

ASS. REC. BY:

REF:

INC / 220081461kg

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)

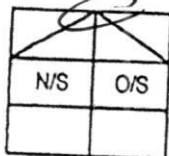
Make of Veh:

10.30am

(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:

02

days

Res.: Yes or No

Lum Sum:

1-B1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SL7 6616E

Yr Regn:

05, 18

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

Truck / Trailer or

Make:

Kia Carex

C.C.

1885

Colour

N. Brown

A/C:

Insured / Std / NI / NA

Sp. Reading

414971

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KNAHUB15VJ7206282

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F: Wanli

205/55ZR16

R: Duratum

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

Front

R/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

21/8/22

Rear

R/Bal.

7

mm

L/Bal.

7

mm

D.O.I.

25/8/2022

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

7/19 @ 1201.40 Car (Red, 1268.60, 519%)

Date/Time, File Pass to?

1) 8/9/22

Date/Time, File Return to?

2)



: Prell. Report



: Final Report

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS. \$

Fines

Others

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

Report Format :

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

1201.40

TOTAL

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	22/08/2022 14:22 (SGT)
Reported by	Driver
Date of Accident	21/08/2022 11:00 (SGT)
Exact Location of Accident	Marine Parade, Singapore
Additional Location Information	ALONG MARINE PARADE BEFORE TURNING LEFT TOWARDS PARKWAY PARADE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLZ6616E

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BIS MOTORING PTE LTD
Company Reg No	2XXXXX055D
Email Address	KEIFTAN@BISMOTORING.COM.SG
Mobile Phone No	(Phone) +65-86881311
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Carens
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1700

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2002451400

DRIVER

Name of Driver	TAN ENG LAM
NRIC No	SXXXX452D
Date Of Birth	13/07/1956

Occupation	Outdoor
Date Of Driving Pass	14/05/1976
Driving experience	46 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96896633
Alt. Phone Number	-
Email Address	TANENGLAM1956@GMAIL.COM
Address	BLK 176 BUKIT BATOK WEST AVE 8
Address complement	#08-313
Postcode	650176
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Change/cross lane
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)	2
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	GOJEK PASSENGER
Gender	Male

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 SKETCH PLAN

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	SLZ1691U
Vehicle Manufacturer	Mazda
Vehicle Model	2

SKETCH PLAN

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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.
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.
- (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 (d) 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:

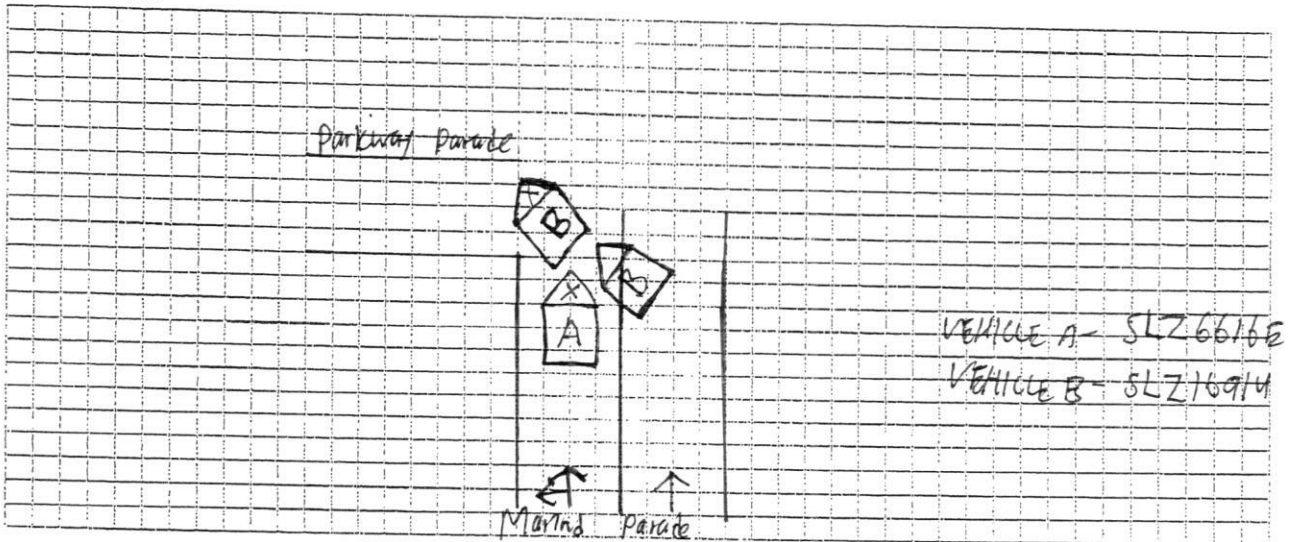
Driver's Signature
(If driver is not the policyholder)
Date & Time: 22.08.2022

