

ASS. REC. BY: Steve

CS/HLA 22005765/Ety3

## 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

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: SLE 7373J Yr Regn: 19/11/20Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Subaru XV c.c. 1995Colour: White A/C: Insured / Std / NI / NASp. Reading: 8042 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JE 16T7K L5 LG 094351Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R17

R: \_\_\_\_\_

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

TOYO / YOKO or \_\_\_\_\_

Front

R/Bal. 5 mmL/Bal. 5 mmD.O.A. 12/6/22Survey held at Motor ImageDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear

R/Bal. 5 mmL/Bal. 5 mmD.O.I. 20/6/22

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

Date / Time Action / Instruction

MV-120K

15/12/2022 Steve finalised final fig \$6,698.20 ; 5 days with Dennis.

(Red \$2,597.04 ; 28%)

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

TP

Lump Sum / I.B.F. (\$) \$6,698.20Days Of Repair: 5

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

Add Fee:

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

Survey Fee:

Transportation:

S + 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/0107/2022  
DATE : 14-JUN-2022

HL ASSURANCE PTE LTD  
11 KEPPEL ROAD, #11-01  
ABI PLAZA  
S(089057)  
TEL : 6702 0202  
FAX : 6922 6002

OWNER'S NAME : CHAN HOON HOON  
ADDRESS : APT BLK 458 ANG MO KIO AVENUE 10  
#07-1588  
S(560458)  
TELEPHONE NO : 9777 5123

TYPE OF CLAIM : THIRD PARTY CLAIM  
POLICY NO : 2070160356-01  
VEHICLE NO : SLE7373J  
MODEL CODE : GT7DKVL  
MODEL/YEAR : SUBARU XV 2.0I-S EYESIGHT AWD CVT  
ENGINE NO : FB20CG88046  
CHASSIS NO : JF1GT7KL5LG094351  
MILEAGE : 1 KM  
DATE IN : 14/06/2022  
LIABILITY : 0.00  
EXCESS CLAUSE : 0.00  
ESTIMATE BY : MOHAMED ISMAN BIN MOHAMED HEPBUN\*\*  
ACCIDENT DATE : 12/06/2022

Print Date : 14/06/2022  
Print Time : 11:37:52

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SLE7373J

			DAMAGED PARTS & PRICES			
S/NO	PARTS DESCRIPTION	PARTS NUMBER	NETT	LIST	S/NETT	S/LIST REMARKS
1	BUMPER PUNCHING RXV ✓ ND	57702FL220	414.40			
2	BRKT SD R XV RH ?	57707FL400	12.40			
3	BRKT SD R XV LH ?	57707FL410	12.40			
4	BRKT LWR R X2 ?	57707FL510	26.00			
5	BEAM COMPL R EU ?	57711FL0419P	208.60			
6	COVER SD LWR XV RH ?	57731FL500	21.50			
7	COVER SD LWR XV LH ?	57731FL510	21.50			
8	COVER HOOK R XV ?	57731FL570NN	6.70			
9	PANEL COMPL R GAT ✓ ND ORDER TCS	60809FL0009P	940.00			
10	GLASS ASSY R G ✓ MC	63019FL030	1091.50			
11	STRIKER R/G ?	63264AG100	22.20			
12	WSTR DR R G ?	63516FL000	111.00			
13	DAM RUBBER ✓ MC	65245FL000	18.50			
14	LENS & BODY COMPL LH X	84912FL210	199.80			
15	LENS & BODY COMPL LH X	84912FL251	370.00			
16	LENS & BODY COMPL RH ?	84913AL120	133.20			
17	LENS & BODY COMPL LH X	84913AL140	66.60			
18	GARNISH SC ?	91111FL030NN	178.70			
19	TRIM PNL AY SKIRT ?	94026FL010VH	111.00			

\* Tailor RH

\* Tailor RH *OR*

SUB TOTAL	3966.00	0.00	0.00	0.00
LESS DISCOUNT ( NETT-20 %)	793.20	0.00	0.00	0.00
GRAND TOTAL	3172.80	0.00	0.00	0.00
OVERALL TOTAL	3172.80			

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



ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SLE7373J

S/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1	TPCLAIM	CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM) AGAINST SKW7741Y - HL ASSURANCE INSURED		
2	ZZ/001	CONDUCT TP CLAIM HL ASSURANCE DATE:12/06/2022 TIME: 1338HRS LOCATION:BISHAN ST 22 SLIP RD TO BISHAN RD		
3	ZZ/002	REPAIR/REPLACE REAR BUMPER, PANEL & TAILGATE	1680.00	1120
4	ZZ/003	RESPRAY REAR BUMPER, PANEL & TAILGATE <sup>560x2</sup> 420 x2	1260.00	840
5	ZZ/004	REMOVE & REFIX EXHAUST	150.00	X
6	ZZ/005	TRANSFER TAILGATE MECHANISM	150.00	/
7	ZZ/006	WHEEL ALIGNMENT	200.00	X
8	ZZ/007	FAULT DIAGNOSTIC	280.00	X
9	ZZ/008	REMOVE & INSTALL REAR WINDSCREEN	300.00	/
10	ZZ/009	CONDUCT REAR LIGHTING TEST	50.00	/
11	ZZ/011	SUPPLY & INSTALL REAR WINDSCREEN TINTED FILM	145.00	/ (Sfks agent)
12	ZZ/012	SUNDRIES	100.00	20
13	ZZ/10	SUPPLY & INSTALL REVERSE SENSOR - 4 EYES	400.00	/ BR
TOTAL LABOUR CHARGES			4715.00	

SUMMARY OF ESTIMATE FOR VEHICLE REGN NO SLE7373J

TOTAL LABOUR CHARGES	4715.00
TOTAL SPARE PARTS CHARGES	3172.80
GRAND TOTAL	7887.80 *

\* All charges do2 not include GST.

