

A.S.S. REC-BY: Tawfik

REF:

CS/CT/22006159/ Tcy3.**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

OD / TP / IS / TP RES / OD RES / EVA / INV / MV

To Inspect/Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

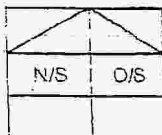
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vch: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: 246K

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 NY

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLE3832C Yr Regn: 2016 JulyType: M.Ca / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Axi C.C. 1496Colour: Silver A/C: Insured / Std / Nil / NASp. Reading: 62301 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: NRE 161 0018958

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: 185/60R15R: 185/60R15

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

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 4/7/2204pmSurvey held at AF & Cars PL

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

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Repair Form:

Lum Sum / I.B. n. p.

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. invs (\$☐ : Workshop (\$

Survey Fee: _____

Transportation: _____

S + RS. SI. _____

Photos _____

Others _____

AF & CARS PTE LTD

NO.48 TOH GUAN ROAD EAST
#01-121 ENTERPRISE HUB
SINGAPORE 608586
M: 86118181

ONG YI HUI

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

Estimate

Code: AF-000090
Date: 8-Jul-22
Vehicle No. SLE3832C
Model: TOYOTA COROLLA AXIO
CHASSIS # NRE161-0018958

NO.	Particular	Quantity	Unit Price	Amount
LIST PRICE PARTS Acknowledged by Repairer				
1	REAR BUMPER	1	\$723.63	516.23 \$723.63 de ✓
2	REAR BUMPER SIDE RETAINER RH/LH	2	\$236.38	151.20 \$472.76 de ✓
3	REAR BUMPER REFLECTOR RH/LH	2	\$287.63	\$575.26 X nn
4	REAR BUMPER NUT & WASHER	1	\$77.38	\$77.38 X nn
5	REAR TAIL LAMP RH/LH	2	\$712.63	904 \$1,425.26 Cwa ✓
6	REAR TAIL GATE	1	\$1,522.38	895 \$1,522.38 bt ✓
7	REAR TAIL GATE HINGES RH/LH	2	\$287.88	\$575.76 X nn
8	REAR TAIL GATE DAMPER RH/LH	2	\$472.63	\$945.26 X nn
9	REAR TAIL GATE MECHANISM LOCK	1	\$712.74	317.50 \$712.74 bt ✓
10	REAR TAIL GATE MECHANISM LOCK STRICKER	1	\$712.63	\$712.63 X nn
11	REAR TAIL GATE LOGO EMBLEM	1	\$151.63	85 \$151.63 nei ✓
12	REAR TAIL GATE COROLLA EMBLEM	1	\$103.88	45 \$103.88 nei ✓
13	REAR TAIL GATE AXIO EMBLEM	1	\$111.38	60 \$111.38 na ✓
14	REAR TAIL GATE BUSH RH/LH	2	\$51.63	\$103.26 X nn
15	REAR EXHAUST SILENCER BOX	1	\$1,222.63	\$1,222.63 X nn
16	REAR EXHAUST SILENCER BOX BUSH	1	\$76.63	\$76.63 X nn
17	REAR EXHAUST ALUMINIUM COVER	1	\$462.63	\$462.63 X nn
18	REAR END PANEL (INNER)	1	\$1,222.63	\$1,222.63 X R
19	REAR END PANEL (OUTER)	1	\$712.63	521 \$712.63 bt ✓
20	REAR END PANEL TOP GARNISH	1	\$463.63	185.20 \$463.63 de ✓
21	REAR END PANEL CENTER COMPARTMENT TRAY	1	\$975.13	\$975.13 X
22	REAR END PANEL CENTER COMPARTMENT TRAY COVER	1	\$975.13	308.70 \$975.13 de ✓
23	REAR FENDER COMPARTMENT TRAY TOP COVER LH/RH	2	\$986.38	\$1,972.76 X
24	REAR FENDER RH/LH	2	\$1,523.63	\$3,047.26 X
25	REAR FENDER INNER TRIMBOARD RH/LH	2	\$986.38	\$1,972.76 X
26	Rear boot weatherstrip 9175 cut ✓			
SUB-TOTAL BEFORE DISCOUNT				\$21,317.03
PERCENTAGE DISCOUNT 25%				\$5,329.26 25% - 3122.87
Sub-total 1				\$15,987.77

