

Steve

CS/CT172009572/eqy3

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
X	X

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: SKL 2666Y Yr Regn: 25/11/18  
 Type:  M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Alfa Romeo 114119 c.o. 1995  
 Colour: Grey A/C: Insured / Std / Nil / NA  
 Sp. Reading: 10785 T/Radio: Insured / Std / Nil / NA  
 Eng/No: \_\_\_\_\_  
 C/No: 2AREAEKNGJ758-7402  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering:  Inorder / Jaimmed / Leaked / Burnt or  
 Brake:  Inorder / Jaimmed / Leaked / Burnt or  
 Mod: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 15/50R17  
 R: 17  
 BS / DUN / EXNOVA / GY / FS / LIZ / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or .  
 Front Rear  
 R/Bal. 4 mm R/Bal. 4 mm  
 L/Bal. 4 mm L/Bal. 4 mm  
 D.O.A. 16/11/17 D.O.I. 28/9/22  
 Survey held at Euro auto mobile  
 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-146K

Date/Time, File Pass to?  : Prell. Report  
 : Final Report

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_

1) \_\_\_\_\_  
 Date/Time, File Return to?  
 2) \_\_\_\_\_  
 Report Format: \_\_\_\_\_  
 Lump Sum / I.B.P. (\$) \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech, Invs (\$ \_\_\_\_\_)  
 : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:	_____ \$ + RS. _____ \$
Photos	_____
Others	_____
TOTAL	_____

China Taiping Insurance (Singapore) Pte. Ltd  
 3 Anson Road #16-00 Springleaf Tower  
 Singapore 079909  
 Tel: 6389 6111

Date: 26/9/2022

*Steve (LKK)  
 28/9/22, 500p  
 m l  
 P/P  
 L y R L y  
 3 d y*

RE: MOTOR CLAIM: TP CLAIM

REG. NO : SKL2666Y  
 INSURED : SOH KIAN WAH DERRICK  
 MODEL : ALFA ROMEO GIULIA SUPER  
 CHASSIS NO : ZAREAELNXXK7616280  
 POLICY NUMBER : SP2001604836  
 EXCESS :  
 D.O.A. : 16/09/2022

S/NO	PARTS REPLACEMENT	QTY	LIST PRICE	NETT PRICE	NETT TOTAL
1	REAR BUMPER / DP	1	\$ 1,706.09	\$ 1,364.87	\$ 1,364.87
2	REAR DIFFUSER / CAT	1	\$ 1,718.69	\$ 1,374.95	\$ 1,374.95
3	REAR BUMPER CLIPS / REC	2	\$ 2.91	\$ 2.33	\$ 4.66
4	REAR BUMPER BRACKET LHS	1	\$ 100.47	\$ 80.38	\$ 80.38
5	REAR BUMPER BRACKET RHS	1	\$ 96.97	\$ 77.58	\$ 77.58
6	REAR BUMPER REAR CENTRE BRACKET	1	\$ 180.25	\$ 126.18	\$ 144.20
7	REAR BUMPER SENSORS	4	\$ 104.44	\$ 83.55	\$ 334.20
8	REAR BUMPER SENSORS RING / REC	4	\$ 11.70	\$ 9.36	\$ 37.44
9	REAR BUMPER SENSORS WIRE	1	\$ 206.97	\$ 165.58	\$ 165.58
10	REAR CROSSRAIL	1	\$ 692.81	\$ 554.25	\$ 554.25
				SubTotal Parts	\$ 4,138.11

S/NO	LABOUR			
1	LABOUR TO REMOVE & REPLACE REAR BUMPER	850 X 1	\$1,000.00	
2	LABOUR TO REMOVE & REPLACE REAR DIFFUSER	850 X 1	\$1,000.00	
3	LABOUR TO SPRAY FRONT BUMPER	850 X 1	\$1,000.00	
4	TO REMOVE & REPLACE REAR PARKING SENSORS		\$1,000.00	
5	TO REMOVE & REPLACE REAR PARKING SENSORS WIRE		\$1,000.00	
6	TO CONDUCT PRE/POST DIAGONSTIC CHECK		\$800.00	
			SubTotal Labour	\$5,800.00

**Cost of Repair**  
 Parts \$4,138.11  
 Labor \$5,800.00  
 Sub Total \$9,938.11  
 Total W/GST \$10,633.78

Surveyed by: \_\_\_\_\_

Contact No: \_\_\_\_\_

Surveyed date: \_\_\_\_\_

Excess: \_\_\_\_\_

Authorised on: \_\_\_\_\_

Resurvey: \_\_\_\_\_

**Special Nett**  
 Total exclude GST: \_\_\_\_\_

*Yours faithfully,*

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplemental claim(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

assignments @ Lkkauto.com

6241 1972

Jes

# 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	17/09/2022 15:20 (SGT)
Reported by	Both
Date of Accident	16/09/2022 20:40 (SGT)
Exact Location of Accident	Bedok North Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL2666Y
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOH KIAN WAH DERRICK
NRIC No	S8932107G
Email Address	DERRICKSOH1@GMAIL.COM
Mobile Phone No	(Phone) +65-91556107
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Alfa Romeo
Model	GIULIA 2.0L SUPER
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	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2001604836

### DRIVER

Name of Driver	SOH KIAN WAH DERRICK
NRIC No	S8932107G
Date Of Birth	18/08/1989
Occupation	Indoor

Date Of Driving Pass ..... 17/07/2019  
 Driving experience ..... 3 YEARS AND 2 MONTHS  
 Gender ..... Male  
 Mobile Number .....  
 Alt. Phone Number ..... (Phone) +65-91556107  
 Email Address ..... -  
 Address ..... DERRICKSOH1@GMAIL.COM  
 Address complement ..... 1 TANAH MERAH KECHIL RD  
 Postcode ..... #09-03  
 Is the driver the policyholder? ..... 466663  
 If No, Relationship of the Driver with the Insured ..... Yes  
 Does Driver Own Other Vehicles? ..... -  
 Vehicle Registration Number of Other Vehicle Owned by Driver ..... No  
 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) ..... 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 ..... WONG MING YI  
 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

PLEASE REFER TO THE BELOW SKETCH PLAN & ACCIDENT STATEMENT.

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 ..... SMG6294M  
 Vehicle Manufacturer ..... Honda  
 Vehicle Model ..... -  
 Vehicle Variant ..... -

Vehicle Colour .....	Blue
Vehicle Category .....	Private hire
Name of Driver .....	YEO PUAY CHUAN
- .....	S6840196H
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1



**Describe Circumstances of the Accident**

On 16 September 2022 at about 8:35pm, I was travelling along Bedok North Ave 2 towards Bedok North St 1 and came to a stop at the junction of Bedok North Ave 2 and Bedok North Rd. Suddenly, a vehicle S461 6294 M collided into the rear of my vehicle. I was stationary at that point in time. No injuries to myself or passenger.

**Declaration**

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  
17/9/2022 @ 1349