

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
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: SNE 85866 Yr Regn: 16/1/00Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or

Make: Subaru XV c.c. 1995Colour: White A/C: Insured / Std / Nil / NASp. Reading: 33701 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: JP16T7KL5K6081962Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 115/55R16R: 115/55R16BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or .

Front

Rear

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 15/10/22 D.O.I. 19/10/22Survey held at Motor ImageDes. of Damages: Front / Rear / O/S / N/S / UIC / Rooftop orRear LH
The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time Action/Instruction

MV-108K

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / L.B.E. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Insp (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. \$ _____

Proke

Others

TOTAL

JRIMAGE ENTERPRISES PTE. LTD.
LENG KEE ROAD
SINGAPORE 159097

ESTIMATE : ACCIDENT/BODY REPAIRS
WORKSHOP : LENG KEE
CONTACT NO :
REFERENCE : INS/IC/CHI/0228/2022
DATE : 17-OCT-2022

AUTO & GENERAL INSURANCE (SINGAPORE) PTE LIMITED
190 CLEMENCEAU AVENUE
#03-01, SINGAPORE SHOPPING CENTRE
S(239924)
TEL : 62212199
FAX :
CLAIM DEPT

OWNER'S NAME : PETER YUAN
ADDRESS : 69 MING TECK PARK

S(277436)
TELEPHONE NO :

TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : ETIQA
VEHICLE NO : SNE8586G
MODEL CODE : GT7CKVL-KY81
MODEL/YEAR : XV 2.0I-S EYESIGHT AWD CVT(KY81)
ENGINE NO : FB20CG64482
CHASSIS NO : JF1GT7KL5KG081262
MILEAGE : 1 KM
DATE IN : 17/10/2022
LIABILITY : 0.00
EXCESS CLAUSE : 0.00
ESTIMATE BY : DENNIS LEONG JIA HUI
ACCIDENT DATE : 17/10/2022

Print Date : 17/10/2022
Print Time : 15:00:22

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SNE8586G

S/NO JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1 TPCLAIM	CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM) AGAINST AUTO & GENERAL INS (SJT2947G)		
2 ZZ/001	DOA:15/10/2022 TIME:12.18 HRS LOCATION:BRAS BASAH		
3 ZZ/002	REPLACE REAR BUMPER,BUMPER BEAM,REAR QUATER PANEL ,SKIRTING 611 x 4	3100.00	2400
4 ZZ/003	RESPRAY REAR BUMPER,BUMPER BEAM,END PANEL,REAR QUATER PANEL AND SKIRTING 520 x 2	2700.00	1040
5 ZZ/004	TO CONDUCT WATER SEEPAGE TEST	100.00	80
6 ZZ/005	REMOVE & REINSTALL (REAR LHS) QUARTER GLASS	180.00	/
7 ZZ/006	TO SUPPLY AND INSTALL (REAR LHS) SOLAR FILM	145.00	/
8 ZZ/007	TO CONDUCT (REAR) LIGHTING TEST	50.00	25
9 ZZ/008	FAULT DIAGNOSTIC (RESET)	280.00	/
10 ZZ/009	SUNDRIES	100.00	20
TOTAL LABOUR CHARGES		6655.00	