0921

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I was travelling along Marine parade before turning left towards parkway parade entrance. That's is a traffic light in red colour, when the light turn green. I slowly proceed to the slip rd prepare to turn left. However, on my right has a vehicle SLZ 16914 and that is a go straight lane. Suddenly, the said vehicle cut into my lane and turn left. I was not able to stopped in time as this out of sudden I have no time to react.

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:

22.08.22
0921

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



Munich Autocare Pte Ltd

60 Jalan Lam Huat #02-02/03 Carros Centre Singapore 737869

Tel: +65 6255 2288 | Fax: +65 6265 5388

Company Reg. No.: 201832250M | GST Reg. No.: 201832250M

NOT Notified
Returning Repair
8/20/20 2 days

ESTIMATION REPORT

Vehicle No : SLZ6616E

Estimation No. : E22080011

Make & Model : KIA, Carens EX 1.7 Diesel, KNAHU815VJ7206282

Date : 22/08/2022

Year of : 2018

Manufacture

No.	Code	Description	Qty	U/P	Amt
Section: Parts					
1		FRONT BUMPER	1.00	695.00	695.00 X
2		FRONT BUMPER TOW COVER	1.00	25.00	25.00 X
3		FRONT RADIATOR GRILLE 425	1.00	500.00	500.00 ✓
4		FRONT RADIATOR GRILLE MOULDING (CHROME) 420	1.00	450.00	450.00 ✓
5		FRONT BUMPER LOWER GRILLE	1.00	237.50	237.50 X
6		FRONT BUMPER LOWER LIP (SILVER)	1.00	187.50	187.50 X
7		FRONT BUMPER TOP COVER	1.00	95.00	95.00 X
8		FRONT LOGO EMBLEM 51.00	1.00	86.00	86.00 ✓
9		FRONT FENDER RH	1.00	425.00	425.00 X
10		FRONT FENDER INNER SHIELD RH	1.00	50.00	50.00 X
11		FRONT HEADLAMP RH	1.00	1,730.00	1,730.00 X
12		FRONT HEADLAMP LOWER BRACKET RH	1.00	20.00	20.00 X
13		FOG LAMP COVER	1.00	93.00	93.00 X

108

Amt S\$ 4,594.00
Discount (0.00%) S\$ 0.00
Subtotal S\$ 4,594.00

Section: Special nett

14		BUMPER CLIP	7.00	7.00	49.00 X
15		LICENSE PLATE WITH CASING	1.00	45.00	45.00 ✓
16		FENDER CLIP	7.00	7.00	49.00 X

Amt S\$ 143.00
Discount (0.00%) S\$ 0.00
Subtotal S\$ 143.00

Section: Labour

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:

Continue on next page...

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Tel: +65 6255 2288 | Fax: +65 6265 5388

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ESTIMATION REPORT

Vehicle No : SLZ6616E

Estimation No. : E22080011

Make & Model : KIA, Carens EX 1.7 Diesel, KNAHU815VJ7206282

Date : 22/08/2022

Year of : 2018

Manufacture

No.	Code	Description	Qty	U/P	Amt	
17		TO DISMANTLE & REFIX FRONT ACCIDENT POTION, FRONT BUMPER, FRONT FENDER, FRONT BONNET AND ALL THE EFFECTED AREAS.	1.00	1,200.00	1,200.00	1500
18		TO CHECK WIRING OF ACCIDENT POTION FOR PROPER FUNCTION INCLUDING ADJUST HEADLAMP LH/RH FOCUS.	1.00	120.00	120.00	X
19		TO APPLY TUFF COASTING	1.00	150.00	150.00	X
20		TO RESPRAY FRONT ACCIDENT POTION, FRONT BUMPER, FRONT BONNET AND ALL THE EFFECTED AREAS.	1.00	1,000.00	1,000.00	2000

Amt S\$ 2,470.00

Discount (0.00%) S\$ 0.00

Subtotal S\$ 2,470.00

Remarks:

NTUC INCOME INSURANCE

DOA : 21/8/2022

TP CLAIM

Total

S\$ 7,207.00