

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OO / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop n/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

Bas. or Market Value: _____
 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

Veh No: SFP 1777E Yr Regn: 29/11/17
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Jaguar XE c.c. 1999
 Colour: Grey A/C: Insured / Std / Nil / NA
 Sp. Reading 106770 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/N: SAJABUXN8JCP25671
 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: 215/50R16
 R: "
 BS / 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 L/Bal. 5 mm
 D.O.A. 12/10/17 D.O.I. 18/11/17
 Survey held at Wexmes
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time	Action/Instruction
	<u>MR-97K</u>
	<u>Finalised final fig \$8424.53, 4 days. (Red \$13925.27, 62%)</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) 15/12 Typist
 Date/Time, File Return to?
 2) _____
 Report Format: MER-TP
 Comp. Cost / I.E.S. (\$) 8424.53

Days Of Repair: 4
 Resurvey No. of Trip: 1
 Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech, Invs (\$) _____
 : Weekend (\$) _____
 Survey Fee: _____
 Transportation: _____
 \$ + RS. \$ _____
 Procs _____
 Others _____
 TOTAL _____

Step (CLKK)
19/10/22, 1A.mL
PIP
4 days

SERVICE ESTIMATE

44988 - C00001 SL: SERVICE SALES - PC
 Ms Low Su Lin Yvonne
 151 Pavilion Circle

GST Reg.No:M28920628X
 Inv.No. . : B&P 0 Page 1
 Inv.date. : 13/10/2022
 WIP No. . : 45511
 Veh.In/Out:
 *Tel.No. . : Mobile: 96752756
 Reg.No. . : SFP1777E
 Reg.date .: 29/11/2017
 Mileage .. : 0
 Chassis No: SAJAB4AN8JCP25671

Singapore 658563

Closed by : Paul Ong Qing Yong
 Svc Consultant :
 Remarks : Ms Low Su Lin Yvonne

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BUMPER, REAR BOOTLID, VALANCE REAR, REAR BUMPER BEAM, SENSORS, TAILLAMP, BOOTLAMP, REAR EXHAUST, ETC	0	6500.00	0		6,500.00	S
	<i>1300 x 1.5</i>		<i>1950</i>				
800	TO SPRAYPAINT ON REAR BUMPER, BOOTLID, REAR FENDER LH, BUMPER BEAM, ETC	0	4000.00	0		4,000.00	S
	<i>1800</i>		<i>2000</i>				
802	TO REMOVE, REFIT & TRANSFER BOOTLID COMPONENTS	0	500.00	X0		500.00	S
	<i>Finalised final fig \$8424.53, 4 days. (Red</i>						
R06	NUMBER PLATE & HOLDER	0	120.00	X0		120.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	621.00	X0		621.00	S
	COVER-BUMPER REAR	1.0 EA	1325.30			1,325.30	S
	PANEL-VALANC	1.0 EA	609.80			609.80	S

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GST Reg.No:M28920628X
 Inv.No. . . : B&P 0 Page 2
 Inv.date. . : 13/10/2022
 WIP No. . . : 45511
 Veh.In/Out:
 *Tel.No. . . : Mobile: 96752756
 Reg.No. . . : SFP1777E
 Reg.date . . : 29/11/2017
 Mileage ... : 0
 Chassis No: SAJAB4AN8JCP25671

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	MOUNTING-BRACKET LH ?	1.0 EA	143.00			143.00	S
	MOUNTING-BRACKET RH ?	1.0 EA	143.00			143.00	S
	TOW COVER REAR XE - CR4	1.0 EA	37.20			37.20	S
	CAP-END RH ?	1.0 EA	24.00			24.00	S
	CAP-END LH ?	1.0 EA	24.00			24.00	S
	MOUNTING-BRACKET XCTR ?	1.0 EA	120.00			120.00	S
	PIPE&SILENCR	1.0 EA	1787.10			1,787.10	S
	CLAMP	1.0 EA	99.20			99.20	S
	HEATSHIELD LH X	1.0 EA	271.60			271.60	S
	HEATSHIELD LH Y	1.0 EA	65.90			65.90	S
	TRUNK LYP XE	1.0 EA	1858.10			1,858.10	S
	BUMPER BEAM REAR XE ?	1.0 EA	753.50			753.50	S
	BADGE REAR "XE" - NC	1.0 EA	136.90			136.90	S
	BADGE - NC	1.0 EA	250.60			250.60	S
	BADGE - NC	1.0 EA	131.60			131.60	S
	LAMP-TAIL LH - BR	1.0 EA	593.40			593.40	S
	FOG LAMP REAR LH XE - BR	1.0 EA	443.40			443.40	S

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 Reg.No. . : SFP1777E
 Reg.date . : 29/11/2017
 Mileage .. : 0
 Chassis No: SAJAB4AN8JCP25671

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	PARKING AID SENSOR R	4.0 EA	314.80			1,259.20	S
	HARNES REAR BUMPER	1.0 EA	532.00			532.00	S

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:

Gross Total. 22,349.80
 Net..... 22,349.80
 GST @ 7.0% 1,564.49
 Total..... 23,914.30
 Paid..... 0.00
 Please Pay.. 23,914.30

Labour Total 11,741.00
 Parts Total 10,608.80
 Package Total 0.00

GST: S=StdRated; O=OutOfScope; Z=ZeroRated

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	12/10/2022 16:52 (SGT)
Reported by	Driver
Date of Accident	12/10/2022 07:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE BEFORE LORNIE EXIT SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFP1777E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOW SU LIN YVONNE
NRIC No	S7037253C
Email Address	YVONNELSL@GMAIL.COM
Mobile Phone No	(Phone) +65-96752756
Alternative Phone No	-

VEHICLE PARTICULARS

Finalised final fig \$8424.53, 4 days. (Red)

Manufacturer	Jaguar
Model	Xe
Variant	JAGUAR / XE 2.0L I4D
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	1999

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10264328R02

DRIVER

Name of Driver	LIM SENG GAY (LIN CHENG YI)
NRIC No	S7116247H
Date Of Birth	16/05/1971
Occupation	Indoor

Date Of Driving Pass	18/02/1991
Driving experience	31 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97434784
Alt. Phone Number	-
Email Address	MICHAEL_SG_LIM@YAHOO.COM
Address	151 PAVILION CIRCLE
Address complement	-
Postcode	658563
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 - 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	PAX 1
Gender	Female

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

REFER TO ATTACHED
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD
TEL 67415336

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	GBD1200M
Vehicle Manufacturer	-

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
Passport No/FIN
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
-
-
Commercial vehicle
KUMER SREE AVSITH
G2164298W
(Phone) +65-83499659
-
-
-
China Taiping Insurance (Singapore) Pte. Ltd.
-
-
-

Finalised final fig \$8424.53, 4 days. (Red

Describe Circumstance of the Accident

I was driving on ~~the~~ lane 1 of the PIE, towards Lornie exit when the car in front of me stopped. I stepped on my brakes and came to a stop behind the car. Following that I heard a car honk behind me and when I looked at my rear view mirror, a lorry had cut into lane 1 and failed to stop in time, hitting me.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) day clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