SERIAL LIST FOR ACCIDENT VEHICLE REGN NO SNEB5866

S/NO	PARTS DESCRIPTION	PARTS NUMBER	DAMAGED PARTS & PRICES			S/LIST REMARKS
			NETT	LIST	S/NETT	
1	PNL SD OUT QTR RP XL / <i>OP</i>	51439FL1709P	971.81			
2	BUMPER PUNCHING RXV / <i>GR</i>	57702FL220	414.40			
3	BRKT SD R XV RH X	57707FL400	12.40			
4	BRKT SD R XV LH / <i>GR</i>	57707FL410	12.40			
5	BRKT LWR R / <i>mis</i>	57707FL510	26.00			
6	BEAM COMPL R EU X	57711FL0419P	208.60			
7	COVER SD LWR XV LH / <i>GR</i>	57731FL510	21.50			
8	WDW GL ASSY R QTRLH / <i>PR</i>	65209FL052	865.80			
9	DAM RUBBER / <i>ng</i>	65245FL010	20.40			
10	SEAL A / <i>hc</i>	65277FL000	8.60			
11	LENS & BODY COMPLLH / <i>CUT</i>	84912FL051	388.50			
12	RADAR ASSY / <i>GR</i>	87611SJ001	1110.00			
13	RADAR BRACKET SD LH / <i>BT</i>	87613FL010	18.50			
14	CLIP 2PCS / <i>ng</i>	909140062	6.00			
15	GARNISH AY SDSL LH / <i>PR</i> ?	91112FL112	177.60			
16	GARNISH AY R QTR LH / <i>PR</i>	91112FL150	143.80			
17	CARGO STEP PANEL S/S XV18 E7717FL010 / <i>PR</i>	E7710FL010	380.00			
SUB TOTAL			4786.31	0.00	0.00	0.00
LESS DISCOUNT (NETT-20 %)			957.26	0.00	0.00	0.00
GRAND TOTAL			3829.05	0.00	0.00	0.00
OVERALL TOTAL			3829.05			

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

SUMMARY OF ESTIMATE FOR VEHICLE REGN NO SNE8586G

TOTAL LABOUR CHARGES	6655.00
TOTAL SPARE PARTS CHARGES	3829.05
GRAND TOTAL	10484.05 *

* All charges do2 not include GST.

SURVEYOR'S PARTICULARS

NAME :
SURVEYED DATE :
AUTHORIZED DATE :
EXCESS CLAUSE : 0.00
LIABILITY : 0.00
REMARKS :

Stere (LKK)
19/10/12, 12 m
w L
7 dpr
PIP
by BCL y

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 15/10/2022 15:41 (SGT)
Reported by Both
Date of Accident 15/10/2022 12:18 (SGT)
Exact Location of Accident Bras Basah, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNE8586G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner PETER YUAN
NRIC No S7586820J
Email Address PETER.YUAN.ACCTURE@GMAIL.COM
Mobile Phone No (Phone) +65-93886547
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Subaru
Model Xv
Variant XV 2.0I-S EYESIGHT AWD CVT
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 1995

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number -

DRIVER

Name of Driver PETER YUAN
NRIC No S7586820J
Date Of Birth 26/10/1975
Occupation Indoor

Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

24/10/2009
 13 YEARS
 Male
 (Phone) +65-93886547
 -
 PETER.YUAN.ACCTURE@GMAIL.COM
 69 MING TECK PARK
 -
 277436
 Yes
 -
 No
 -
 -

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) 4
 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 JACQUELINE WEE
 Gender Female

PASSENGER 2

Name GRACE YUAN
 Gender Female

PASSENGER 3

Name SARAH YUAN
 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 THE SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Yes

Is there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

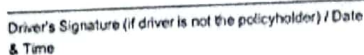
Vehicle Registration Number	SJT2947G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Private car
Vehicle Category	-
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

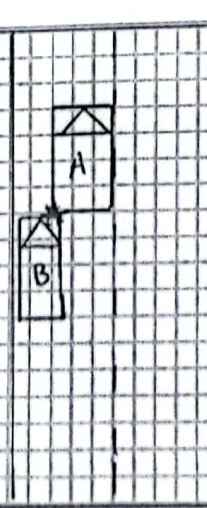
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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 Person
(Name as in NRIC ID card)


Sketch Plan

		<p>Bras Basah Road</p> <p>A: SNE8586G</p> <p>B: S3T2947G</p>
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Describe Circumstance of the Accident	
VEHICLE NO: SNE85864 G1	ACCIDENT DATE & TIME: 12:18pm 15/10/22
CONTACT NUMBER: 93886547	E-MAIL: Peter.yuan.accenture@gmail.com
LOCATION: Bras Basah Road	
<p>I was stationary as there are is heavy traffic in front of me</p> <p>when suddenly there is an impact from the rear of my car and when</p> <p>I alight from my car, saw that I was hit by another car from the</p> <p>rear</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN</p> <p>OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p>	
<p>PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input checked="" type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM ODI/TP AT OTHER WORKSHOP <input type="checkbox"/> REPORTING ONLY</p>	

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

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