-93692208
Alternative Phone No	+65-93692208

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	SPORTSVAN 1.4
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	1395

INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MP311322
Cover Note Number	-

DRIVER

Name of Driver	LOH KAI MENG
NRIC No	SXXXX909I

Date Of Birth	10/09/1962
Occupation	Indoor
Date Of Driving Pass	03/08/1981
Driving experience	40 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93692208
Alt. Phone Number	+65-93692208
Email Address	LOHKAIMENG@GMAIL.COM
Address	BLK 52 YEW MEI GREEN #09-23
Address complement	-
Postcode	689575
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 - Head to Rear
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 TO SKETCH PLAN

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	SMB3559X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	SANKAR SELVARAJAN
Contact Number	-
Address	-
Address complement	-

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

SKETCH PLAN

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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] 11/1/22
Policyholder's Signature / Date &
Time 3:30 pm

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Woodlands Road

A - SKX 5322A

B - SMB 3559X

Describe Circumstances of the Accident

On 10th Jan 2022, I was driving along Woodlands Road towards my home, time was around 1920. I started my car as there was a car in front of me turning into Woodmont Ring Road. I saw it but behind me I got into my car's rear.

Declaration

We declare the foregoing particulars are true in every respect.

 11/1/22

Policyholder's Signature / Date & Time 1530

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



Witnessed by Reporting Centre Personnel