

Steve

CS/CT12200538/ERY3

## ASSIGNMENT 8

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.

N/S	O/S

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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SLH5890E Yr Regn: 11/11/16  
 Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Subaru Forester c.c. 1998  
 Colour: Black A/C: Insured / Std / NI / NA  
 Sp. Reading: 86904 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: JF15JGK8546078874  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 255/55R18  
 R: 11  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_  
 Front  
 R/Bal. 5 mm R/Bal. 5 mm  
 L/Bal. 5 mm L/Bal. 5 mm  
 D.O.A. 30/5/22 D.O.I. 29/6/22  
 Survey held at Motor Image  
 Des. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

MV-75K

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

Date/Time, File Return to?

1)

Report Format:

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

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

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

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

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

ESTIMATE : ACCIDENT/BODY REPAIRS  
WORKSHOP : LENG KEE  
CONTACT NO :  
REFERENCE : INS/IC/CHI/0094/2022  
DATE : 03-JUN-2022

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD  
3 ANSON ROAD  
#15-00 SPRINGLEAF TOWER  
SINGAPORE S(079909)  
TEL : 6389 6111  
FAX : 6222 1033

OWNER'S NAME : CHONG YAP KANG  
ADDRESS : APT BLK 516 WOODLANDS DRIVE 14  
#05-173  
S(730516)  
TELEPHONE NO : 9643 0251

TYPE OF CLAIM : THIRD PARTY CLAIM  
POLICY NO : 1900243924-02  
VEHICLE NO : SLH5890E  
MODEL CODE : SJGDKK8  
MODEL/YEAR : FORESTER 2.0XT AWD CVT  
ENGINE NO : FA20B840893  
CHASSIS NO : JF1SJGK85GG078874  
MILEAGE : 1 KM  
DATE IN : 03/06/2022  
LIABILITY : 0.00  
EXCESS CLAUSE : 0.00  
ESTIMATE BY : SAYEDINAH ALI\*\*  
ACCIDENT DATE : 30/05/2022

Print Date : 03/06/2022  
Print Time : 14:44:33

LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SLH5890E

NO JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1 TPCLAIM	CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM) AGAINST GBE114E - CN TAIPING INSURED		
2 ZZ/001	CONDUCT TP CLAIM CN TAIPING DATE:30/05/2022 TIME: 1342HRS LOCATION:11 SYED ALWI ROAD CARPARK		
3 ZZ/002	REPAIR FRONT BUMPER & GRILLE	560.00	/
4 ZZ/003	RESPRAY FRONT BUMPER	420.00	/
5 ZZ/004	SUNDRIES	100.00	20
6 ZZ/005	REMOVE/REFIX FRT HEADLAM WASHER & PIPING	150.00	X

TOTAL LABOUR CHARGES

1230.00

7 22/006 To supply and replace Front bumper  
plate 90.00 nett / BR

TERPRISES PTE. LTD.  
ROAD  
59097

LIST FOR ACCIDENT VEHICLE REGN NO SLH5890E

NO PARTS DESCRIPTION		PARTS NUMBER	DAMAGED PARTS & PRICES			S/LIST REMARKS
			NETT	LIST	S/NETT	
1 BUMPER FACE F (FOR HL/W)	CUT	57709SG011	610.50			
2 GRILLE ASSY F LWRHG	X	SUPP 91121SG280	316.80			
SUB TOTAL			927.30	0.00	0.00	0.00
LESS DISCOUNT ( NETT-20 %)			185.46	0.00	0.00	0.00
GRAND TOTAL			741.84	0.00	0.00	0.00
OVERALL TOTAL			741.84			

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

ENTERPRISES PTE. LTD.  
ROAD  
159097

OF ESTIMATE FOR VEHICLE REGN NO SLH5890E

LABOUR CHARGES	1230.00
TOTAL SPARE PARTS CHARGES	741.84
GRAND TOTAL	1971.84 *

\* All charges do not include GST.

SURVEYOR'S PARTICULARS

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

Steve (LKK)  
29/6/22, 10.10L

WML PL  
3 Lyr  
PIP  
by Bol ry

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 restore the vehicle to its original condition
- To display damaged parts for your survey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary items must be surveyed 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 ..... 31/05/2022 17:30 (SGT)  
Date of Accident ..... 30/05/2022 13:42 (SGT)  
Exact Location of Accident ..... 11 Syed Alwi Rd, Singapore 207629  
Additional Location Information ..... 11 Syed Alwi Rd, Singapore 207629  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLH5890E

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHONG YAP KANG  
NRIC No ..... SXXXX307Z  
Email Address ..... yk\_1019@hotmail.com  
Mobile Phone No ..... (Phone) +65-96430251  
Alternative Phone No ..... +65-96430251

#### VEHICLE PARTICULARS

Manufacturer ..... Subaru  
Model ..... Forester  
Variant ..... 2.0 XT  
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 ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1900243924-02  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... CHONG YAP KANG  
NRIC No ..... SXXXX307Z

Date Of Birth 19/10/1979  
 Occupation Indoor  
 Date Of Driving Pass 05/09/2009  
 Driving experience 12 YEARS AND 8 MONTHS  
 Gender Male  
 Mobile Number (Phone) +65-96430251  
 Alt. Phone Number +65-96430251  
 Email Address yk\_1019@hotmail.com  
 Address BLK 516 WOODLANDS DR 14 #05-173  
 Address complement -  
 Postcode 730516  
 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 2  
 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) 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? Yes  
 Police Station Name Central Division Headquarters  
 Police Station Phone No (Phone) +65-18002240000  
 Alt. Police Station Phone No (Fax) +65-62200877  
 Police Station Address 391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762  
 Was notice of intended Prosecution given? No  
 If yes, against whom? -

#### CIRCUMSTANCES OF ACCIDENT

#### PLEASE REFER ATTACHED

#### ATTACHMENT(S)

Are accident photos available for attachment? Yes  
 Was there any video captured by Car Camera? Yes  
 Was there any audio recorded? No

Describe Circumstances of the Accident

Hit in bus case

The car is captured in car camera.


Hit the <sup>parked</sup> car when reverse.

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

  
Witness (not Reporting Centre Representative)



## SKETCH PLAN

### IMPORTANT NOTICE

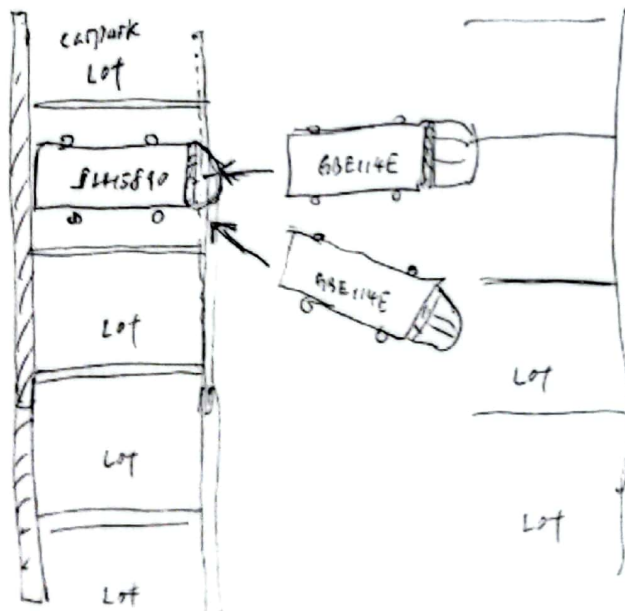
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



6BE114E reverse &  
Hit the parked car  
in carpark lot.