

ASS. REC. BY:

REF:

CS/AG/220/2918/Awy3

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJW886TG Yr Regn: 2016, July

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

Truck / Trailer or

Make: Bmw 116D c.c. 1496

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 97225 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA1V720XOV724791

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/40 R18

R: 225/40 R18

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 28/12/22

Survey held at H.S.

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>TP Budget Direct.</u>
<u>28/03/2023</u>	<u>Finalise L/S \$ 3,050.00 @ 04 days (Red \$ 9,320.00/75%)</u>
	<u>MV:</u>
	<u>PV:</u>
	<u>Nett:</u>

Date/Time, File Pass to?

28/03/2023
1) Typist

Date/Time, File Return to?

2)

☐ : Preli. Report
☒ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

3 + RS. \$1

Photos

Others

Add Fee:

☐ : S/s Insp

☐ : Mch W

☐ : Tech. Ins

Report Form: TP

Finalise L/S \$ 3,050.00

(HS) HS AUTOMOTIVE SERVICES

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 EMAIL: HSAUTOMOTIVESPL@GMAIL.COM

ROC: 53081191W

Vehicle No:

PJW 886401

TP Budget Direct.
Xin Yu.

INDEPENDENT SURVEYOR

☒ DIRECT SETTLEMENT

Make/Model:

BMW

CHASSIS NO:

Date:

28-12-22

Estimate cost of repair to the above mentioned

NO. QTY LIST ITEMS

MARKING

UNIT \$

AMOUNT (\$S)

1	1	RTAR BUMPER Deled.	✓		\$ 1010 ✓
2	2	RTAR BUMPER REFLECTOR x2 L/R Cnhd	✓	\$ 44	\$ 88 ✓
3	4	RTAR BUMPER REVERSE SENSOR x4 2 pins dng	1/2	\$ 380	\$ 1520 500
4	2	RTAR BUMPER RETAINER L/R Cnhd	✓	\$ 150	\$ 300 220
5	1	RTAR BUMPER TOP BRACKET Cnhd	✓		\$ 170 ✓
6	1	RTAR BUMPER M/PLATE Cnhd	✓		\$ 100 60
7	1	RTAR BUMPER RE-INTERCEMENT Deled	✓		\$ 440 ✓
8	1	RTAR BUMPER CLIP New (SET)	✓		\$ 103 30
9	1	RTAR END PANEL Repair	✗		\$ 520 X
10	1	RTAR END TOP GARNISH New	✗		\$ 110 X
11	1	RTAR END PANEL TOP GARNISH CLIP M	✗		\$ 87 X
12	1	RTAR END PANEL WEATHER STRIP	✓		\$ 140 ✓
13	2	RTAR TAIL LAMP L/R New	✗	\$ 395	\$ 790 X
14	2	RTAR TAIL LAMP LOWER BRACKET L/R New	✗	\$ 46	\$ 92 X
15	1	RTAR TAIL GATE New	✗		\$ 1580 X
16	1	RTAR TAIL GATE LOCK New	✗		\$ 172 X
17	2	RTAR TAIL GATE REFLECTOR LAMP L/R New	✗	\$ 325	\$ 650 X
18	1	RTAR EXHAUST PIPE X New Repair	✗		\$ 1070 X
19	2	RTAR EXHAUST PIPE TOP MOUNTING	✗	\$ 35	\$ 70 X
20		2678			

REMARKS:

NO OF DAYS:

AGREED FIGURE/LUMP SUM:

SURVEYOR NAME

EMAIL ADD:

CONTACT:

HS AUTOMOTIVE SERVICES

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 EMAIL: HSAUTOMOTIVESPL@GMAIL.COM

ROC: 53081191W

Vehicle No:

87W 88646

INDEPENDENT SURVEYOR

DIRECT SETTLEMENT

Make/Model:

BMW

CHASSIS NO:

Date:

Estimate cost of repair to the above mentioned

NO. QTY LIST ITEMS

MARKING

UNIT \$

AMOUNT (\$S)

1		DANIEL BEAT			\$ 1500
2					500
3		SPRAY PAINT			600
4					\$ 1200
5		CHECK WIRING			30
6					\$ 80
7		TO INSTALL REVERSE SENSOR			50
8					\$ 100
9		TO REMOVE/REPAIR EXHAUST PIPE			120
10					\$ 240
11		RUST PROOF	1340.		40
12					\$ 100
13	2	RWAR UPDATES KAMP. YR	Ambed ✓	110	220.
14			Adrian C.		120.
15			28/12/22.		
16			04 Days		
17					Supplementary: 120
18					2m 10% : 108
19					Total: 3858.20
20					

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:

REMARKS:

NO OF DAYS:

AGREED FIGURE/LUMP SUM:

SURVEYOR NAME

CONTACT:

EMAIL ADD:

L/S: 3050

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	22/12/2022 12:14 (SGT)
Reported by	Both
Date of Accident	21/12/2022 17:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW8864G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE SWEE SEN
NRIC No	S7138629E
Email Address	LEESWEESEN@GMAIL.COM
Mobile Phone No	(Phone) +65-98896558
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	116d
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	0

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5128070525

DRIVER

Name of Driver	LEE SWEE SEN
NRIC No	S7138629E
Date Of Birth	25/10/1971
Occupation	Indoor

Date Of Driving Pass	23/10/1990
Driving experience	32 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98896558
Alt. Phone Number	-
Email Address	LEESWEESEN@GMAIL.COM
Address	185D RIVERVALE CRESCENT #14-143
Address complement	-
Postcode	544185
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF5928E
Vehicle Manufacturer	Hyundai
Vehicle Model	Elantra
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLN1563U
Vehicle Manufacturer	Suzuki
Vehicle Model	Ciaz
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 Authorised 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. 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 lodgment 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:

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

SKETCH PLAN



Vehicle A SJW 8864G
Vehicle B SMF 5928F
Vehicle C SLN 1563U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along AYE towards City when suddenly vehicle B (SMF 5928F) braked onto my rear vehicle A (SJW 8864G). The traffic was heavy at the point of accident. I attempted to exchange particulars with the driver and realised that total of 3 vehicles were involved in this accident. Vehicle C (SLN 1563U) was the last vehicle. My rear portion was badly damaged.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
Claim OD
Claim TP
Claim OD / TP at other workshop

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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