

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. _____

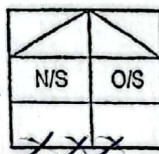
Claims No. _____

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 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: SMF 5564X Yr Regn: 16/11/18Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Subaru Forester c.c. 1995Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 126334 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JF18JSKCB56117508Gen. 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 orTyre Size: F: 225/60R17R: 1SS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 23/5/22 D.O.I. 31/5/22Survey held at Motor ImageDes. 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
	<u>MV-91K</u>

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Date/Time, File Return to?

2)

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

Report Format: _____

Lump Sum / I.E.R. (\$) _____

MOTORIMAGE ENTERPRISES PTE. LTD.
25 LENG KEE ROAD
SINGAPORE 159097

ESTIMATE : ACCIDENT/BODY REPAIRS
WORKSHOP : LENG KEE
CONTACT NO :
REFERENCE : INS/IC/CHI/0083/2022
DATE : 24-MAY-2022

ALLIANZ INSURANCE COMPANY OF SINGAPORE PTE LTD
3 TEMASEK AVENUE
#09-01 CENTENNIAL TOWER
S(039190)
TEL : 6297 2529
FAX : 6395 3768/6297 1956

OWNER'S NAME : CHOY SEE WHY, JEFFREY (CAI SIWEI, JEFFREY)
ADDRESS : 6 AH HOOD ROAD
#07-02
S(329974)
TELEPHONE NO : 9757 6821

TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : P1046149R01
VEHICLE NO : SMF5564X
MODEL CODE : SJ5EK7C
MODEL/YEAR : FORESTER 2.0I-L AWD CVT
ENGINE NO : FB20YE49879
CHASSIS NO : JF1SJ5KC5JG112508
MILEAGE : 105756 KM
DATE IN : 24/05/2022
LIABILITY : 0.00
EXCESS CLAUSE : 0.00
ESTIMATE BY : DENNIS LEONG JIA HUI
ACCIDENT DATE : 23/05/2022

Print Date : 27/05/2022
Print Time : 22:00:45

LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SMF5564X

NO JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1 ZZ/001	CONDUCT 3RD PARTY CLAIM AIS DATE:23/05/2022 TIME:1740 LOCATION:UPP SERANGGOON RD 18 WOODSVILLE		
2 ZZ/002	REPAIR/REPLACE REAR BUMPER, END PANEL & TAILGATE <i>560 x 2</i>	1680.00	<i>1120</i>
3 ZZ/003	RESPRAY REAR BUMPER, END PANEL & TAILGATE <i>420 x 2</i>	1260.00	<i>840</i>
4 ZZ/004	TRANSFER TAILGATE MECHANISM TO NEW TAILGATE	150.00	/
5 ZZ/005	REMOVE/REPLACE REAR WINDSCREEN	300.00	/
6 ZZ/006	SUPPLY/INSTALL REAR WINDSCREEN TINTED FILM	145.00	? (Sales agent)
7 ZZ/007	INSTALL REVERSE SENSOR 2 EYES	300.00	?
8 ZZ/008	FAULT DIAGNOSTIC RESET	280.00	X
9 ZZ/009	CONDUCT REAR LIGHTING TEST AFTER REPAIR	150.00	<i>50</i>
10 ZZ/011	REMOVE, REFIX REAR CARPET/GARNISH/UPHOLSTERY & SEAT TO FACILITATE REPAIR	400.00	?
11 ZZ/012	REMOVE/REFIX REAR U/CARRIAGE TO FACILITATE REPAIR	300.00	X
12 ZZ/013	REMOVE/REFIX FUEL TANK	300.00	X
13 ZZ/014	CONDUCT 4 WHEEL ALIGNMENT	200.00	X
14 ZZ/015	REPAIR/REPLACE REAR LH FENDER REAR RH FENDER & FLOORPAN	1680.00	X
15 ZZ/016	RESPRAY REAR LH FENDER, REAR RH FENDER & FLOORPAN 1260		
16 ZZ/017	CONDUCT REAR PROTECTANT COATING	500.00	X
17 ZZ/018	CONDUCT REAR ANTI RUST COATING	580.00	X
18 ZZ/010	REMOVE/REFIX EXHAUST	150.00	X
	TOTAL LABOUR CHARGES	8375.00	

FOR ACCIDENT VEHICLE REGN NO SMF5564X

PARTS DESCRIPTION	PARTS NUMBER	DAMAGED PARTS & PRICES			S/LIST REMARKS
		NETT	LIST	S/NETT	
1 SKIRT COMPL REAR END PANEL	52401SG0109P	288.00	?		
2 BUMPER FACE REAR FORESTER IL	57704SG012	555.00	/	00	
3 BRKT SD R RH	57707SG080	14.40	?		
4 BRKT SD R LH	57707SG090	14.40	?		
5 BEAM COMPL R EU	57711SG0219P	296.00	?		
6 COVER HOOK R	57731SG010EN	11.16	?		
7 PANEL CPL R/G NA	60809SG0109P	1072.80	/	00	
8 GLASS R/G	63019SG000	799.20	/	ne	
9 RUBBER DAM GLS	63232SG000	7.40	/	ne	
10 RUBBER R/G	63232SG010	12.60	/	ne	
11 CLIP BMPR X10PCS	909140007	24.00	/	ne	
12 CLIP	909140062	5.80	/	ne	
13 LETTER MARK FORESTOR R	93079SG000	40.70	/	ne	
14 LETTER MK R SUB	93079SG030	66.60	/	ne	
SUB TOTAL		3208.06	0.00	0.00	0.00
LESS DISCOUNT (NETT-20 %)		641.61	0.00	0.00	0.00
GRAND TOTAL		2566.45	0.00	0.00	0.00
OVERALL TOTAL		2566.45			

LEGEND: REMARKS(OK) = APPROVED, REMARKS(X) = NOT APPROVED

ESTIMATE FOR VEHICLE REGN NO SMF5564X

LABOUR CHARGES	8375.00
SUPPLY SPARE PARTS CHARGES	2566.45
TOTAL	10941.45 *

All charges do not include GST.

