

ASS. REC. BY: Steve REF: CS/CT/22000950/EXY3

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.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____
IDAC Accident Rpt: _____ 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: SLC9798P Yr Regn: 31/5/16
Type: ☒ M.Cap / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /
Truck / Trailer or
Make: Subaru Forester c.c. 1998
Colour: Silver A/C: Insured / Std / NI / NA
Sp. Reading: 102758 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JF15JGK8566072738
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modl: NII / S/Rim / STD A/Rim or
Tyre Size: F: 225/55R18
R: 11
BS / DUN / EXNOVA / GY / FS / LIZA / ☒ MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front Rear
R/Bal. 5 mm R/Bal. 5 mm
L/Bal. 5 mm L/Bal. 5 mm
D.O.A. 17/1/22 D.O.I. 27/1/22
Survey held at Motor Image
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front LH
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MV-62K</u>

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

Date/Time, File Return to?
2) _____

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

Days Of Repair: _____
Resurvey No. of Trip: _____

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

Survey Fee:	
Transportation:	
\$ + RS. SI	
Photos	
Others	
TOTAL	

Estimate

Date 01 / 24 / 2022

001 / 001

Name	SLC9798P	Tel (Home)	
Address		Tel (Office)	
E-Mail		Tel (Portable)	
		Fax	
		Model Name	S13
		Body Model	SJGDKK8
		Vin-Code	JF1SJGK85GG072238

Part Number	Part Code Name	Part Code	Q'ty	Price
84002SG232	LAMP ASSEMBLY-HEAD LEFT / OR	FIG-840 84001B	1	2,380.00
86636SG350TQ	COVER ASSEMBLY-LAMP WASHER NOZ ZLE, LEFT ?	FIG-877 866360A	1	55.50
86636SG371	NOZZLE-LAMP WASHER, LEFT ?	FIG-877 866360	1	81.40
57709SG011	BUMPER FACE-FRONT / OO	FIG-590 57704	1	610.50
57731SG130	COVER-FRONT BUMPER, LEFT ?	FIG-590 57731B	1	13.00
57731SG090	COVER-FOG LIGHT, LEFT / FMT	FIG-590 849530	1	44.40
57707SG030	BRACKET-FRONT BUMPER SIDE, LEFT / OR	FIG-590 57707G	1	13.00
57707SG010	BRACKET-FRONT BUMPER CORNER, LEFT ?	FIG-590 57707AG	1	37.00
57722SG020	ENERGY ABSORBER-FRONT BUMPER ?	FIG-590 57705	1	129.50
57120SG0309P	Fender Front Left / OO	Page-Total	1	277.50
		Sub-Total		
		Total		3,364.30
		Tax		0.00
		Grand Total		3,364.30

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray paint
- 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:

Grand Total

3641.80

Tel

http://localhost:58089/subaru-epc/printpreview_page.html?_ver=20200608013153155

1/24/2022



19 Lorong 8 Toa Payoh
Singapore 319255



ESTIMATE / QUOTATION COST OF ACCIDENT REPAIR

REG NO: SLC9798P	MODEL : FORESTER 2.0XT AWD CVT
REF NO:	YEAR: 31-MAY-2016
ENGINE NO: FA20A930996	CHASSIS NO: JF1SJGK85GG072238
DOA: 17/01/2022	TOA: 1700 HRS
TYPE OF CLAIM: 3 RD PARTY	INS COMPANY: CHINA TAIPING

S/N	NATURE OF JOB	AMOUNT
1.	TO REMOVE AND REPLACE FRONT BUMPER, ENERGY ABSORBER, LHS FOG LAMP COVER <i>2 x S60</i>	\$1740.00 <i>1120</i>
2.	TO RESPRAY FRONT BUMPER, ENERGY ABSORBER AND LHS FENDER <i>441 X 2</i>	\$1440.00 <i>880</i>
3.	TO CONDUCT FRONT LIGHTING TEST	\$150.00 <i>/</i>
4.	SUNDRIES	\$100.00 <i>20</i>
5.		
6.		
7.		
8.		
9.		
10.		
Total Labour		\$3430.00

stevechen@lkk.com

DATE APPROVAL:	
TIME APPROVAL:	
SURVEY BY:	<i>Steve (LKK)</i>
HP / EMAIL:	<i>27/1/22</i>
BEFORE PAINT:	<i>4 dgs</i>
DAYS GIVEN:	<i>P/P</i>