NO.	SPECIAL NETT PRICE PARTS	Quantity	Unit Price	Amount
1	REAR BUMPER REVERSE SENSOR(SET)	1	\$350.00	\$350.00 200nw ✓
2	REAR BUMPER CLIPS(SET)	1	\$35.00	\$35.00 30nw ✓
3	REAR NUMBER PLATE	1	\$25.00	\$25.00 X nn
4	REAR NUMBER PLATE GARNISH	1	\$25.00	\$25.00 X nn 230
Sub-total 2				\$435.00

NO.	LABOUR	Quantity	Unit Price	Amount
1	To remove & refix parking sensor assy and rectify for proper functioning	1	\$80.00	\$80.00 30
2	To diagnose, replace/or repair on the rear front portion electrical system for proper functioning and where consistent to the accident	1	\$100.00	\$100.00 30
3	To respray, painting on the change bodyparts, repair portion and where consistent to the accident	1	\$2,000.00	\$2,000.00 700
4	To provide labour, workmanship to change damaged bodyparts, repair, align body structure & damaged and where consistent to the accident	1	\$2,000.00	\$2,000.00 700
5	To apply anti-rust chemical on repaired & replaced panel and where consistent to the accident	1	\$280.00	\$280.00 40
6	To provide towing charge (3 trips), scene-workshop, workshop-reporting centre, reporting centre-workshop	1	\$300.00	\$300.00 X nn 1500
7	To remove and change exhaust silencer box with pipe, re-align where necessary consistent to the accident	1	\$150.00	\$150.00 X nn
Sub-total 3				\$4,910.00
Total for Parts & Labour				\$21,332.77

Tan Jia 97495749
WP 4/7/22 4pm
L/S Resurvey after repair
tan.jia@lkkauto.com
06 days

3122.87
230
1500
4852.87
L/S 3900, 06 days *

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	23/06/2022 23:27 (SGT)
Reported by	Driver
Date of Accident	23/06/2022 09:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WEST COAST DRIVE, BESIDE AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLE3832C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG SIANG
NRIC No	SXXXX559C
Email Address	caelyn.ong@hotmail.com
Mobile Phone No	(Phone) +65-88098281
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	1.5X CVT ABS D/AIRBAG 2WD
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	1500

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2020-00007145-01

DRIVER

Name of Driver	ONG YI HUI
NRIC No	SXXXX592B
Date Of Birth	16/03/1993
Occupation	Indoor

Date Of Driving Pass	03/11/2012
Driving experience	9 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91919156
Alt. Phone Number	-
Email Address	caelyn.ong@hotmail.com
Address	387 TAMPINES, ST 32
Address complement	05-93
Postcode	520387
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO, T/20200625/7019 LODGE AT 10 UBI AVENUE 3
 I WAS DRIVING DOWN FROM CLEMENTI AVE 6 GOING THROUGH THE BEND AND ABOUT TO EXIT ONTO MAIN ROAD WHICH IS WEST COAST DRIVE, BESIDE AYE. UPON REACHING THE END OF THE BEND, BEFORE EXITING, I SLOWED DOWN MY CAR TO A COMPLETE STOP AT THE GIVEN WAY LINE AS THERE WAS AN ON-COMING CAR ON THE MAIN ROAD. I WAS WAITING FOR THE CAR TO CLEAR BEFORE I EXIT THE BEND. HOWEVER, THE DRIVER BEHIND ME DID NOT SLOW DOWN HIS VAN. HE TURNED HIS HEAD TO LOOKED AT THE TRAFFIC ON THE MAIN ROAD AND DIDN'T NOTICE THAT I WAS STILL IN FRONT OF HIM. HENCE HE COLLIDED INTO ME FROM THE BACK. THE IMPACT MOVED MY CAR TO BE IN FRONT OF THE GIVEN WAY LINE. BOTH OF US STOPPED AND TOOK A FEW PHOTOS. WE ALSO EXCHANGED OUR IC AND PHONE NUMBERS. I HAVE EXTRACTED THE VIDEO FOOTAGE FROM THE DASH CAMERA. I HAVE SUBMITTED ALL PHOTOS AND VIDEO FOOTAGE TO INSURANCE REPORT TEAM HELPING ME TO RECORD MY ACCIDENT REPORT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GZ4852L
Vehicle Manufacturer	Nissan
Vehicle Model	P/UP D/CAB
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Commercial vehicle
Name of Driver	YEO SOON TECK
NRIC No	SXXXX119B
Contact Number	(Phone) +65-96862311
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.
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7. By the lodgment 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.