SURVEYOR'S PARTICULARS

NAME	:	
SURVEYED DATE	:	
AUTHORIZED DATE	:	
EXCESS CLAUSE	:	0.00
LIABILITY	:	0.00
REMARKS	:	

Steve CLKK)
31/5/22, 2.27p

Wm L
S L
P/P
H R Y

PLS NOTE : This estimate is based on visual inspection of the affected vehicle. Should we require further labour charges & spare parts in the process of repairs, we shall inform you accordingly.

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	24/05/2022 12:16 (SGT)
Date of Accident	23/05/2022 17:40 (SGT)
Exact Location of Accident	18 Woodsville, Singapore
Additional Location Information	Upper Serangoon Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF5564X

INSURED/POLICYHOLDER

Is company?	No
Name of Registered Owner	CHOY SEE WHYJE JEFFREY
NRIC No	SXXXX972B
Email Address	ANGIELOO@EMAIL.COM
Mobile Phone No	(Phone) +65-96689729
Alternative Phone No	(Home) +65-96689729

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
Variant	FORESTER 2.0i-L AWD CVT
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	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P1046149R01
Cover Note Number	-

DRIVER

Name of Driver	ANGIE LOO SU FERN
NRIC No	SXXXX969A

Date Of Birth	09/11/1975
Occupation	Indoor
Date Of Driving Pass	22/10/1993
Driving experience	28 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96689729
Alt. Phone Number	-
Email Address	ANGIELOO@EMAIL.COM
Address	6 AH HOOD ROAD
Address complement	#07-02
Postcode	329974
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	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHOY SEE WHYE JEFFREY
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

please 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

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.

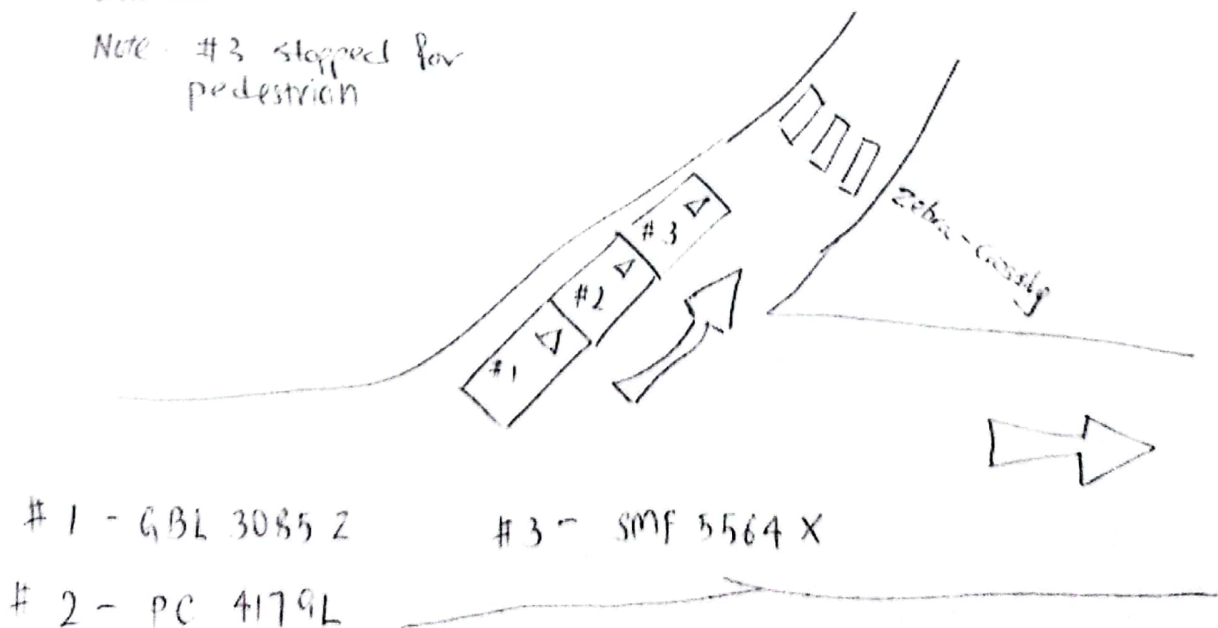
[Signature] 24/5/22
8:22am
Policyholder's Signature / Date & Time

[Signature] 24/5/22
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan

Note: #3 stopped for pedestrian





Describe Circumstances of the Accident

I had stopped my car (SMF 5564X) to allow pedestrians to cross the zebra crossing. Then a vehicle H1 GBL 30357 knocked into the vehicle in front of me (PC 4179L) and the vehicle PC 4179L knocked into the rear of my vehicle (SMF 5564X).

Declaration

I hereby declare the foregoing particulars are true in every respect

	8:29am	8:29am	
24/5/22	By: 24/5/22		

Witness and I, Robert J. Taylor, are signing