

ASS. REC. BY:

REF:

C721 220116741kp

Kenneth

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:

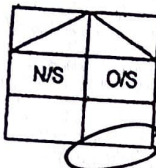
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SKP 8797S

Yr Regn:

10.14

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Peugeot 508

c.c

1560

Colour

M. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

118833

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF3809HD8.EL 017219

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

215/55R17

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

17/11/22

Rear

R/Bal.

7

mm

L/Bal.

7

mm

D.O.I.

25/11/2022

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

Rear O/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?



: Prell. Report



: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

P. 125

Others

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

TOTAL

Report Format :

Lump Sum / I.B.I: (\$

Date: 18/11/2022

Vehicle No: SKP8797S

Model: PEUGEOT 508 E-HDI ACTIVE SEDAN

Chassis: VF38D9HD8EL017219-2014

Reg.Year: 2014

Third Party Insurer: CHINA TAIPING

Third Party Veh No: GBD1576D

Date of Accident: 17/11/2022

Estimator: TING AN

Surveyor: *Ken Kenneth Kong*

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR BOOTLID	1		<i>R</i> \$1,347.00
2	REAR BOOTLID CHROME MOULDING	1		<i>na</i> \$241.00
3	REAR BOOTLID OUTER PANEL	1		<i>Ry</i> \$587.00
4	REAR BOOTLID "PEUGEOT" EMBLEM	1		<i>na</i> \$98.00
5	REAR BUMPER "508" EMBLEM	1		<i>na</i> \$88.00
6	REAR BOOTLID INNER LOCK	1		<i>R</i> \$111.00
7	REAR BOOTLID WEATHERSTRIP	1		<i>na</i> \$277.00
8	REAR BUMPER	1		<i>cm</i> \$1,065.00
9	REAR BUMPER LOWER LIP	1		\$252.00
10	REAR BUMPER TOWING COVER	1		<i>R</i> \$65.00
11	REAR BUMPER REFLECTOR RH	1		<i>h</i> \$65.00
12	REAR BUMPER REINFORCEMENT	1		\$477.00
13	REAR BUMPER PARKING SENSOR	2	\$246.00	\$492.00
14	REAR BUMPER SIDE BRACKET RH	1		\$115.00
15	REAR TAIL LAMP RH	1		<i>cm</i> \$474.00
16	REAR END PANEL	1		\$971.00
17	REAR END PANEL UPPER COVER	1		<i>h</i> \$255.00
SUB TOTAL				\$6,980.00
LESS 10%				-\$698.00
PARTS TOTAL				\$6,282.00

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER CLIPS	1		<i>na</i> \$50.00
2	REAR END PANEL JOINT SEALANT	1		\$80.00
3	REAR END PANEL UPPER COVER CLIPS	1		<i>na</i> \$40.00
S/N TOTAL				\$170.00

Head office

6 Kung Chong Road Singapore 159143

Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500

Tel: (+65) 6484 9919 | Fax: (+65) 6481 1903

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047

Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011



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Chassis: VF38D9HD8EL017219-2014
Reg. Year: 2014

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Third Party Veh No: GBD1576D
Date of Accident: 17/11/2022
Estimator: TING AN
Surveyor:

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST REAR ACCIDENT AREAS & ETC.

500l
\$700.00

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR BOOTLID, REAR BUMPER, REAR END PANEL & ETC.

600l
\$700.00

LABOUR CHARGES TO REMOVE & REINSTALLED REAR BOOTLID INNER MECHANISM & ETC. BACK TO ORIGINAL OPERATIONS.

\$120.00 60l

LABOUR CHARGES TO REMOVE & REPLACE REAR BUMPER PARKING SENSOR & ETC.

\$120.00 50l

TO TUFF KOTE & UNDERSEAL MATERIALS.

na \$120.00 X

TO DIAGNOSIS FAULT CODE & RESET MEMORY.

\$100.00 7

TO CHECK WIRING & ELECTRICAL SYSTEM.

\$80.00 20l

LABOUR TOTAL \$1,940.00

TING AN

TOTAL

\$8,392.00

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 17/11/2022 14:45 (SGT)
Reported by Both
Date of Accident 17/11/2022 11:25 (SGT)
Exact Location of Accident Near 8 Upper Changi Rd N, Singapore 506906
Additional Location Information UPPER CHANGI NORTH RD NEAR JLN MAYAANAM
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKP8797S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHAN KOK KIT
NRIC No SXXXX365J
Email Address ALFREDCKK@GMAIL.COM
Mobile Phone No (Phone) +65-94758028
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Peugeot
Model 508
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 1560

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Policy Number / Cover Note Number SD21V14032/VPE2/R02

DRIVER

Name of Driver CHAN KOK KIT
NRIC No SXXXX365J
Date Of Birth 21/11/1970
Occupation Indoor

SKETCH PLAN

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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.



Any

ARY CHUA

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

17 NOV 2022

Sketch Plan

Upper Changi North Road

A = STP 8797 S
B = GBD 1576 E

