

ASS. REC. BY:

REF:

A161

Kenneth

## 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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

06/30

Person Contacted:

Vehicle: IN / OUT

Veh No:

SGT108L

Yr Regn:

06, 10

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

Truck / Trailer or

Make:

Lexus

15250

C.C.

2500

Colour

M. P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

132475

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JT14BK 262405123816

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R: 225/45R17

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

TOYO / YOKO or

Front

Rear

R/Bal.

3

mm

R/Bal.

4

mm

L/Bal.

3

mm

L/Bal.

4

mm

D.O.A.

19/3/22

D.O.A.

17/3/2022

Survey held at

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

O/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

# ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

Vehicle Insured : SJN1198P  
Accident Date : 14-Mar-2022

Our Ref : 022045 (AIG) / CHAN

ONG KOK KIANG  
BLK 690D CHOA CHU KANG CRESCENT  
#22-76  
Singapore 684690

No. : 06554

Date : 16-Mar-2022

PAGE : 1

*Not with hold  
11/12/22  
Penny Ate Peim  
4 days*

## ESTIMATED COST OF REPAIR FOR LEXUS IS250 SGT168L

1 pc Front o/s fender  
1 pc Front bumper fascia  
1 pc Front o/s bumper side retainer

*Bu* 1,063.70  
*Bu* 752.80  
*Diy* 148.90

1,965.40

Less 10% : 196.54

1,768.86

To putty and spray replaced parts

500.00 *4401*

To remove, cut-out damaged parts,  
panel beating, welding, align,  
refix and to renew above parts

400.00 *3801*

Total : S\$ 2,668.86

Singapore Dollars Two Thousand Six Hundred and  
Sixty Eight and Cents Eighty Six Only

### 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:



# 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 ..... 16/03/2022 15:57 (SGT)  
Date of Accident ..... 14/03/2022 20:40 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... GOLDEN MILE TOWER CARPARK LEVEL 3  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGT168L  
INSURED/POLICYHOLDER .....  
Is company? ..... No  
Name Of Registered Owner ..... ONG KOK KIANG  
NRIC No ..... SXXXX112B  
Email Address ..... handytpt@hotmail.sg  
Mobile Phone No ..... (Phone) +65-96958680  
Alternative Phone No ..... +65-96958680

## VEHICLE PARTICULARS

Manufacturer ..... Lexus  
Model ..... Is250  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 2500

## INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D21MTPV01017124  
Cover Note Number ..... -

## DRIVER

Name of Driver ..... ONG KOK KIANG  
NRIC No ..... SXXXX112B

Date Of Birth ..... 06/12/1961  
 Occupation ..... Outdoor  
 Date Of Driving Pass ..... 29/05/1979  
 Driving experience ..... 42 YEARS AND 10 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-96958680  
 Alt. Phone Number ..... +65-96958680  
 Email Address ..... handytpt@hotmail.sg  
 Address ..... APT BLK 690D CHOA CHU KANG CRESCENT #22-76  
 Address complement .....  
 Postcode ..... 684690  
 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 .....  
 Weather Conditions ..... Hit and run / Vandalism / Damaged whilst parked  
 Road Surface ..... Clear  
 ..... 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) ..... 3  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... No

#### PASSENGER 1

Name ..... LAU ENG MUI  
 Gender ..... Female

#### PASSENGER 2

Name ..... ONG SHU WUN CHERYL  
 Gender ..... Female

#### 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? ..... No  
 Was there any audio recorded? ..... No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SJN1198P  
 Vehicle Manufacturer .....



## 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 judgement 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.

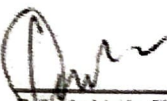
#### 5. Consent under the Personal Data Protection Act (PDPA)

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.

### CITY AUTO PTE LTD

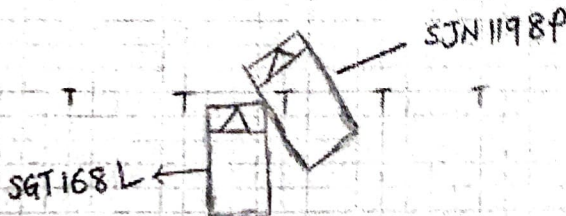
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
Witness (City Auto Section)  
Personnel

  
Policyholder's Signature / Date & Time

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

### Sketch Plan

Golden Mile Tower CP Level 3





**Describe Circumstances of the Accident**

On the 14/03/2012, 5.40pm, at Golden Mile Tower car park level 3, I had parked my vehicle in a parking lot next to vehicle SJN1188P. As I notice that he was already in his vehicle at that point of time, I remained in my vehicle to wait for him to move off before I alight. However, as he was moving off, his vehicle hit the front right portion of my vehicle (SHT168L). We exchanged particulars and attempted to private settle but to no avail therefore I am making this insurance report and claim now.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state:

☐ Claim Own policy

☐ Claim Third Party

☒ Claim OD/TP at other workshop


☐ Reporting Only

**Declaration**

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

**CITY AUTO PTE LTD**  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6463-1234 Fax: 6463-7044  
Witnessed by:  (Claims Section)  
Personnel