

Steve

CS/AIS22008923/Eng 3

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: _____

0

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: 110k

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 12 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: SNA 144526 Yr Regn: 24/6/21

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

Truck / Trailer or

Make: Hyundai Avante c.c. 1898

Colour: Grey A/C: Insured / Std / Nil / NA

Sp. Reading 93018 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMHLN141ET149212304

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____

R: _____

905/55R15

11

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

TOYO / YOKO or _____

Hankook

Front

Rear

R/Bal. _____

mm

R/Bal. _____

mm

L/Bal. _____

mm

L/Bal. _____

mm

D.O.A. _____

8/9/22

D.O.I. _____

14/9/22

Survey held at _____

Komoco

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

MK-110K

28/09/22 Steve confirmed final fig: \$12,103.68 and 12 days
(red, 702.08, 5%)

Date/Time, File Pass to?



: Prel. Report



: Final Report

1) 28/09/22

Date/Time, File Return to?

2) _____

Days Of Repair: 12

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Report Format:

Lump Sum / L.S. (\$ 12,103.68)

Add Fee:



: Site Insp (\$ _____)



: Interview (\$ _____)



: Tech. Invs (\$ _____)



: Weekend (\$ _____)



KOMOTO MOTORS PTE. LTD.

253 Alexandra Road #01-01 Singapore 119946
Tel: 65664075/65664076 Fax: 65664077/65664078
Email: info@komoto.com.sg

(GST REGISTRATION NO: MR-8500364-4)

Anff
86998507

Date : 09/09/2022

ALLIANZ INSURANCE SINGAPORE PTE LTD

Attn: Motor Claims Department

Vehicle number : **SNA4452G**
 Make and model : **AVANTE 1.6 AUTO "S"**
 Registration Date : **24/06/2021**
 Chassis number : **KMHLN41ETNU212384**
 Engine number : **G4FMMU047565**

Job No. :

Owner name : **CHUA WEN BI**Date of Acc : **07/09/2022**Policy number : **SP2002032832**Claim Type : **OD-Excess TBC****Items :****Estimate**

1	BUMPER CLIP X10	X	86595-2T500	\$	12.00
2	PANEL ASSY-FENDER,RH	/ DD	66320-AA100	\$	1,227.70
3	INSULATOR-FENDER RH	?	84126-AA000	\$	47.20
4	PANEL ASSY-FRONT DOOR,RH	/ DD	76004-AA000	\$	2,147.90
5	HINGE ASSY-FRONT DOOR UPPER,RH X2	?	79320-1Y000	\$	59.00
6	HANDLE ASSY-DOOR OUTSIDE,RH	/ MT	82661-AA200	\$	179.10
7	GUARD ASSY-FRONT WHEEL,RH	?	86812-AA000	\$	94.60
8	GUARD ASSY-FRONT MUD,RH	?	86832-AA000	\$	23.00
9	MIRROR ASSY-OUTSIDE RR VIEW,RH	/ BR	87620-AA210	\$	638.60
10	PANEL-SIDE SILL OUTER,RH	/ DD	71322-0AD00	\$	1,799.60
11	GARNISH ASSY-DR FRAME RH	?	82260-AA000	\$	30.00
12	MOULDING ASSY-FRT DR FRAME,RH	?	82860-AA000	\$	41.70
13	W/STRIP ASSY-FR DR BELT O/S RH	?	82220-AA010	\$	81.60
14	PAD-FR DR QUADRANT ANTINOISE,L X2	/ MC	821C0-AA000	\$	5.40
15	PANEL ASSY-REAR DOOR,RH	/ DD	77004-AA000	\$	2,147.90
16	HINGE ASSY-REAR DOOR UPPER,RH	?	79420-D8000	\$	45.90
17	HINGE ASSY-FR DR RH	?	79320-2H000	\$	36.10
18	GARNISH ASSY-RR DR FR FRAME,RH	?	83260-AA000	\$	30.00
19	W/STRIP ASSY-RR DR BELT O/S RH	?	83220-AA010	\$	85.10
20	MOULDING ASSY-RR DR FRAME,RH	?	83860-AA000	\$	32.30
21	GARNISH ASSY-RR DR RR FRAME,RH	?	83280-AA000	\$	30.00

\$ 8,794.70

Less 25% Discount

\$ 1,758.94

Material total

\$ 7,035.76

Vehicle number : SNA4452G
Make and model : AVANTE 1.6 AUTO "S"
Registration Date : 24/06/2021
Chassis number : KMHLN41ETNU212384
Engine number : G4FMMU047565

Job No. :
Owner name : CHUA WEN BI
Date of Acc : 07/09/2022
Policy number : SP2002032832
Claim Type : OD-Excess TBC

Body, Paint & Labour Items :

		Estimate
1	To carry out accident body repair 38" x 6.5	\$ 2,280.00 2470
2	Complete putty and spray paint all affected areas 34" x 5 + 160	\$ 2,040.00 1860

Labour Charges:

	Estimate
3 To supply door sealant (S.NETT) X2	\$ 200.00 ✓
4 To repair fender apron bracket (S.NETT)	\$ 380.00 ?
5 To transfer door wiring & mechanism (S.NETT)	\$ 300.00 ✓
6 To R&I seat & carpet to facilitate repair (S.NETT)	\$ 570.00 ✓ (photo) Disentle

Total	\$ 12,805.76
Excess	
Add GST 7%	\$ 12,805.76
	\$ 896.40
Grand Total	\$ 13,702.16

*** Estimation are base on visual inspection, should there be furthur damages found during process of repair, you will be inform prior before carry out***

Steve CLKK)

83228813

14/9/22, 9.30 am

OD-11 AL

Excess- ?

PIP

By BLSy

12 Lyr

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	09/09/2022 10:29 (SGT)
Reported by	Both
Date of Accident	08/09/2022 11:37 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	DUO GALLERIA PARKING
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNA4452G

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA WEN BIN
NRIC No	S9215999Z
Email Address	chuawenbin2013@gmail.com
Mobile Phone No	(Phone) +65-81639936
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	CN7 AVANTE 1.6 DOHC CVT S
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2002032832-01

DRIVER

Name of Driver	TONG PING HUI
NRIC No	S9212292A
Date Of Birth	07/04/1992
Occupation	Indoor

Of Driving Pass	04/12/2018
ing experience	3 YEARS AND 9 MONTHS
ender	Female
Mobile Number	(Phone) +65-91174879
Alt. Phone Number	-
Email Address	chuawenbin2013@gmail.com
Address	511 SEMBAWANG ROAD
Address complement	#04-68
Postcode	757711
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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 TO ATTACHED.

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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	-
Contact Number	-

Pass complement	-
Code	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
	HIT ONTO PILLAR
	-

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 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 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:

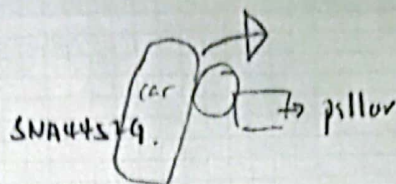
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was making a turn right in the carpark and did not realise the pillar on the right was too close to the car. When I turned right, the right side of the car scraped the pillar. Upon realising the car scraped the pillar, I reversed and midist of reversing, the side mirror dislodged.

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:

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