

ASS. REC. BY: Taufik

REF: CS/SMR 2209575/Tgy 3.

ASSIGNMENT

From: _____ Date: _____
Estimated cost: _____
OD / TP / NS / TP RES / OD RES / EVA / INV / MV
To inspect Vehicle No: _____
at Workshop/s: _____
of: _____
Insured: _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: 9MD6316A Yr Regn: 2018 / Aug
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Siat 16139 SDR C.C. 949
Colour: Blue A/C: Insured / Std / NI / NA
Sp. Reading: 2484 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: VSSZZZKJZJR 133700
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: 195 / 55 R16
R: 2 7

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: \$72K
IDAC Accident Report: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 4 days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Towcar
Front: _____ Rear: _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.I. 5/10/20
Survey held at VAG Tdgua
Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
o/s Rear
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Taufikh finalised final fig \$1390. 4 days. (Red \$2960.48, 68%) - Steve finalised also

Date/Time, File Pass to? ☐ : Preli. Report
1) ☐ : Final Report
Date/Time, File Return to?

Days Of Repair: 4
Resurvey No. of Trip: 1

2) _____
Rep. Format: TP
Lum Sum / L.B. / C:
Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)
Survey Fee: _____
Transportation: _____
S + RS \$ _____
Photos _____
Others _____



Repair Estimate

VAG Singapore Pte Ltd

48 Toh Guan Road East

#05-136, Enterprise Hub

Singapore 608586

Tel: 6267 9916

Fax: 6267 9313

www.avantage.sg

Date : 27-Sep-2022

Vehicle Num : SMD6316A

Make/Model : Seat Ibiza 5DR 1.00 TSI 116

Chassis No : VSSZZZKJZJR133700

S/N	PARTS	QTY	PRICE	TOTAL
1	RH Rear Door	1	\$ 2,925.96	\$ <i>Rx</i> 2,925.96
2	RH Rear Door Seal	1	\$ 360.68	\$ <i>X</i> 360.68
	<i>Rear RH Rim</i>			<i>Rx SA/R</i>
<div style="border: 1px solid black; padding: 5px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <p>Acknowledged by Repairer Signature: Date:</p> </div>				
	TOTAL PARTS			\$ 3,286.64
	Less 10%			\$ 328.66
	TOTAL AMOUNT			\$ 2,957.98
MISCELLANEOUS ITEM				
1	Sunderies		\$ 37.50	\$ <i>?</i> 37.50
2	Tuff Kote		\$ 25.00	\$ <i>X</i> 25.00
LABOUR				
1	Remove and refit/Panel-beat RH Rear Door, Seal, Fender, Bumper and other associate components.		\$ 500.00	\$ <i>✓</i> 500.00
2	Surface preparation, spray paint and polish RH Rear Door, Fender, Bumpere and other affected areas.		\$ 750.00	\$ <i>600</i> 750.00
3	Diagnostic check and erase fault codes after the repair.		\$ 80.00	\$ <i>✓</i> 80.00
<i>Tan J M 97495749 / 62561571</i> <i>5/10/22 @ 2pm</i> <i>Resurvey after repair</i> <i>Tan J M / Kuantan</i> <i>P/P. 04 days</i>				
	TOTAL			\$ 4,350.48
	GST 7%			\$ 304.53
	GRAND TOTAL			\$ 4,655.01



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	27/09/2022 15:25 (SGT)
Reported by	Driver
Date of Accident	27/09/2022 08:24 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO STREET 42
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD6316A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SATHIYARAJ S/O MANNOKARAN
NRIC No	SXXXX082A
Email Address	A.KAVITHA@HOTMAIL.SG
Mobile Phone No	(Phone) +65-90926006
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Seat
Model	Ibiza
Variant	5DR 1.0 TSI 116 STYLE 7AT
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	999

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01085062

DRIVER

Name of Driver	KAVITHASRI D/O ANANDAN
NRIC No	SXXXX510B
Date Of Birth	13/06/1990
Occupation	Indoor



