

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: SLM 885C
 Policy No. DMHCSNW00013892200
 Claims No. SNM22D207137/C02/TANKL
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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

XX	
N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Report: _____ 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: SMR 7869X Yr Regn: 30/11/19
 Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Subaru Impreza c.c. 1995
 Colour: Red A/C: Insured / Std / NI / NA
 Sp. Reading: 39760 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JF1GK7KLSK6011863
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / SR / STD A/Rim or
 Tyre Size: F: 215/50R17
 R: 11
 DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front R/Bal. 5 mm Rear R/Bal. 5 mm
 L/Bal. 5 mm U/Bal. 5 mm
 D.O.A. 4/10/22 D.O.I. 6/10/22
 Survey held at Motor Image
 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
	<u>MV-95A</u>
<u>7/12/22</u>	<u>Submit preli report-revised fig \$8307.76 check items \$775.36</u>
	<u>Note: Vehicle convert to OD claim</u>

Order/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: 6
 Resurvey No. of Trip: _____

1) 7/12/22-typist
 Date/Time, File Return to?
 Report Format: _____
 Lump Sum / L.S. (%) _____

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

Survey Fee:	_____
Transportation:	_____
S + RS, SI	_____
Photos	_____
Others	_____
TOTAL	_____

MOTORIMAGE ENTERPRISES PTE. LTD.
25 LENG KEE ROAD
SINGAPORE 159097

ESTIMATE : ACCIDENT/BODY REPAIRS
WORKSHOP : LENG KEE
CONTACT NO :
REFERENCE : INS/IC/CHI/0218/2022
DATE : 06-OCT-2022

AIG ASIA PACIFIC INSURANCE PTE LTD
78 SHENTON WAY
#07-16 AIG BUILDING
S(079120)
TEL : 91007211
FAX :

OWNER'S NAME : DOWNTOWN TRAVEL SERVICES PTE LTD
ADDRESS : 911 BUKIT TIMAH ROAD

S(589622)
TELEPHONE NO :

TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : 79900000060/120000227
VEHICLE NO : SMQ7869X
MODEL CODE : GK7CKBL
MODEL/YEAR : IMPREZA 4D 2.0I-S EYESIGHT AWD CVT
ENGINE NO : FB20CE38671
CHASSIS NO : JF1GK7KL5KG011863
MILEAGE : 1 KM
DATE IN : 06/10/2022
LIABILITY : 0.00
EXCESS CLAUSE : 0.00
ESTIMATE BY : DENNIS LEONG JIA HUI
ACCIDENT DATE : 06/10/2022

Print Date : 06/10/2022
Print Time : 11:05:58

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SMQ7869X

S/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1	TPCLAIM	CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM) AGAINST CHINA TAIPING (SLM885C)		
2	ZZ/001	DOA:04/10/2022 TIME:1725HRS LOCATION:ZION ROAD		
3	ZZ/002	REPLACE FRONT HOOD, FRT BUMPER, FRT LH FENDER, SUPPORT PANEL <i>600 x 3</i>	2480.00	<i>1800</i>
4	ZZ/003	RESPRAY FRONT HOOD, FRT BUMPER, FRT LH FENDER, SUPPORT PANEL <i>FM LH done</i> <i>520 x 3 4</i>	2160.00	<i>1500 1560 2080</i>
5	ZZ/004	TO CONDUCT WATER SEEPAGE TEST	100.00	<i>50</i>
6	ZZ/005	TO CONDUCT (FRONT) LIGHTING TEST	50.00	<i>/</i>
7	ZZ/006	FAULT DIAGNOSTIC (RESET)	280.00	<i>/</i>
8	ZZ/007	SUNDRIES <i>nec</i>	100.00	<i>20</i>
TOTAL LABOUR CHARGES			5170.00	

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SMQ7869X

S/NO PARTS DESCRIPTION	PARTS NUMBER	DAMAGED PARTS & PRICES			S/LIST REMARKS
		NETT	LIST	S/NETT	
1 RAD PNL COMPL RPR ?	53029FLO819P	387.20			
2 FENDER F LH - OP	57120FLO309P	222.00			
3 HOOD COMPL F - OP ORDER TCS	57229FLO109P	1102.60			
4 COVER FENDER UPR LH ?	57256FLO10	18.50			
5 BUMPER FACE F STDFHI - BR	57704FLO00	447.70			
6 ENR ABSORB PL UPR BR ?	57705FLO01	67.70			
7 ENR ABSORB FOAM STD BR BE ?	57705FLO20	61.80			
8 ENR ABSORB LWR F STD - BR	57705FLO70	39.00			
9 BRKT CORNER F FHILH - BR	57707FLO10	37.00			
10 BRKT SD F RH ?	57707FLO20	22.20			
11 BRKT SD F LH - BR	57707FLO30	22.20			
12 BRKT CTR LWR F FHI ?	57707FLO60	37.00			
13 BEAM COMPL F EU - BT	57711FLO109P	355.60			
14 PLATE UPR F ?	57722FL100	29.60			
15 COVER FOG F STD LH - MIS	57731FLO50	66.60			
16 COVER INT F STD FHI ?	57731FL100	55.50			
17 COVER HOOK F STD X nn	57731FL120	11.10			
18 COVER UPR F FHI ?	57731FL150	23.30			
19 SEALING BUMPER F FHI ?	57735FLO00	22.20			
20 MUD GUARD ASSY F LH X nn	59110FLO30	111.00			
21 LAMP ASSY HEAD (LH) - BR	84002FL110	2520.00			
22 GRILLE F BASE FHI - CVT	91122FLO00	111.00			
23 MOLDING WG PLT FHI (LH) - CVT	91123FLO20	111.00			
24 MOLDING WG PLT FHI (RH) ?	91123FLO30	111.00			
25 MOLDING RNG PAINTFHI ?	91123FLO50	133.20			

