ASS. REC. BY: Steve | CS/MSG 2200 5605/EVC

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.

N/S	O/S
X	X

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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: SLQ 1200B Yr Regn: 20/6/15

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Jaguar XJ c.c 1999

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

Sp.Reading 116780 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: SAJAC12M9FPV81789

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: 245/45R19

R: 11

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	10/6/20	D.O.I.	15/6/20

Survey held at Kok Wang

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
	MV-10RK

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech, Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:

Transportation: $ + RS. SI

Photos

Others

TOTAL

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Kok Wang Car Grooming
1 Soon Lee Street #06-40 Pioneer Centre
Singapore 627605
Hp: 91839633 E-mail: vianong@ymail.com

ESTIMATE REPORT

Vehicle Number : SLQ1200B
Make And Model : Jaguar XJ
Date of Accident : 10 Jun 2022

S/No	Parts	QTY	Unit Price	List Price
1	Rear bumper	1		$ 2,563.10
2	Rear bumper chrome trim	1		$ 531.70
3	Rear bumper bracket mounting outer LH & RH	2	$ 75.60	$ 151.20
4	Rear bumper bracket mounting inner LH & RH	2	$ 71.40	$ 142.80
5	Rear bumper lower cover	1		$ 460.00
6	Rear bumper sponge LH & RH	2	$ 230.00	$ 460.00
7	Rear bumper reinforcement	1		$ 1,590.00
8	Rear bumper reverse sensor	4	$ 397.00	$ 1,588.00
9	Rear bumper sensor holder	4	$ 45.50	$ 182.00
10	Rear taillamp LH & RH	2	$ 1,238.00	$ 2,476.00
11	Bootlid	1		$ 3,179.50
12	Bootlid 'LOGO' emblem	1		$ 81.10
13	Bootlid 'JAGUAR' emblem	1		$ 88.80
14	Bootlid 'XJ' emblem	1		$ 68.80
15	Bootlid lock	1		$ 549.00
16	Bootlid weatherstrip	1		$ 256.00
17	Rear end panel	1		$ 1,959.00
18	Rear end panel top garnish	1		$ 146.21
19	Reverse camera	1		$ 891.30
20	Rear number plate lamp LH & RH	2	$ 132.00	$ 264.00
				$ 17,628.51
			Less 15%	$ 2,644.28
			Total	**$ 14,984.23**

Special Nett Item

1	Rear number plate	1		$ 50.00
2	Rear bumper rivet & clips	1 set		$ 100.00
3	Rear bootlid inner trimboard clips	1 set		$ 100.00
			Total	**$ 250.00**

Labour & Misc Charges

To dismantle, replace & panel beating affected parts for rear portion.	$	1,200.00	400
To spray paint on affected areas for rear portion.	$	1,000.00	400
To remove/replace/reinstall rear bootlid components.	$	150.00	50
To remove/replace/reinstall rear panel upholstery & trim.	$	200.00	?
To apply anti-rust on affected areas.	$	100.00	30
To remove/replace/reinstall reverse sensors.	$	100.00	30
To remove/replace/reinstall reverse camera.	$	150.00	80
To check wiring for rear portion.	$	100.00	50
To perform system diagnostic & reset ECU.	$	400.00	X
Total	**$**	**3,400.00**	
Grand Total :	**$**	**18,634.23**	

Steve CLKK
15/6/22, 12.30p
8322 8813

M AL
L/S
My AL by
4 by 5

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	13/06/2022 18:05 (SGT)
Date of Accident	10/06/2022 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ1200B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEOW KEK WEE
NRIC No	S7701495J
Email Address	XKEWEI@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-82004759
Alternative Phone No	+65-82004759

VEHICLE PARTICULARS

Manufacturer	Jaguar
Model	Xj
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	1999

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100413719
Cover Note Number	-

DRIVER

Name of Driver	SEOW KEK WEE
NRIC No	S7701495J

Date Of Birth	26/01/1977
Occupation	Indoor
Date Of Driving Pass	24/06/1998
Driving experience	24 YEARS
Gender	Male
Mobile Number	(Phone) +65-82004759
Alt. Phone Number	+65-82004759
Email Address	XKEWEI@YAHOO.COM.SG
Address	BLK 503C CANBERRA LINK
Address complement	#07-53
Postcode	753503
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 - 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	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

REFER TO SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC5230L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
-	S7720959Z
Contact Number	(Phone) +65-92365321
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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.
5. **Any false reporting may be referred to the Police for investigation.**
6. The 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 [illegible] 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 [illegible] by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) [illegible] 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:

[illegible] handling and/or dealing with my claim including the settlement of the claim and any necessary investigations relating to the claim;

[illegible] the accident and/or my claim;

[illegible] and/or dealing with my instructions or responding to any enquiries by me;

[illegible] reports or notices to me, which could involve [illegible] the mailing of correspondence, statements, invoices, reports or notices to me [illegible] external cover of envelopes/mail packages; and/or

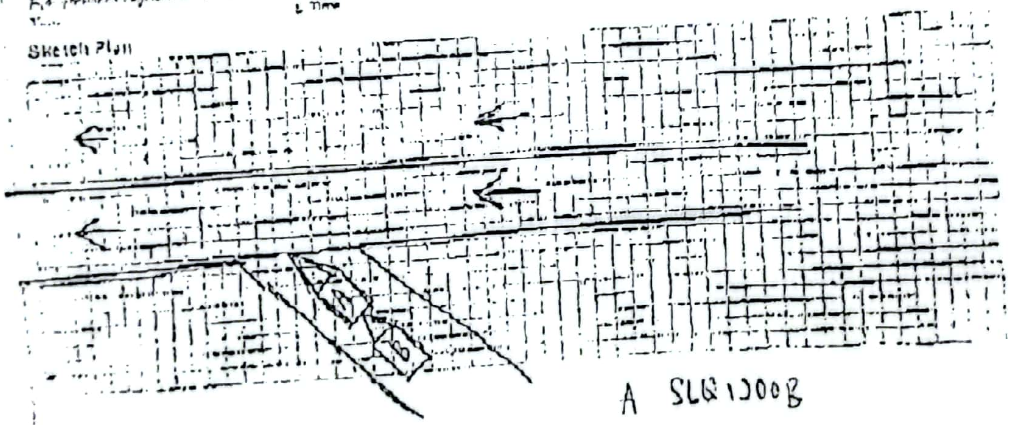
[illegible] complying with applicable law in administering, processing, handling and/or dealing with my claim

(collectively the "Purposes").

[illegible] 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 [illegible] third party service providers or agents [illegible] Personal Information may be disclosed by any of the Insurers and/or GIA [illegible] for one or more of the above Purposes [illegible] which may be located outside of Singapore [illegible].

Policyholder's Signature / Date & Time	Driver's Signature (If different from policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



A SLQ 1200B

B ~~[illegible]~~ SLC 5230L

SKETCH PLAN #2

Describe Circumstances of the Accident

On 10/6/22 10.30pm, I want exit from PIE to CTE.
My car was station at the moment. Suddenly
they was a hard bang behind. Vechicle SLC 5230L
bang my car. The Driver apology to me.
He wants me to make accident report and
claim insurance. No people injure. We exchange
our particular.

Declaration

We declare the foregoing particulars are true and correct.

Driver's Signature / Date & Time

Witness's Signature (if any) and Date & Time

Witnessed by Department Personnel