By B.L. Ly

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	18/01/2022 15:54 (SGT)
Date of Accident	17/01/2022 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 475 JURONG WEST STREET 41, OSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC9798P
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KWAN WEI HOONG
NRIC No	S7731109B
Email Address	KWANWEIHOONG@GMAIL.COM
Mobile Phone No	(Phone) +65-96918399
Alternative Phone No	+65-96918399

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
Variant	XT
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	2000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117988463-01
Cover Note Number	-

DRIVER

Name of Driver	KWAN WEI HOONG
NRIC No	S7731109B

Date Of Birth	10/11/1977
Occupation	Indoor
Date Of Driving Pass	11/03/2004
Driving experience	17 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96918399
Alt. Phone Number	+65-96918399
Email Address	KWANWEIHOONG@GMAIL.COM
Address	BLK 475 JURONG WEST STREET 41 #04-370
Address complement	-
Postcode	640475
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	Collided into Parked Vehicle
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)	0
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?	Yes
Police Station Name	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT : J/20220118/7042 AND SKETCH PLAN

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	SKN7255G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle


Name of Driver	-
Contact Number	-
Address	(Phone) +65-92333470
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


 Policyholder's Signature

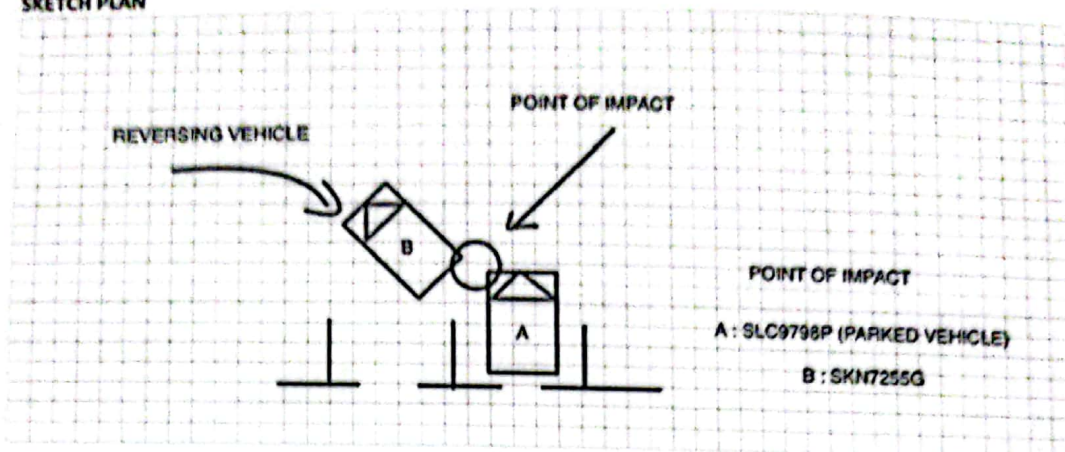
 Date & Time: 18/01/2022
1600HRS

Driver's Signature

 (If driver is not the policyholder)
 Date & Time:


 Reporting Centre Personnel's Signature

 Name: VINCENT SOH
 NRIC/FIN No.: S991138



REFER TO POLICE REPORT : J/20220118/7042

REFER TO POLICE REPORT : J/20220118/7042

I/We declare the foregoing particulars are true in every respect.

Reporting Centre Personnel's Signature
Name: VINCENT SOH
NRIC/FIN No.: S991138



**SINGAPORE
POLICE FORCE**



J/20220118/7042

1 of 1

POLICE REPORT (NP299)

Report No. J/20220118/7042

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7910000

Date/Time Report Made 18/01/2022 12:47	Vide Report No.	Station Diary No.
Name Of Informant KWAN WEI HOONG	Address 475 JURONG WEST STREET 41 #04-370 SINGAPORE 640475	
ID Type / ID No. NRIC NO / S7731109B	Contact No. Home/Office: Mobile: 96918399	
Nationality SINGAPORE CITIZEN	Email Address KWANWEIHOONG@GMAIL.COM	
Occupation Graphic designer	Sex Male	Age 44
Institution/School Name	Date of Birth 10/11/1977	Race Chinese
Date/Time Of Incident 17/01/2022 17:00 - 17/01/2022 18:00	Language English	
	Location Of Incident 475 JURONG WEST STREET 41 #04-370 SINGAPORE. 640475	

Brief details.

An ambulance SKN7255G bang into the front left side of my car SLC9798P which was parked in the parking lot. Nobody was in the car and a note was left by the driver of the ambulance.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/01/2022 12:47
Officer In-Charge Of Case:	Classification Of Case: