

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/CT/22003769/4943

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.

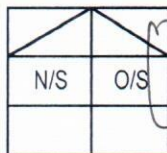
Sum Insured:

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:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

219e

Vehicle: IN / OUT

Date:

Person Contacted:

L7A 936988

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.I.

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.

Date / Time

Action / Instruction

207 1Vc.

Date/Time, File Pass to?

1) 09/5/2013

Date/Time, File Return to?

2)

Report Format:

Lump Sum L.B.I. (\$

MER-TP

2400

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

Site Insp (\$

Interview (\$

Tech. Invs (\$

Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

5/5/22 2/5 @ 2400 informed vic - (L7A 936988, 667)

09/5/22 @ 5:38pm revised to Irene Tay via Meriman.

Regn No : SLL2161A

Chassis Number: JM6CW1071G0125112
 Vehicle Make & Model : Mazda 5

| ITEM NO | DESCRIPTION OF ITEMS | QUANTITY (Piece/Set) | UNIT PRICE (S\$) | AMOUNT (S\$) |
|--------------------|---|-------------------------|---------------------|-----------------|
| List Items: | | | | |
| 1 | Front door RH <i>Body</i> | 1 | \$ 1,304.40 | \$ 1,304.40 ✓ |
| 2 | Front door hinges RH <i>11</i> | 1 | \$ 44.50 | \$ 44.50 X |
| 3 | Front door weatherstrip RH <i>nee</i> | 1 | \$ 86.40 | \$ 86.40 ✓ |
| 4 | Front door inner lock RH <i>daye/shorted</i> | 1 | \$ 467.10 | \$ 467.10 ✓ |
| 5 | Front door inner trim board RH <i>11</i> | 2 | \$ 181.10 | \$ 362.20 X |
| 6 | Front door outer handle RH <i>sent/twi</i> | 1 | \$ 144.50 | \$ 144.50 ✓ |
| 7 | Front door lock cylinder RH <i>A1</i> | 1 | \$ 186.90 | \$ 186.90 X |
| 8 | Front door frame black garnish RH <i>nee</i> | 1 | \$ 90.80 | \$ 90.80 ✓ |
| 9 | Front door window channel moulding RH <i>sent</i> | 1 | \$ 43.10 | \$ 43.10 ✓ |
| 10 | Front door window regulator RH <i>sent</i> | 1 | \$ 185.80 | \$ 185.80 ✓ |
| 11 | Front door window regulator motor RH <i>shorted</i> | 1 | \$ 296.10 | \$ 296.10 ✓ |
| 12 | Front wing mirror assembly RH <i>11</i> | 1 | \$ 378.90 | \$ 378.90 X |
| 13 | Centre Pillar <i>R</i> | 1 | \$ 2,427.90 | \$ 2,427.90 X |
| | | | Sub-total | \$ 6,018.60 |
| | | | Less 20% | \$ 1,203.72 |
| | | | List Items Total | \$ 4,814.88 |

| | | | | |
|----------------------------|---|----|--------------------|-------------|
| Special Nett Items: | | | | |
| 1 | Front bumper clips <i>11</i> | 12 | \$ 4.50 | \$ 54.00 X |
| 2 | Front door inner trim board clips <i>11</i> | 8 | \$ 4.50 | \$ 36.00 X |
| 3 | Front door sticker <i>nee</i> | 2 | \$ 65.00 | \$ 130.00 ✓ |
| | | | S/Nett Items Total | \$ 220.00 |

| | | | | |
|-----------------------------|--|--|---------------------|-------------------|
| Labour Charge Items: | | | | |
| 1 | To checking electrical wiring and check functions | | \$ | 60.00 <i>20</i> |
| 2 | To remove, refix front door components and replace front door, check alignment | | \$ | 400.00 <i>60</i> |
| 3 | To respray undercoating/rust proofing | | \$ | 100.00 <i>30</i> |
| 4 | To respray painting & etc | | \$ | 750.00 <i>280</i> |
| 5 | Panel beating, cut, weld, remove and replacing above parts | | \$ | 700.00 <i>400</i> |
| | | | Labour Charge Total | \$ 2,010.00 |

Estimate Parts & Labour

Grand total \$ 7,044.88

not Authorized
nee
25/4/22
L/S \$ 2400
3 days.

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:

P-2618-W
202
P-2094.58
S-N-130
L-790
3014.58
202
24/1/64



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 | 21/04/2022 18:09 (SGT) |
| Date of Accident | 21/04/2022 11:20 (SGT) |
| Exact Location of Accident | Near 291 Boon Lay Way, Singapore 649848 |
| Additional Location Information | CAR PARK MCDONALD'S JURONG CENTRAL PARK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLL2161A |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------|
| Is company? | No |
| Name Of Registered Owner | LAU CHOR YAM |
| NRIC No | SXXXX219E |
| Email Address | lau.chor.yam@gmail.com |
| Mobile Phone No | (Phone) +65-96312901 |
| Alternative Phone No | +65-96312901 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mazda |
| Model | 5 |
| 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 | 1998 |