5. 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (c) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

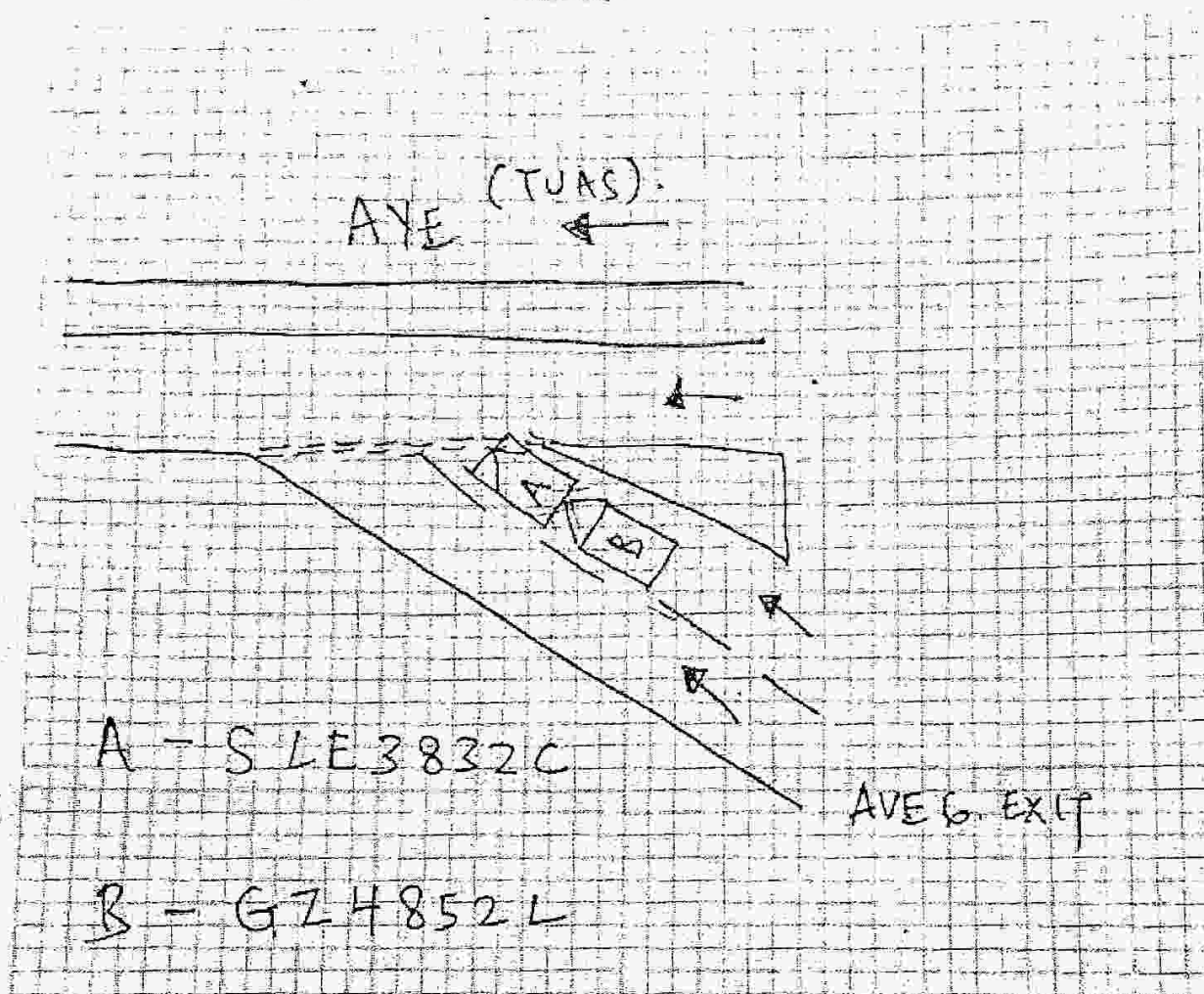
23062022

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.

ACCIDENT DIAGRAM

Ver. 30443021



VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

23/6/22

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary at the give way line as there was a vehicle on the main road. Upon being stationary I felt a big impact from my rear vehicle. My vehicle moved forward due to the impact.

I later realised that a vehicle had hit the rear of my vehicle.

Both of us stop and I managed to take a few pictures.

I will check my in car camera if there is video footage of the accident.

No injury involved.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policy holder)
Date & Time:

23062022

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALI BIN ABDULLAH

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No: