

ASS. REC. BY:

REF:

AG21 22007755/kv

C

Kenneth

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:

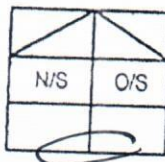
Excess:

(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:

4.

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SCJ 7939B

Yr Regn:

12, 16

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

Truck / Trailer or

Make:

Mazda 2

c.c.

1496

Colour:

M. Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

54513

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MM 6DL25AA GW19653P

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

185/60R16

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

Front

Rear

R/Bal.

3

mm

R/Bal.

2

mm

L/Bal.

3

mm

L/Bal.

2

mm

D.O.A.

11/8/22

D.O.A.

16/8/2022

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

26/8 @ 2300h Car Ins

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - R.S. St

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

Lump Sum / I.B.I: (\$

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 Actual 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	11/08/2022 17:54 (SGT)
Reported by	Both
Date of Accident	11/08/2022 16:20 (SGT)
Exact Location of Accident	100 Hougang Ave 2, Singapore 538856
Additional Location Information	JUNCTION OF HOUGANG AVE 2 & HOUGANG AVE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ7939B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TEO SIEW LIAN
NRIC No	SXXXX493E
Email Address	SLTEO1168@GMAIL.COM
Mobile Phone No	(Phone) +65-98393563
Alternative Phone No	(Home) +65-62493255

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	2
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	1500

INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Policy Number / Cover Note Number	MP315565

DRIVER

Name of Driver	TEO SIEW LIAN
NRIC No	SXXXX493E
Date Of Birth	11/01/1968
Occupation	Indoor

Date Of Driving Pass	21/05/1991
Driving experience	31 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98393563
Alt. Phone Number	(Home) +65-62493255
Email Address	SLTEO1168@GMAIL.COM
Address	BLK 580 HOUGANG AVE 4 #09-618
Address complement	-
Postcode	530580
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
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

TRAFFIC LIGHT TURN AMBER, SO I PROCEED TO STOP.

SUDDENLY I FELT A BANG FROM MY REAR, VEHICLE B HAD COLLIDED ONTO MY REAR.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ2713G
Vehicle Manufacturer	Mitsubishi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	TAI KAY SENG
Contact Number	(Phone) +65-96508007
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

VEH A: SLJ7939B
VEH B: SMJ27136
VEH C: NIL


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 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:

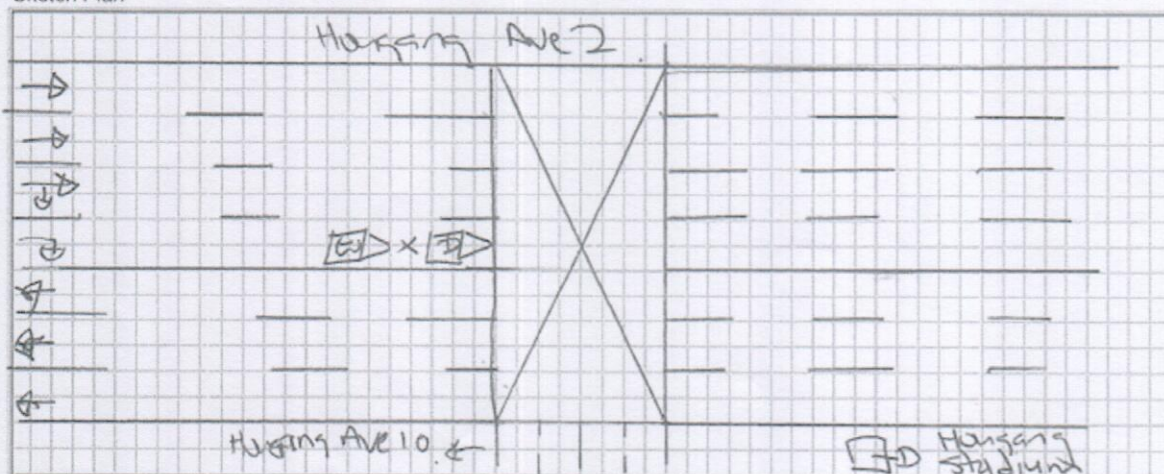
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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.

 11/8/22 1736h
Policyholder's Signature / Date & Time

 11/8/22 1736h
Actual Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



vJun2022

Describe Circumstance of the Accident

VEH A: SLT7939B VEH B: SMJ77136 VEH C: NIL

DATE OF ACCIDENT: 11/8/22. TIME OF ACCIDENT: 1620hrs

ACCIDENT LOCATION: Junction of Hargreave Ave 2 & Hargreave Ave 10

Traffic light turn amber, so I proceed to stop.
Suddenly I felt a bang from my rear, Vehicle B had collided onto my car.

Declaration

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

11/8/22
1736 hr

Policyholder's Signature / Date & Time

11/8/22
17366

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




Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A

#03-11 AMK Autopoint Singapore 568047

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

Not Notified
11 hrs @ 2300h
Resurvey After Repair
4. days

ESTIMATE

Auto & General Insurance (Singapore) Pte Ltd
Singapore Shopping Centre
190 Clemenceau Ave #03-01
Singapore 239924
ATTN: ACCIDENT CLAIMS DEPARTMENT

DATE : 11.08.2022
VEHICLE NO : SLJ7939B
VEH MAKE/MODEL : MAZDA 2
YOM : 2016
CHASSIS NO : MM6DL2SAAGW196539
DATE OF ACCIDENT : 11.08.2022

NO	QTY	DESCRIPTION	AMOUNT \$
		LIST PRICE:-	
1	1	REAR BUMPER <i>995.</i>	\$ <i>Ru</i> 954.50
2	2	REAR BUMPER SIDE RETAINER LH & RH	\$ <i>Ru</i> 45.60
3	1	REAR BUMPER REFLECTOR RH	\$ <i>Ru</i> 53.00
4	1	REAR BUMPER REFLECTOR LH	\$ <i>Ru</i> 53.00
5	1	REAR BUMPER LOWER <i>X</i>	
6	1	REAR END PANEL	\$ <i>Ru</i> 656.00
7	1	REAR END PANEL GARNISH	\$ <i>Ru</i> 57.60
8	1	REAR BOOT <i>B1 ✓</i>	<i>982.00</i>
9	1	REAR BOOT LOCK <i>Ru X</i>	
10	1	REAR REINFORCEMENT BAR <i>X</i>	
11	2	REAR REINFORCEMENT ARM <i>X</i>	
12	1	REAR EXHUST TIP <i>Ru X</i>	
13	1	REAR EXHAUST HEAT SHIELD <i>Ru X</i>	
14	1	REMOTE CONTROL SENSOR <i>CM ✓</i>	<i>126.00</i>
15			
16			
17			
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30			
31			

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:

TOTAL - LIST ITEM \$ 1,819.70

LIST PRICE:- 20% \$ 363.94

TOTAL \$ 1,455.76

ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A

#03-11 AMK Autopoint Singapore 568047

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

ESTIMATE

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Singapore Shopping Centre
190 Clemenceau Ave #03-01
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VEH MAKE/MODEL : MAZDA 2
YOM : 2016
CHASSIS NO : MM6DL2SAAGW196539
DATE OF ACCIDENT : 11.08.2022

NO	QTY	DESCRIPTION	AMOUNT \$
		SPECIAL NETT ITEMS:-	
1	SET	REAR BUMPER CLIPS	\$ <i>nn</i> 45.00
2	2 SET	REAR FENDER INNER SHIELD CLIPS	\$ <i>nn</i> 70.00
3	SET	REVERSE SENSOR SET	\$ <i>short</i> 350.00
4	SET	REAR BOOT INSULATOR CLIPS	\$ <i>nn</i> 45.00
Total - SN Item			\$ 510.00
		Labour Charges:-	
1		SPRAY PAINT ON ALL AFFECTED AREA	\$ 1,000.00
2		LABOUR REMOVE/REFIX ACCIDENT DAMAGE PARTS TO KNOCK, JACK, CUT WELD AND REALIGN ACCIDENT AFFECTED AREA	\$ 1,000.00
3		TO CHECK WIRING SYSTEM & LIGHT	\$ 120.00
		TO APPLY ANTI RUST TREATMENT	\$ <i>nn</i> 120.00
5		TO REMOVE/REPLACE REAR REVERSE SENSOR	\$ 180.00
6			
7			
8			
9			
10			
Total - L/C			\$ 2,420.00
Sub-Total			\$ 4,385.76
7% GST			\$ 307.00
Total			\$ 4,692.76

—
X
200.00
X

600.00
350.00
150.00
X
50.00