Date Of Driving Pass	22/09/2012
Driving experience	10 YEARS
Gender	Female
Mobile Number	(Phone) +65-83994991
Alt. Phone Number	-
Email Address	A.KAVITHA@HOTMAIL.SG
Address	BLK 305D PUNGGOL DRIVE #08-887
Address complement	-
Postcode	824305
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	Collision - Major/Minor Rd
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

PLEASE REFER TO THE 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	SHF7E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-

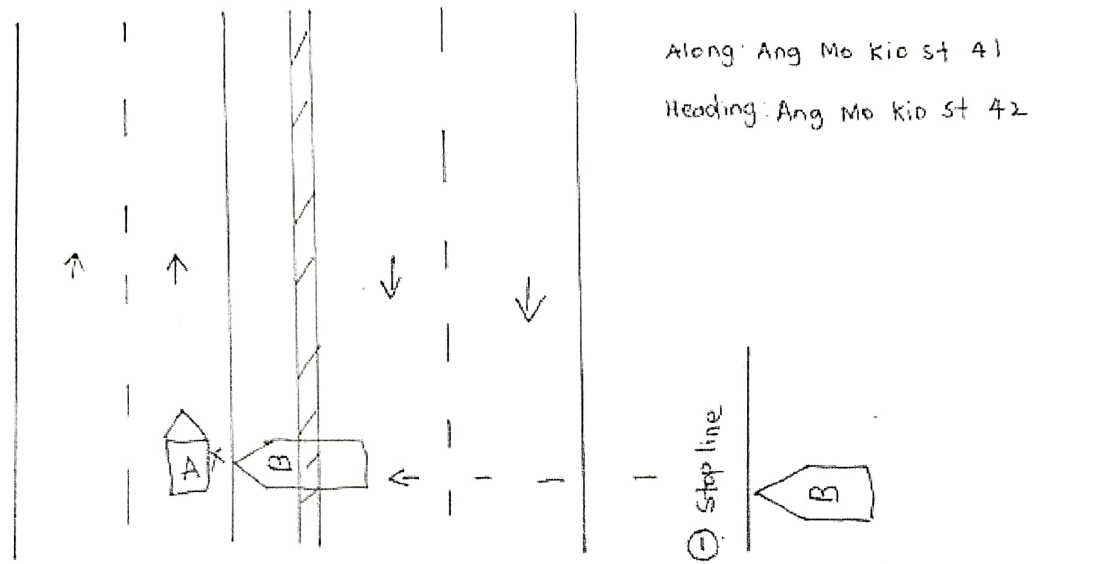
Accident Toolkit

Sketch plan

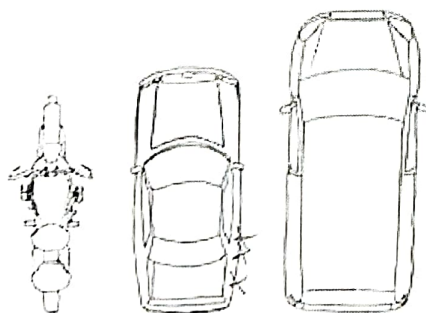
Sketch of accident scene:

Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

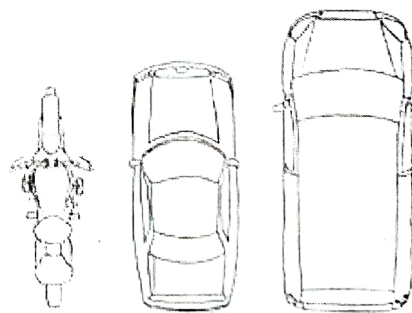
If safe, please take photos or videos from all angles.



Please indicate on vehicle A (your vehicle) and, vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow.



Vehicle A



Vehicle B

direct
asia
Insurance

Signature
27/09/2022
13:02

Call us direct

Customer Care

6665 5555

Claims Support 24/7 Hotline

6532 1818

+65 6603 9699 (from overseas)

- I was on my way to Ang Mo kio St 42.
- I was on the major road
- A taxi came from a minor road and hit my car.
- The taxi did not stop at the stop line.

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

Policyholder's Signature _____
 Date & Time: 27/09/2022
 13:02

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

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