SURVEYOR'S PARTICULARS

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

Steve (LKK)  
20/6/22, 11.00am

ML NL  
P/P

4 dys

My Del sy

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 Consultant's 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 11:39 (SGT)
Date of Accident	12/06/2022 13:38 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Bishan St 22 slip road out to Bishan Rd
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE7373J
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Chan Hoon Hoon
NRIC No	S7300203F
Email Address	hoonhoon.ng@ri.edu.sg
Mobile Phone No	(Phone) +65-97775123
Alternative Phone No	+65-97775123

#### VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Xv
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1995

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070160356-01
Cover Note Number	-

#### DRIVER

Name of Driver	Chan Hoon Hoon
NRIC No	S7300203F



Date Of Birth	04/01/1973
Occupation	Indoor
Date Of Driving Pass	23/03/2004
Driving experience	18 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97775123
Alt. Phone Number	+65-97775123
Email Address	hoonhoon.ng@ri.edu.sg
Address	458 Ang Mo Kio Avenue 10
Address complement	#07-1588 SINGAPORE
Postcode	560458
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

As I was approaching the slip road from Bishan St 22 out to Bishan Road

I slowed down and also stopped to check my right for incoming vehicles at this cross junction. The car from behind did not stop and hit my car's rear.

#### ATTACHMENT(S)

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

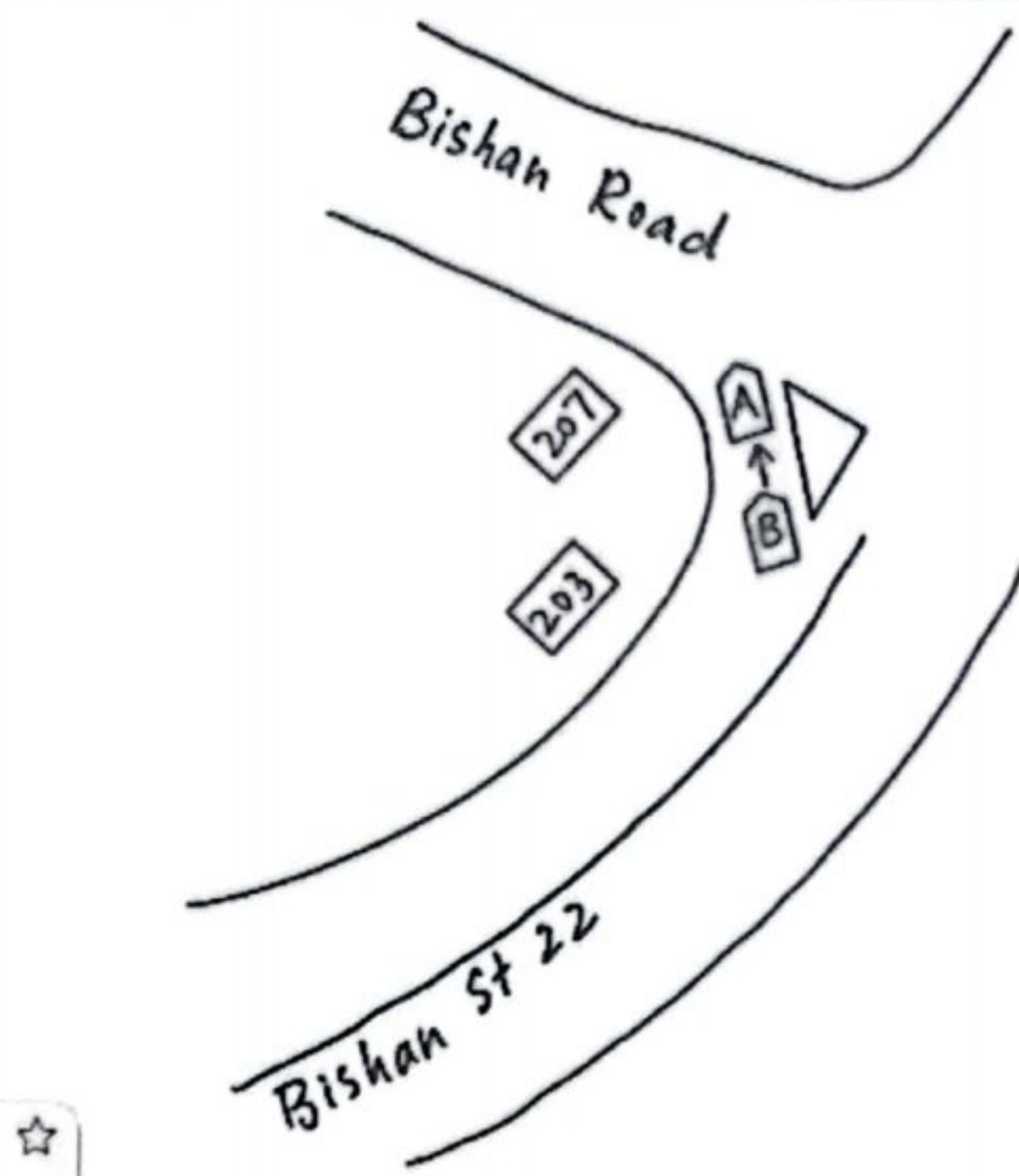
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW7741Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91549543



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





A: vehicle no. SLE 7373J

B: vehicle no. SKW 7741Y

1  
2





