

Steve

CS/SMR 22007001/Erly3

## 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 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: SGU 1000A Yr Regn: 23/12/16

Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Volvo XC90 c.c. 1969Colour: Black A/C: Insured / Std / Nil / NASp. Reading 90550 T/Radio: Insured / Std / Nil / NA

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

C/No: YKLE 10ACH114CWL5

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: 215/70R16R: 11

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

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

Front R/Bal. 4 mmL/Bal. 4 mmD.O.A. 24/7/22Survey held at Wagines

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

MY-150K

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

2)

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

### SERVICE ESTIMATE

SS014 - C00001 SL: SERVICE SALES - PC  
 Mr Waldersee Chan Chung Ching  
 5 River Valley Close  
 #08-01

Singapore 238430

Closed by .... : Richmond Ho  
 Svc Consultant :  
 Remarks ..... : Mr Waldersee Chan Ch

GST Reg.No:M28920628X  
 Inv.No. . : B&P 0 Page 1  
 Inv.date. : 22/07/2022  
 WIP No. . : 34105  
 Veh.In/Out: 22/07/2022  
 \*Tel.No. . : Mobile: 90056177  
 Reg.No. . : SGU1000A  
 Reg.date . : 23/12/2016  
 Mileage .. : 0  
 Chassis No: YV1LF10ACH1140445

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BUMPER,REAR LOWER SPOILER,REAR SKDI PLATE ETC	0	2550.00	0		2,550.00 S	1445
800	TO PUTTY SPRAY PAINT ON REAR BUMPER,REAR LOWER SPOILER,REAR BOOT LID,ETC	0	3000.00	0		3,000.00 S	2250
802	TO REPLACE REAR EXHUST	0	850.00	0		850.00 S	/
280	TO CHECK WIRING INCLUDE RESETTNG OF ALL ELECTRICAL MODULES	0	555.00	0		555.00 S	/
	BUMPER COVER REAR XC	1.0 EA	3334.80			3,334.80 S	
	BUMPER SPOILER REAR	1.0 EA	1154.90			1,154.90 S	
	BUMPER BRACKET LHR X	1.0 EA	96.20			96.20 S	
	BUMPER BRACKET RHR X	1.0 EA	96.20			96.20 S	
	BUMPER REFLECTOR LH	1.0 EA	95.50			95.50 S	
	BUMPER REFLECTOR RH	1.0 EA	95.50			95.50 S	
	PROTECTING PLATE REA	1.0 EA	780.10			780.10 S	

Steve (LKK)  
 22/7/22, 4.5pm

with  
 P/P  
 by B/Ly  
 6 Lys

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

Wearnes Automotive Pte. Ltd.  
 45 Leng Kee Road, Singapore 159103 T 6430 4700 www.wearnes.com

Cor reg no. 199501400R / GST reg no. M28920628X

Date:

### SERVICE ESTIMATE

88014 - C00001 SL: SERVICE SALES - PC

Mr Waldersee Chan Chung Ching  
5 River Valley Close  
#08-01

Singapore 238430

GST Reg.No: M28920628X  
Inv.No. . : B&P 0 Page 2  
Inv.date. : 22/07/2022  
WIP No. . : 34105  
Veh.In/Out: 22/07/2022  
\*Tel.No. . : Mobile: 90056177  
Reg.No. . : SGU1000A  
Reg.date . : 23/12/2016  
Mileage . : 0  
Chassis No: YV1LF10ACH1140445

Closed by .... : Richmond Ho  
Svc Consultant :  
Remarks ..... : Mr Waldersee Chan Ch

