

ASS. REC. BY:

REF:

INC / 220084771K943

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:

02

Res.: Yes or No

Lum Sum:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

STT 968P

Yr Regn:

08.20

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

Truck / Trailer or

Make:

Audi A5

C.C.

1984

Colour:

A-Black

A/C:

Insured / Std / NI / NA

Sp. Reading

39867

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WATU 888F542 A018257

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

245/40 ZRP

R:

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

Continental

Front

R/Bal.

6 mm

Rear

R/Bal.

8 mm

L/Bal.

6 mm

L/Bal.

8 mm

D.O.A.

28/8/22

D.O.I.

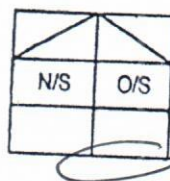
31/8/2022

Survey held at

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

Rear O/S

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



Date / Time

Action / Instruction

1 EN not ready

19/12 24077.94 Car not used \$3586.06, 47.7

Date/Time, File Pass to?



: Prell. Report



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS. SI

Fines

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Report Format :

Tp

Lump Sum / I.B.I. (\$) 4077.94

Thiam Heng Huat Pte Ltd

176 Sin Ming Drive #05-14 Sin Ming Autocare Singapore 575721

Mobile: 82636295 Email: thiamhenghuat@gmail.com

Not Authorized
Resurvey B4 painting
2 days

Make/Model: AUDI A5

Engine/Chassis No.: WAUZZZF54LA018257

Date of accident:

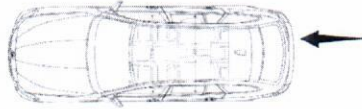
Damaged area: Rear

Date: 31/08/2022

Claim Type: TP

VRN: SJT966P

84077.94



List items				
S/N	Parts description	QTY	UNIT PRICE	AMOUNT
1	Rear bumper <i>2087-20 Bumper</i>	1	\$ 2,174.30	\$ 2,174.30
2	Rear bumper reinforcement <i>R</i>	1	\$ 870.00	\$ 870.00
3	Rear bumper side retainer upper <i>Sm</i>	2	\$ 56.20	\$ 112.40
4	Rear bumper side reflector <i>082 d/s cm</i>	2	\$ 231.95	\$ 463.90
5	Rear exhaust chrome garnish inner bracket o/s <i>cm</i>	1	\$ 191.25	\$ 191.25
6	Rear bumper lower <i>rd/br</i>	1	\$ 669.70	\$ 669.70
7	Rear exhaust chrome garnish o/s <i>409 rd</i>	1	\$ 450.00	\$ 450.00
8	Rear bumper center bracket <i>Sm</i>	1	\$ 90.00	\$ 90.00
9	Rear bumper side retainer lower <i>Sm</i>	2	\$ 56.20	\$ 112.40
Subtotal				\$ 5,133.95
List discount				5.00%
Total				\$ 4,877.25

Special nett items				
No.	Parts description	QTY	UNIT PRICE	AMOUNT
1	Rear bumper reverse sensor <i>Pray</i>	1	\$ 294.75	\$ 294.75
2	Rear bumper sensor holder <i>nn</i>	1	\$ 26.00	\$ 26.00
3	Rear bumper clips <i>nn</i>	12	\$ 5.50	\$ 66.00
4	Sundries <i>nn</i>	1	\$ 50.00	\$ 50.00
Total				\$ 436.75

Labour			
No.	Description	Work unit	Amount
1	To dismantle / renew the accident damaged portion. To panel beat, reshape, straighten, orientate and align repair / replacement parts.	6	\$ 1,200.00
2	To disconnect rear wire harness of electrical components to facilitate repairs, reconnect and check functions including taillamp lightings.	0.25	\$ 50.00
3	To rust proof all affected portions after repair.	0.5	\$ <i>nn</i> 100.00
4	Supply spray paint material and necessary items to respray affected area / panel.	5	\$ 1,000.00
Total labour			\$ 2,350.00
Estimate Grand Total			\$ 7,664.00

2201
201
X
2501

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 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	30/08/2022 13:36 (SGT)
Reported by	Driver
Date of Accident	26/08/2022 14:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SJT966P**

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG BOR KIAT
NRIC No	S1267648D
Email Address	NGBK@HOTMAIL.SG
Mobile Phone No	(Phone) +65-82011863
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A5
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	2000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5118678555-02

DRIVER

Name of Driver	NG JUN RUI
NRIC No	S9213951D
Date Of Birth	01/04/1992
Occupation	Indoor

Date Of Driving Pass	24/09/2013
Driving experience	8 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82011863
Alt. Phone Number	-
Email Address	RAY.JRNG@GMAIL.COM
Address	15 PAVILION PLACE
Address complement	-
Postcode	S658351
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	DRIZZLING
Road Surface	Wet

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

PLEASE REFER ATTACHMENT

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	SLE9006G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GOH PIN TAT
Contact Number	(Phone) +65-86305649

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.
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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.

6. 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.

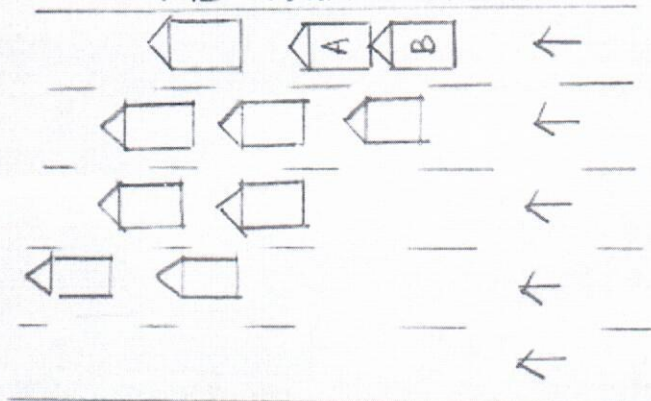
Policyholder's Signature / Date & Time

Sketch Plan

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

Grace Ng
Witnessed by Reporting Centre Personnel

PIE TOWARDS CHANGI



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	648D
Vehicle Details	
Vehicle No.:	SJT966P
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Aug 2022
Vehicle Make:	AUDI
Vehicle Model:	A5 SPORTBACK 2.0 TFSI S TRONIC (110 KW)
Primary Colour:	Black
Manufacturing Year:	2020
Engine No.:	DEM024146
Chassis No.:	WAUZZZF54LA018257
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$39,127.00
Original Registration Date:	24 Aug 2020
First Registration Date:	24 Aug 2020
Transfer Count:	0
Actual ARF Paid:	\$46,778.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Aug 2030
PARF Rebate Amount:	\$35,083.00
Intended COE Rebate Details	
COE Expiry Date:	23 Aug 2030
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$38,802.00
COE Rebate Amount:	\$30,968.00
Total Rebate Amount:	\$66,051.00

The information contained herein is correct as at 30 Aug 2022

OK