

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: SHC 4738T

Policy No. _____

Claims No. TAX/04/22/2005

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 |
| X | X |

Bal. of 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: SKK 3008X Yr Regn: 30/5/18

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

Truck / Trailer or

Make: Volvo XC40 c.c. 1969

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

Sp. Reading: 50954 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: YVIX216ACTJ017620

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 235/55R18

R: "

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

TOYO / YOKO or _____

Front Rear

R/Bal. 4 mm R/Bal. 4 mm

L/Bal. 4 mm L/Bal. 4 mm

D.O.A. 2/4/22 D.O.I. 2/5/22

Survey held at Wearnes

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

REAR

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

| Date / Time | Action / Instruction |
|-------------|---|
| | MR-194K |
| 9/6/22 | Steve informed final fig \$9231.58 (Red 7393.17, 44%) |
| | |
| | |
| | |
| | |
| | |

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 10/6/22-typist

Report Format: TP

Lump Sum / I.B.F. (\$ \$9231.58)

Days Of Repair: 5

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

TOTAL

SERVICE ESTIMATE

73997 - C00001 SL: SERVICE SALES - PC
 Ms Wong Wong Wai Yin
 188 Depot Road
 #17-16

Singapore 109688

Closed by : Richmond Ho
 Svc Consultant :
 Remarks : Ms Wong Wai Yin

GST Reg.No:M28920628X
 Inv.No. . : B&P 0 Page 1
 Inv.date. : 27/05/2022
 WIP No. . : 19964
 Veh.In/Out: 05/04/2022
 *Tel.No. . : Mobile: 98310625
 Reg.No. . : SKK3008X
 Reg.date . : 30/05/2018
 Mileage .. : 0
 Chassis No: YV1XZ16ACJ2017620

| Op.No | Description | Mech Qty | Price | Disc% | Pkg | Amount | G |
|-------|--|----------|---------|-------|-----|------------|------|
| 802 | TO REPLACE REAR BUMPER, REAR LOWER SPOILER, REAR SKID PLATE, ETC | 0 | 2550.00 | 0 | | 2,550.00 S | 1790 |
| 800 | TO PUTTY SPRAY PAINT ON REAR BUMPER, ETC | 0 | 2250.00 | 0 | | 2,250.00 S | 1500 |
| R06 | TO INSTALL REAR NUMBER PLATE INCLUDE HOLDER | 0 | 60.00 | 0 | | 60.00 S | X |
| 280 | TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES | 0 | 555.00 | 0 | | 555.00 S | / |
| | BUMPER PAD REAR LH A | 1.0 EA | 844.00 | | | 844.00 S | |
| | BUMPER PAD REAR RH A | 1.0 EA | 844.00 | | | 844.00 S | |
| | BUMPER COVER REAR XC | 1.0 EA | 1865.70 | | | 1,865.70 S | |
| | V031449334/PROTECTIN | 1.0 EA | 780.10 | | | 780.10 S | |
| | TOW COVER REAR XC40 | 1.0 EA | 89.80 | | | 89.80 S | |
| | BUMPER REFLECTOR LH | 1.0 EA | 170.50 | | | 170.50 S | |
| | EXPANDING NUT XC40 1 | 10.0 EA | 6.70 | | | 67.00 S | |
| | V032291556/BUMPER RA | 1.0 EA | 1621.60 | | | 1,621.60 S | |

Steve (LKK)
 27/5/22, 10am.

W L R
 P/A
 Y B Y
 S d/s

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:

SERVICE ESTIMATE

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 Ms Wong Wong Wai Yin
 188 Depot Road
 #17-16
 Singapore 109688

Closed by : Richmond Ho
 Svc Consultant :
 Remarks : Ms Wong Wai Yin

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 0 Page 2
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 Reg.date . : 30/05/2018
 Mileage .. : 0
 Chassis No: YV1XZ16ACJ2017620

| Op.No | Description | Mech | Qty | Price | Disc% | Pkg | Amount | G |
|-------|------------------------|------|---------|---------|-------|-----|----------|---|
| | PARK SENSOR FRT/REAR ? | | 4.0 EA | 113.20 | | | 452.80 | S |
| | CABLE HARNESS BUMPER ? | | 1.0 EA | 205.50 | | | 205.50 | S |
| | BUMPER INSTALLING MT / | | 1.0 EA | 101.40 | | | 101.40 | S |
| | BUMPER CLIP 8x8,5 / | | 10.0 EA | 8.20 | | | 82.00 | S |
| | WIPER GRILLE CLIP XC / | | 10.0 EA | 8.80 | | | 88.00 | S |
| | BLIND RIVET 4.0*21 P / | | 10.0 EA | 5.00 | | | 50.00 | S |
| | HEAT SHIELD REAR XC4 ? | | 1.0 EA | 257.70 | | | 257.70 | S |
| | ROOF SPOILER XC40 / | | 1.0 EA | 1216.70 | | | 1,216.70 | S |
| | DRIVE UNIT TAILGATE / | | 1.0 EA | 1016.20 | | | 1,016.20 | S |
| | DRIVE UNIT TAILGATE / | | 1.0 EA | 1016.20 | | | 1,016.20 | S |