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	ABSORBER BUMPER LH X	1.0 EA	143.20			143.20	S
	ABSORBER BUMPER RH X	1.0 EA	143.20			143.20	S
	TOW COVER REAR XC90 X	1.0 EA	89.80			89.80	S
	SCREW M05x25	10.0 EA	4.80			48.00	S
	NUT	10.0 EA	4.70			47.00	S
	Six point SCREW M05X	10.0 EA	4.80			48.00	S
	PARK HOLDER CTR LH X	1.0 EA	47.90			47.90	S
	PARK HOLDER CTR RH X	1.0 EA	47.90			47.90	S
	BUMPER RAIL REAR XC9	1.0 EA	1651.20			1,651.20	S
	BLIND RIVET 4.0*21 P	10.0 EA	5.00			50.00	S
	BUMPER CLIP 8x8,5	10.0 EA	8.20			82.00	S
	END PIPE LH T5 T6 MO	1.0 EA	246.70			246.70	S
	END PIPE RH T5 MOM X	1.0 EA	246.70			246.70	S
	EXHAUST CLAMP 65mm S	1.0 EA	180.00			180.00	S
	SILENCER REAR T5 XC9	1.0 EA	1166.80			1,166.80	S
	END PIPE RIM KIT T5	1.0 EA	585.90			585.90	S
	END PIPE CHROME T5 X	2.0 EA	201.50			403.00	S

### SERVICE ESTIMATE

88014 - C00001 SL: SERVICE SALES - PC

Mr Waldersee Chan Chung Ching

5 River Valley Close

#08-01

Singapore 238430

Closed by .... : Richmond Ho

Svc Consultant :

Remarks ..... : Mr Waldersee Chan Ch

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 3

Inv.date. : 22/07/2022

WIP No. . : 34105

Veh.In/Out: 22/07/2022

\*Tel.No. . : Mobile: 90056177

Reg.No. . : SGU1000A

Reg.date . : 23/12/2016

Mileage .. : 0

Chassis No: YV1LF10ACH1140445

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	BUMPER INSTALLING MT	1.0 EA	101.40			101.40	S
	PLASTIC ADHESIVE WUR	1.0 EA	70.00			70.00	S
	EMBLEM 'VOLVO' REAR	1.0 EA	121.80			121.80	S
	EMBLEM 'XC 90' XC90	1.0 EA	138.40			138.40	S
	EMBLEM 'T5' XC60 S80	1.0 EA	117.00			117.00	S
	Emblem 'AWD' XC90 16	1.0 EA	112.30			112.30	S

Gross Total. 18,496.40

Labour Total 6,955.00  
 Parts Total 11,541.40  
 Package Total 0.00

Net..... 18,496.40  
 GST @ 7.0% 1,294.75  
 Total..... 19,791.15  
 Paid..... 0.00  
 Please Pay.. 19,791.15

GST: S=StdRated; O=OutOfScope; Z=ZeroRated

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

## ACCIDENT STATEMENT

Date and Time of Accident

Date: 31/07/2023 Time: 1730

Exact Location of Accident

ALONG CTE TWDS AMK.

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGU1000A.

## INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)

WALDERSEE CHAN CHUNG CHING.

Personal Identification - NRIC (Singaporean/PR)

S7667949E.

- FIN/Passport Number

- Not Applicable

## VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model

Manufacturer VWLW Model X190.

Type of Vehicle\*

☐ Saloon ☒ MPV ☐ CRV ☐ Van ☐ Lorry  
☐ Bus ☐ M/cycle ☐ Others, \_\_\_\_\_

Exact Purpose for which vehicle was being used at time of accident

Social

Are you claiming under your own insurance policy for repair to your vehicle?

☐ Yes ☒ No (If No, Pls select: ☒ Third Party ☐ Reporting)

Vehicle Category\*

☒ Private ☐ Commercial ☐ Motorcycle

## INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company \*

AIG ASIA PACIFIC.

Type of Policy

☒ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only

Fleet Policy

☐ Yes ☒ No

Policy Number

S100495349.

Motor CI

## DRIVER

☐ Same as Insured above

Name of Driver

CHA SHI JIU.

Personal Identification - NRIC (Singaporean/PR)

S7900007H.

- FIN/Passport Number

Date of Birth

07 dd/ 01 mm/ 1979 yy

Driving Date Pass

25 dd/ 11 mm/ 2005 yy

Year of Driving Experience

Year(s)

Month(s)

Occupation

☒ Indoor ☐ Outdoor

Gender

☐ Male ☒ Female

Contact Number / Mobile Phone / Fax No.

9683 9560.

Address of Driver	2A LINCOLN ROAD #24-10	Postcode (308364.)
Email Address	chastjiu@yahoo.com.sg	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	Spouse	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		

### GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	HEAD-REAR
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____

### OTHER INFORMATION

Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was there any video captured by Car Camera?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Number of Passengers (Including Driver)	01

### DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name	
Police Station Address	
Police Station Contact	Tel No. _____ Fax No. _____
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?)

### DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	SHE 277S
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	HAJDINOR BIN MOHAMED
Personal Identification - NRIC (Singaporean/PR)	S73386737
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

(Note - Please use page 6 if you need to add more vehicles.)

## 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 Traffic Police Department for investigation.
6. This 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 :

(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' law yers/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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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

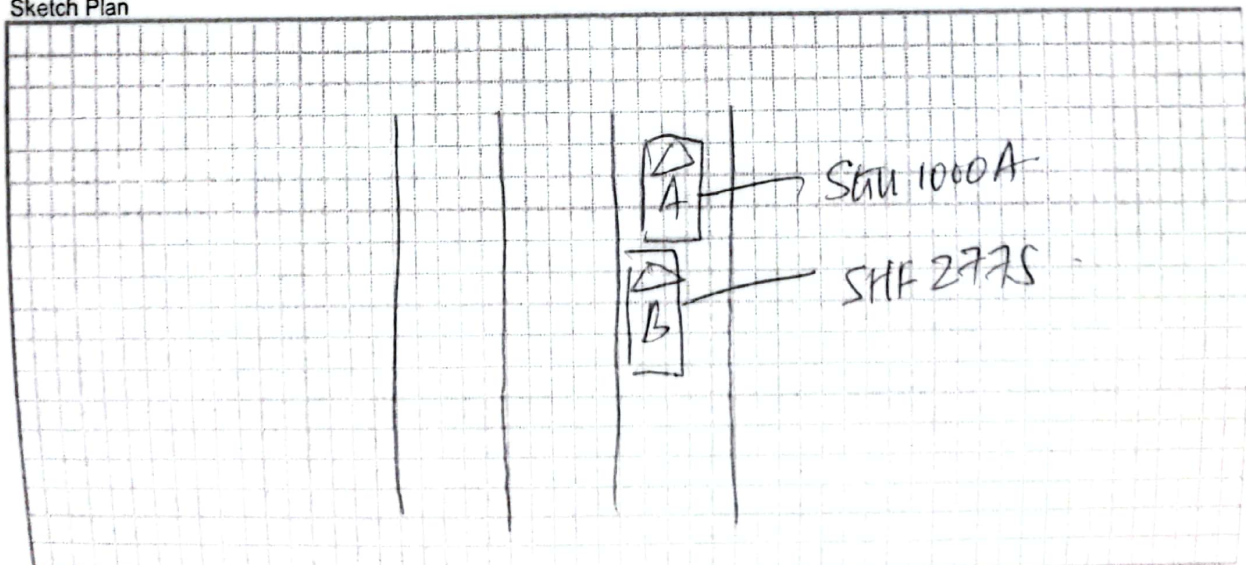
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstance of the Accident**

I was travelling along CTE between Marlmain and Jalan Bahagia towards Ang Mo Kio. Traffic was very heavy as it was peak hour. The car in front of me stopped and so I stopped too. The car behind me didn't manage to stop on time and knocked into me.

**IMPORTANT NOTE**

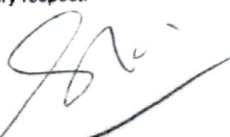
Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

**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 policyholder) / Date  
& Time

Witnessed by Reporting Centre Personnel