S/NO PARTS DESCRIPTION	PARTS NUMBER	DAMAGED PARTS & PRICES			S/LIST REMARKS
		NETT	LIST	S/NETT	
SUB TOTAL		6126.00	0.00	0.00	0.00
LESS DISCOUNT (NETT-20 %)		1225.20	0.00	0.00	0.00
GRAND TOTAL		4900.80	0.00	0.00	0.00
OVERALL TOTAL		4900.80			

LEGEND: REMARKS(OK) = APPROVED, REMARKS(X) = NOT APPROVED

SUMMARY OF ESTIMATE FOR VEHICLE REGN NO SMQ7869X

TOTAL LABOUR CHARGES	5170.00
TOTAL SPARE PARTS CHARGES	4900.80
GRAND TOTAL	10070.80 *

* All charges do2 not include GST.

SURVEYOR'S PARTICULARS

NAME :
SURVEYED DATE :
AUTHORIZED DATE :
EXCESS CLAUSE : 0.00
LIABILITY : 0.00
REMARKS :
Stew (CLKK)
6/10/22, 4.02pm
M N
P/P
M B G
6 45

PLS NOTE : This estimate is based on visual inspection of the affected vehicle. Should we require further labour charges & spare parts in the process of repairs, we shall inform you accordingly.

- 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 05/10/2022 18:32 (SGT)
Reported by Driver
Date of Accident 04/10/2022 17:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information ZION ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ7869X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner DOWNTOWNTRAVEL SERVICES PTE LTD
Company Reg No 1XXXXX671H
Email Address aziz@tchospitality.asia
Mobile Phone No (Phone) +65-67038400
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Subaru
Model Impreza
Variant IMPREZA 4D 2.0I-S EYESIGHT AWD CVT
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 Commercial vehicle
Transmission Auto
CC 2000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 7990000060/1220000227

DRIVER

Name of Driver SOUNDARARAJAN ADILSHAH ZERUBABEL
Work Permit No GXXXX635L
Date Of Birth 01/01/1985
Occupation Indoor

Date Of Driving Pass	07/11/2018
Driving experience	3 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87982681
Alt. Phone Number	-
Email Address	ADILSHAH.SOUNDARARAJAN@SBNOFFSHORE.COM
Address	# 2 KIM SENG WALK
Address complement	-
Postcode	239404
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?	No
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

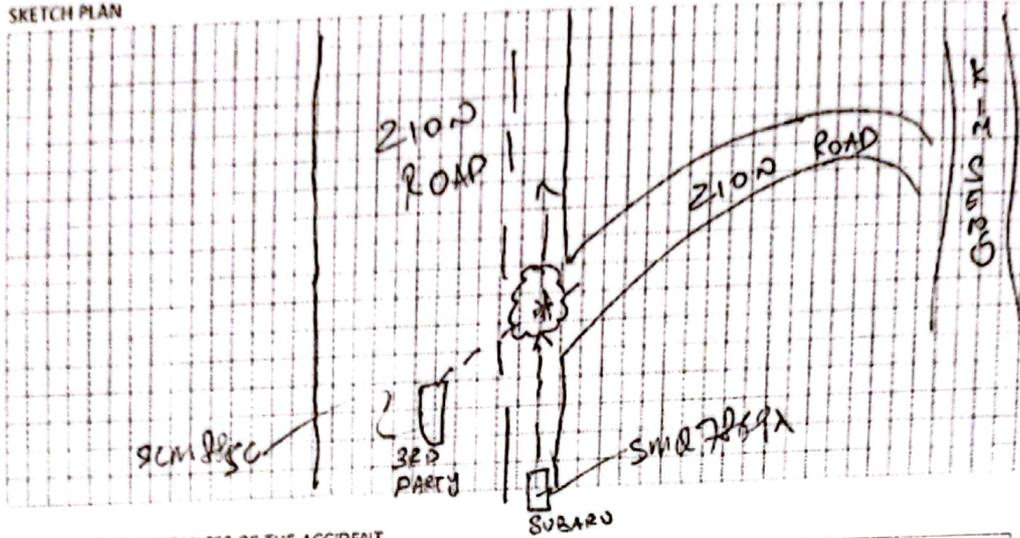
CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING IN THE RIGHT LANE OF ZION ROAD BETWEEN HAYLOCK AND KIM SENG PROMENADE. I SAW A BLACK CAR SUDDENLY CUT ACROSS FROM THE LEFT LANE IN FRONT OF ME (IN MY OPINION, I BELIEVE THE CAR WAS TRYING TO TURN RIGHT TO GET ONTO ZION ROAD THAT CONNECTS TO KIM SENG BY MAKING A LAST MINUTE TURN ACROSS Lanes) AND I SCANNED MY BRAKES HARD TO TRY AND AVOID HITTING IT BUT COULD NOT STOP IN TIME AND HIT THE BLACK CAR.

Driver's signature
 Date of issue

[Signature]
 Date of issue 05-10-22
 13 10

[Signature]
 Reporting Centre Personnel's signature
 Name:
 NRIC ID No:

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 willful misrepresentation or withholding of material facts may allow insurance companies to **reassess 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 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.

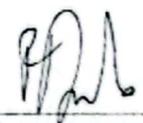
8. **Consent under the Personal Data Protection Act (PDPA)**

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: 5-001-22
 13:06


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