

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 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLV 6031 T Yr Regn: 10/12/15
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Nissan X-Trail c.c. 1997
Colour: Grey A/C: Insured / Std / NI / NA
Sp. Reading 161950 T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: JN1KANT322 0001246
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modl: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 235/60R18
R: 1)
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or .

Front
 R/Bal. 4 mm
 L/Bal. 4 mm
 D.O.A. 22/6/22
 Survey held at AF & Co
 Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

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

[illegible]

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip:

Survey Fee:

Transportation:

$$S + RS \rightarrow SI$$

1 Photos

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TOTAL

Report Format :

Lump Sum / I.B.F. (%) .)

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

AF & CARS PTE LTD
NO.48 TOH GUAN ROAD EAST
#01-121 ENTERPRISE HUB
SINGAPORE 608586
M: 86118181

MOHAMAD RIZAL BIN AMIR KHAN

Stew (LKK)
8/7/22, 11.00

h2 m
L15
17 11 ay
3 djs

Estimate

Code: AF-000089
Date: 5-Jul-22
Vehicle No. SLU6031T
Model: NISSAN X-TRAIL
CHASSIS #: JN1JANT32Z0001246

NO.	Particular	Quantity	Unit Price	Amount
LIST PRICE PARTS				
1	REAR BUMPER / 00	1	\$860.68	\$860.68
2	REAR BUMPER SIDE RETAINER R/L X	2	\$74.30	\$148.60
3	REAR BUMPER LOWER GRILLE X	1	\$130.35	\$130.35
4	REAR BUMPER REFLECTOR RH/LH X	2	\$67.05	\$134.10
5	REAR BUMPER REINFORCEMENTS X	1	\$482.54	\$482.54
6	REAR END PANEL X	1	\$1,385.35	\$1,385.35
SUB-TOTAL BEFORE DISCOUNT				\$3,141.62
PERCENTAGE DISCOUNT 10%				\$314.16
Sub-total 1				\$2,827.46
SPECIAL NETT PRICE PARTS				
1	REAR BUMPER REVERSE SENSOR(SET) / Shm	1 200	\$350.00	\$350.00
2	REAR BUMPER CLIPS(SET) - m	1 30	\$35.00	\$35.00
Sub-total 2				\$385.00
LABOUR				
1	To remove & refix parking sensor assy and retify for proper functioning	1	\$80.00 70	\$80.00
2	To diagnose, replace/or repair on the front portion electrical system for proper functioning and where consistent to the accident	1	\$100.00 30	\$100.00
3	To respray, painting on the change bodyparts, repair portion and where consistent to the accident	1	\$600.00 700	\$600.00
4	To provide labour, workmanship to change damaged bodyparts, repair, align body structure & damaged and where consistent to the accident	1	\$600.00 700	\$600.00
Sub-total 3				\$1,380.00
Total for Parts & Labour				\$4,592.46

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	23/06/2022 12:55 (SGT)
Reported by	Both
Date of Accident	22/06/2022 18:35 (SGT)
Exact Location of Accident	Bukit Batok, Singapore
Additional Location Information	Bukit Batok Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU6031T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Mohamad Rizal Bin Amir Khan
NRIC No	S8141704J
Email Address	rizaliceberg@hotmail.com
Mobile Phone No	(Phone) +65-93897784
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	X-trail
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1997

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG21014847

DRIVER

Name of Driver	Mohamad Rizal Bin Amir Khan
NRIC No	S8141704J
Date Of Birth	20/12/1981
Occupation	Indoor

Driving Pass	09/06/2010
experience	12 YEARS
	Male
e Number	(Phone) +65-93897784
Phone Number	-
ail Address	rizalliceberg@hotmail.com
address	628 Bukit Batok Central, #16-652
address complement	-
Postcode	650628
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)	3
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	-

PASSENGER 1

Name	Nur Azrin
Gender	Female

PASSENGER 2

Name	Sherina Khan
Gender	Female

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 attached sketch plan.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Registration Number
Manufacturer
Model
Variant
Vehicle Colour
Vehicle Category
Name of Driver
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

SMD8890U

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Private car

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 Actual 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 insurers 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 the 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



A-SLV60317
B-SMD88900

Please note that you might be able to submit an Own Damage claim under your own policy within 14 days.
() Claim Own Damage (OD) () Claim Third Party (TP) () Reporting Only (x) Claim OD/TP at other workshop

SWB WOV KONG


1

Describe Circumstances of the Accident


On 22nd June I was driving along R.102 Babel Road
 when I met with an accident My car was at stationary
 as it was red light Out of a sudden, a car from the
 rear did not manage to stop on time and hit the car and
 caused damage to its rear bumper.

Declaration

We declare the foregoing particulars are true in every respect.

 23 June 2022
 Policyholder's Signature / Date &
 Time

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

 23/6/22
 Witnessed by Reporting Centre
 Personnel

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