INSURANCE COMPANY

| | |
|---------------------------|----------------------|
| Name of Insurance Company | Lonpac Insurance Bhd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | Z22VP05030663 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | LAU CHOR YAM |
| NRIC No | SXXXX219E |

| | |
|--|------------------------|
| Date Of Birth | 11/09/1960 |
| Occupation | Indoor |
| Date Of Driving Pass | 15/06/1989 |
| Driving experience | 32 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96312901 |
| Alt. Phone Number | +65-96312901 |
| Email Address | lau.chor.yam@gmail.com |
| Address | 39 CORPORATION RISE |
| Address complement | - |
| Postcode | 618353 |
| 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 - Major/Minor Rd |
| Weather Conditions | DRIZZLING |
| 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) | 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

ON 21/04/2022 AT ABOUT 1120 HOURS, I WAS DRIVING MY VEHICLE (REGN NO: SLL2161A) FROM MY HOUSE TO THE MCDONALD'S JURONG CENTRAL PARK FOR LUNCH.

AT THAT TIME, WHEN I WAS AT THE ENTRANCE TO THE CAR PARK NEXT TO MCDONALDS, A VAN (REGN NO: PC6226X) IN FRONT OF ME, ENTERED THE CAR PARK AND PROCEEDED TO PARK.

NEXT IT WAS MY TURN TO ENTER THE CAR PARK. AFTER THE BARRIER WAS UP, I MOVED FORWARD. I THEN STOPPED MY VEHICLE AS I NOTICED THAT THE DRIVER WAS TRYING TO PARK PROPERLY INTO A LOT ON MY RIGHT. I WAITED FOR HIM TO PARK PROPERLY AS HE FIRST PARKED HEAD IN AND THEN REVERSED AND HEAD IN AGAIN.

AFTER THAT, I MOVED FORWARD AND I STOPPED BEHIND THE VAN AS I WANTED TO REVERSE PARK INTO A LOT ON MY LEFT. JUST THEN THE VAN SUDDENLY REVERSED OUT OF THE LOT FOR NO APPARENT REASON AND WITHOUT NOTICING MY VEHICLE. ON SEEING THAT, I IMMEDIATELY SOUNDED MY HORN TO WARN THE DRIVER BUT TO NO AVAIL AS HE CONTINUED REVERSING. AS A RESULT, THE REAR PORTION OF THE VAN (PC6226X) COLLIDED ONTO THE DRIVER'S DOOR PORTION OF MY VEHICLE.

FORTUNATELY NO ONE WAS INJURED.

ATTACHMENT(S)

| | |
|---|------------------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | THE FILES ARE TOO BIG. |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|-----------------------------------|
| Vehicle Registration Number | PC6226X |
| Vehicle Manufacturer | Nissan |
| Vehicle Model | Nv350 |
| Vehicle Variant | - |
| Vehicle Colour | White |
| Vehicle Category | Commercial vehicle |
| Name of Driver | JUMA'AT BIN MASWADI |
| NRIC No | SXXXX163H |
| Contact Number | - |
| Address | BLK 148 BUKIT BATOK WEST AVENUE 6 |
| Address complement | #02-315 |
| Postcode | 650148 |
| Insurance Company Name | - |
| Nature Of Damage | MINOR DAMAGE |
| Details of property damaged in accident | REAR PORTION |
| No. Of Passenger (Including Driver) | 1 |

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.
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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' law yers/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 yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

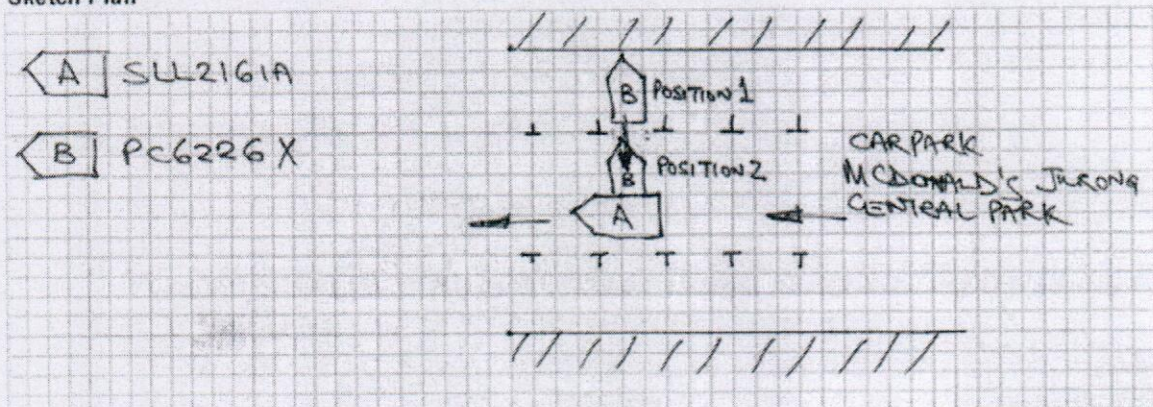


Policyholder's Signature / Date & Time
21/04/2022

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

Witnessed by Reporting Centre Personnel

Sketch Plan

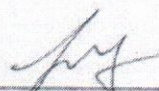


Describe Circumstances of the Accident


PLEASE REFER TO REPORT

Declaration

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

Policyholder's Signature / Date & Time

 21/04/2022

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


 Witnessed by Reporting Centre Personnel