

ASS. REC. BY:

REF:

Atk / 220025701Kg
C17

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

Pin 1 kg long
5032 - 01-305

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

1500

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

\$ 95K

IDAC Accident Rpt:

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

0077

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

/ Est not ready

Tan Wue Yaw (Mitsubaki) 96196637

2116 21 Rmg @ 16, 200k, submit (repair cost not conclude)

Date/Time, File Pass to?



: Prell. Report

1) 0619 11/11/2021



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 7

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

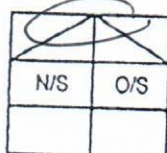
Parties

Others

TOTAL

Report Format :

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



Veh No:

SGR 4854.45

Yr Regn:

02, 07

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

Truck / Trailer or

Make:

Mitsubaki Galvaco 2495

Colour:

M. Silver

A/C: Insured / Std / NI / NA

Sp. Reading

200897

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Y50

152782

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/55R17

R:

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

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

10/3/22

D.O.I.

21/3/2022

Survey held at

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

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

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	10/03/2022 16:08 (SGT)
Date of Accident	08/03/2022 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHEPSTOW CLOSE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR4845A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GARY LAU NAM FOONG
NRIC No	S1366171E
Email Address	garyfico@gmail.com
Mobile Phone No	(Phone) +65-96936398
Alternative Phone No	+65-96936398

VEHICLE PARTICULARS

Manufacturer	Mitsuoka
Model	GALUE
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2495

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00147312102
Cover Note Number	09/08/2021 - 08/08/2022

DRIVER

Name of Driver	GARY LAU NAM FOONG
NRIC No	S1366171E

Date Of Birth	10/05/1959
Occupation	Indoor
Date Of Driving Pass	17/10/1985
Driving experience	36 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96936398
Alt. Phone Number	+65-96936398
Email Address	garyfico@gmail.com
Address	4 CHEPSTOW CLOSE
Address complement	-
Postcode	558678
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE 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

SKETCH PLAN

1. VEHICLE NO. SGR K45A
 2. INSURER CO. Thwa
 3. ACCIDENT DATE & TIME 08/03/22 @ 500

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.
 (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.

Policyholder's Signature / Date & Time
[Signature] 10/3/22

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

Witnessed by Reporting Centre Personnel
[Signature] 10/03/22

Sketch Plan

PLEASE
TURN
OVER

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The accident happened ~~on~~ between on 8th March 2022. It was a hit-&run so we only able to estimate the accident to ^{be} between 12pm - 3pm as I was out with my family.

When I return, we found out that my vehicle front portion was damaged. The recording camera wasn't functioning when car is off. My vehicle is SGR4845A.

(refer to police report)

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy 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:

() Claim Own Policy () Claim Third Party () Reporting Only
(x) Claim OD/TP at other workshop (Sim Henry being solar work)





ATTN: MOTOR CLAIM DEPT

T/P VEH. NO:

ESTIMATE REPORT 1st QUOTATION

OWNER'S PARTICULAR

NAME: GARY LAU NAM FOONG

CONTACT:

96936398

ADDRESS:

LICENSE NO: SGF3711Y
MAKE/MODEL: MITSUBISHI GALUR
YEAR OF MAKE:
OWNER'S INSURER: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
JOB-CODE: OD

CHASSIS NO:
ENGINE NO:

CLAIM DETAIL

MATERIALS S/N	QTY	COST	CONDITION
1 FRONT BUMPER <i>Cra</i>	1.00	\$3,000.00	✓
2 FRONT BONNET <i>Cra</i>	1.00	\$6,500.00	✓
3 FRONT GRILLE <i>MIS</i>	1.00	\$4,200.00	✓
4 RH FRONT HEAD LAMP <i>?</i>	<i>Sm</i> 1.00	\$3,500.00	X
5 LH FRONT HEAD LAMP <i>?</i>	<i>Sm</i> 1.00	\$3,500.00	X
6 RH FOG LIGHT <i>MIS</i>	<i>Sm</i> 1.00	\$450.00	X
7 LH FOG LIGHT <i>MIS</i>	<i>Sm</i> 1.00	\$450.00	X
8 BONNET LOCK <i>?</i>	<i>Dist</i> 1.00	\$380.00	X
9 FRONT BUMPER SMALL LAMP KIT SET <i>?</i>	<i>Br</i> <i>Sm</i> 1.00	\$1,400.00	X
10 FRONT BUMPER CHROME LH <i>?</i>	<i>Red</i> <i>Sm</i> 1.00	\$450.00	X
11 FRONT BUMPER CHROME RH <i>DD</i>	<i>Red</i> 1.00	\$450.00	✓
12 FRONT BUMPER CHROME CENTER <i>DD</i>	<i>Red</i> 1.00	\$700.00	✓
13 RH FOG LIGHT COVER <i>MIS</i>	<i>MIS</i> 1.00	\$150.00	✓
14 LH FOG LIGHT COVER <i>MIS</i>	<i>MIS</i> 1.00	\$150.00	✓
15 FRONT GRILLE EMBLEM <i>MIS</i>	<i>MIS</i> 1.00	\$215.00	✓
16 RH FRONT FENDER <i>R</i>	<i>R</i> 1.00	\$2,000.00	X
17 LH FRONT FENDER <i>R</i>	<i>R</i> 1.00	\$2,000.00	X
18 RADIATOR <i>X SVC</i>	<i>Sm</i> 1.00	\$2,850.00	X
19 REINFORCEMENT BEAM <i>?</i>	<i>R</i> 1.00	\$1,400.00	X

TOTAL (PARTS): \$33,745.00
COST PLUS 10%: \$37,119.50

SPECIAL NETT ITEM

1 CAR PLATE & FRAME <i>Bent</i>	<i>45</i> 1.00	\$50.00	<i>45</i>
2 CLIPS & NUTS & SCREWS <i>?</i>	<i>Red</i> 60.00	\$300.00	<i>80</i>

TOTAL (PARTS): \$350.00

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:

Not Withheld
11 Sep 817, 200h
Recovery After Repair
Ex \$1500

LABOR

RENEW STRAIGHTEN AND PANEL BEAT ON

1 ACCIDENT AREAS	1.00	\$2,400.00	400
2 SPRAY FENDERS, DOORS, BONNET & BUMPER	1.00	\$1,800.00	1100
3 WIRING	1.00	\$150.00	70
4 ANTI RUST	1.00	\$120.00	X
5 ELECTRONIC & LIGHT TESTING	1.00	\$80.00	X

TOTAL (LABORS): \$4,550.00

TOTAL (PARTS & LABORS): \$42,019.50

EXCESS:

NO. OF DAYS:

Re-Survey: Before / After Painting

Part-by-Part / Lump-Sum

DATE OF SURVEY:

7 days
\$33,615.60
11/03/22

AKNOWLEDGED BY REPAIRER

Signature: _____

Date: _____

is subject to final approval from Insurance Company

- Supplemental item(s) must be reserved and
- No illegal modification(s) is allowed
- Third party survey is on a "Without Prejudice" basis
- Parts prices are subject to confirmation
- To display damaged part(s) during reserve
- To reserve before/after spray painting

the Repairer of the following:

LKK Auto Consultants hence notify