Gross Total. 16,184.20

Labour Total 5,415.00
 Parts Total 10,769.20
 Package Total 0.00

Net..... 16,184.20
 GST @ 7.0% 1,132.89
 Total..... 17,317.10
 Paid..... 0.00
 Please Pay.. 17,317.10

GST: S=StdRated; O=OutOfScope; Z=ZeroRated

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 | 05/04/2022 10:31 (SGT) |
| Date of Accident | 02/04/2022 10:55 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | JUNCTION OF MIDDLE ROAD & BEACH ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SKK3008X |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | WONG WAI YIN |
| NRIC No | SXXXX313A |
| Email Address | christine_wong@jtc.gov.sg |
| Mobile Phone No | (Phone) +65-98310625 |
| Alternative Phone No | +65-98310625 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Volvo |
| Model | Xc40 |
| Variant | T5 M |
| 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 | 1999 |

INSURANCE COMPANY

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 1800059376 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-------------|
| Name of Driver | HO TAI LOON |
| NRIC No | SXXXX468C |

| | |
|--|-------------------------|
| Birth | 18/08/1977 |
| ation | Indoor |
| Of Driving Pass | 05/10/2000 |
| ing experience | 21 YEARS AND 6 MONTHS |
| nder | Male |
| Mobile Number | (Phone) +65-97397218 |
| Alt. Phone Number | - |
| Email Address | nantairin@gmail.com |
| Address | 8 ALEXANDRA VIEW #41-09 |
| Address complement | - |
| Postcode | 158747 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Spouse |
| 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 | Raining |
| Road Surface | Wet |

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 | CHRISTINE WONG |
| Gender | Female |

PASSENGER 2

| | |
|--------|-----------|
| Name | CAYDEN HO |
| Gender | Male |

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 | SHC4738T |
| Vehicle Manufacturer | - |

| | |
|---|------|
| Model | - |
| Variant | - |
| Colour | - |
| Category | Taxi |
| Name of Driver | - |
| 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

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 Authorized 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 Traffic Police Department for investigation.
- 6 This report will be forwarded by the insurers to 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' law firms/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' law firms/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

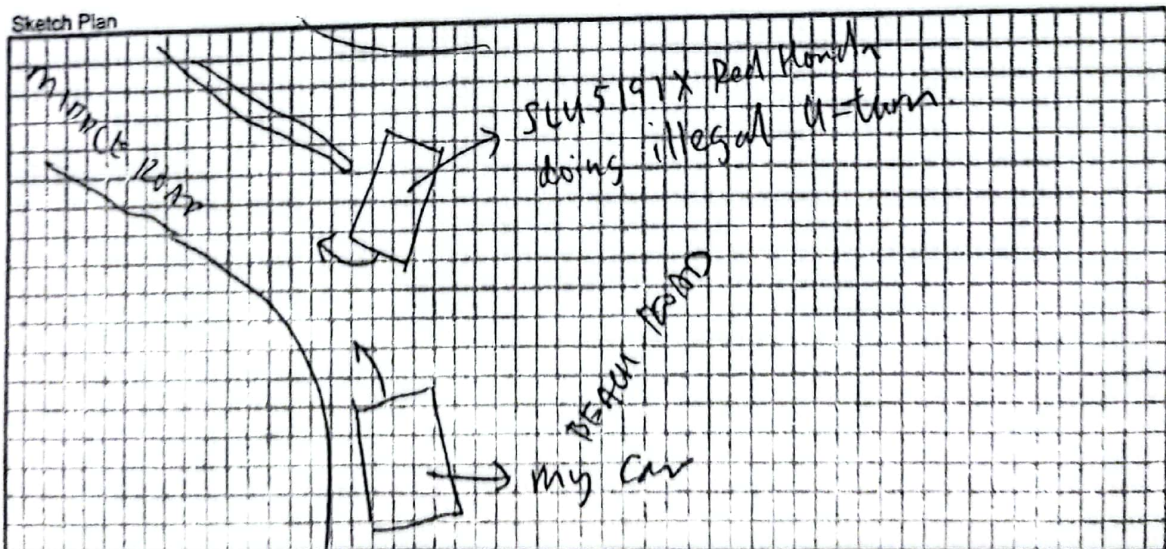
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



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Describe Circumstance of the Accident

At around 1050 to 1055am on 2 Apr 2022, my car was turning left to Middle Road from Beach Road on a green left turn signal. A red Honda SU5191X did an illegal U-turn on the Middle Road junction and forced me to execute an emergency stop. The taxi SU64739 hit my car from the back following this.

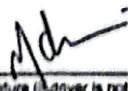
IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.

 4/4/22
Policyholder's Signature / Date & Time

 4/4/22
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel