

ASS. REC. BY:

REF: LIP / 22012962/kw

C

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. _____

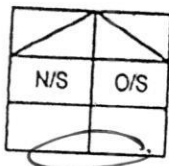
Sum Insured: _____

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: 852k

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 05 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: PKV 4734TYr Regn: 09, 15

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

Truck / Trailer or _____

Make: Subaru Foresterc.c. 1998Colour: N. Gold

A/C: Insured / Std / NI / NA

Sp. Reading: 46833

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JF/STGK 85FG 055871Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/55R18

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. P mmR/Bal. P mmL/Bal. P mmL/Bal. P mmD.O.A. 25/12/22D.O.A. 29/12/2022

Survey held at _____

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

The U/C / Chassis frame / Body Structure affected due to collision.

O/C

Date / Time

Action / Instruction

10/1/21 Rm 834001 Cont'd @ 05 days (Red \$ 5,027.52 / 60%)

Date/Time, File Pass to?

1) 10/1/2023

1) Typist

Date/Time, File Return to?

2)



: Prell. Report



: Final Report

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$) _____

ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A

#03-11 AMK Autopoint Singapore 568047

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

*Not Authorised
11 Pny 83400h
Mercury After Paint
5 days*

ESTIMATE

LIBERTY INSURANCE PTE LTD

51 CLUB STREET

LIBERTY HOUSE #03-11

SINGAPORE 069428

ATTN: ACCIDENT CLAIMS DEPARTMENT

DATE : 27.12.2022
VEHICLE NO : SKV4734T
VEH MAKE/MODEL : SUBARU FORESTER
YOM : 2015
CHASSIS NO : JF1SJGK85FG055671
DATE OF ACCIDENT : 25.12.2022

NO	QTY	DESCRIPTION	AMOUNT \$
		LIST PRICE:-	
1	1	REAR BUMPER	\$ Bu 540.20 ✓
2	2	REAR BUMPER SIDE RETAINER	\$ Bu 32.60 X
3	1	REAR BUMPER TOWING COVER	\$ Bu 16.30 ✓
4	1	REAR REINFORCEMENT BAR	\$ Bu 296.40 ✓
5	2	REAR BUMPER CENTRE BRACKET	\$ Bu 40.80 X
6	2	REAR BUMPER REFLECTOR LH & RH	\$ Bu 45.60 X
7	1	REAR END PANEL	\$ Bu 320.90 ✓
8	1	REAR END PANEL TOP GARNISH	\$ Bu 89.40 X
9	1	REAR WEATHER SHIELD (TAILGATE RUBBER)	\$ Bu 120.40 ✓
10	1	REAR LH LAMP	\$ Bu 437.20 X
11	1	REAR RH LAMP	\$ Bu 437.20 X
12	2	REAR LH & RH LAMP LOWER BRACKET	\$ Bu 40.80 X
13	2	REAR LH & RH LAMP CLIPS	\$ Bu 7.00 X
14	SET	REAR TAILGATE GALSS MOULDING	\$ Bu 89.40 ✓
15	1	REAR TAILGATE	\$ Bu 1,072.80 ✓
16	1	REAR TAILGATE LOGO	\$ Bu 88.30 ✓
17	1	REAR TAILGATE LOGO PANEL	\$ Bu 248.20 ✓
18	1	REAR TAILGATE LOGO PANEL RUBBER *LONG	\$ Bu 29.50 X
19	2	REAR TAILGATE LOGO PANEL RUBBER *SHORT	\$ Bu 32.80 X
20	1	REAR TAILGATE " SUBARU AWD"	\$ Bu 72.30 ✓
21	1	REAR TAILGATE LOGO " FORESTER XT"	\$ Bu 82.90 ✓
22	1	REAR TAILGATE LOCK	\$ Bu 818.40 X
23			
24			
25			
26			
27			
28			
29			
30			
31			
TOTAL - LIST ITEM			\$ 4,959.40
LIST 20%			\$ 991.88
TOTAL			\$ 3,967.52

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SUBURARU FORESTER

YOM :

2015

CHASSIS NO :

JF1SJGK85FG055671

DATE OF ACCIDENT :

25.12.2022

NO	QTY	DESCRIPTION	AMOUNT \$
		SPECIAL NETT ITEMS:-	
1	1	REVERSE SENSOR	\$ <i>phon</i> 360.00 <i>2000m</i>
2	SET	REAR BUMPER CLIPS & REAR FENDER SHIELD CLIPS	\$ <i>nn</i> 60.00 <i>—</i>
3	2 SET	REAR END PANEL GARNISH CLIPS	\$ <i>nn</i> 40.00 <i>X</i>
4	SET	REAR TAILGATE GLASS SEALANT	\$ <i>nn</i> 80.00 <i>400m</i>
	SET	REAR NUMBER PLATE WITH FRAME	\$ <i>nn</i> 40.00 <i>—</i>
5	SET	REAR REVERSE CAMERA	\$ <i>nn</i> 350.00 <i>X</i>
Total - SN Item			\$ 930.00
		Labour Charges:-	
1		SPRAY PAINT ON ALL AFFECTED AREA	\$ 1,200.00 <i>600</i>
2		LABOUR REMOVE/REFIX ACCIDENT DAMAGE PARTS TO KNOCK, JACK, CUT WELD AND REALIGN ACCIDENT AFFECTED AREA	\$ 1,000.00 <i>600</i>
3		TO CHECK WIRING SYSTEM & LIGHT	\$ 100.00 <i>200</i>
		TO APPLY ANTI RUST TREATMENT	\$ 120.00 <i>80</i>
4		TO REMOVE/REFIX REVERSE SENSOR	\$ 150.00 <i>500</i>
5		TO REMOVE/REFIX REAR INNER COMPARTMENT TO FACILITIES REPAIR	\$ 150.00 <i>600</i>
6		TO REMOVE/REFIX REAR TAILGATE, TOP SPOILER, WIPER MOTOR, MECHANISM & ETC TO NEW TAILGATE	\$ 300.00 <i>600</i>
7		TRANSPORT TO APPLICATION TO BREAK VEHICLE NUMBER PLATE FOR FACILITIES	\$ 80.00 <i>—</i>
8		TRANSPORT FOR RESEAL VEHICLE NUMBER PLATE AFTER REPAIR	\$ 80.00 <i>400</i>
9		COMPUTER DIAGNOSTIC AFTER REPAIR	\$ <i>nn</i> 350.00 <i>X</i>
Total - L/C			\$ 3,530.00
Sub-Total			\$ 8,427.52
7% GST			\$ 589.93
Total			\$ 9,017.45

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	27/12/2022 11:37 (SGT)
Reported by	Both
Date of Accident	25/12/2022 11:10 (SGT)
Exact Location of Accident	SG Compassvale Bow 85, #530558 Buangkok, Singapore 544685
Additional Location Information	JUNCTION OF BUANGKOK DRIVE & RIVERVALE LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV4734T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WONG SHYH SIM
NRIC No	SXXXX756J
Email Address	SHYHSIM@GMAIL.COM
Mobile Phone No	(Phone) +65-96189667
Alternative Phone No	+65-85222154

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	2000

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC22B00025900

DRIVER

Name of Driver	WONG SHYH SIM
NRIC No	SXXXX756J
Date Of Birth	14/11/1970
Occupation	Indoor

Date Of Driving Pass	08/12/1992
Driving experience	30 YEARS
Gender	Male
Mobile Number	(Phone) +65-96189667
Alt. Phone Number	+65-85222154
Email Address	SHYHSIM@GMAIL.COM
Address	61 COMPASSVALE BOW #09-24
Address complement	-
Postcode	544989
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	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)	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

STOP CAR AT JUNCTYION OG BUANHOK DRIVE & RIVERVALE LINK AND REAR ENDED BY LORRY (GBJ2479M) AT 11.10AM ON 25 DEC 2022

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ2479M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	NAGARAJ BALAJI

Work Permit No	GXXXXX254T
Contact Number	(Phone) +65-85352131
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

VEH A: SKV 4734T
VEH B: 6BJ249M
VEH C: -


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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:

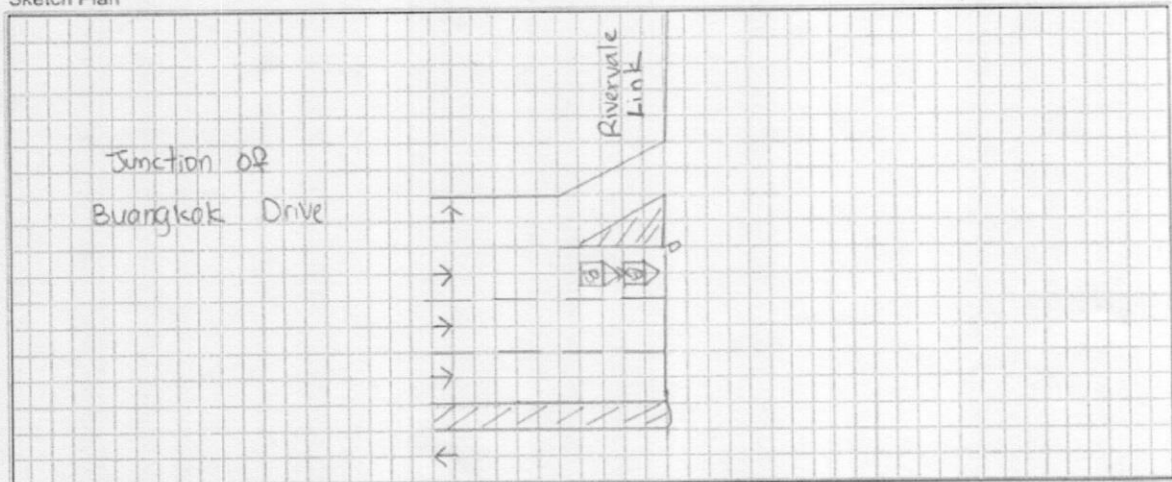
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

 27 Dec 22 10:30am
Policyholder's Signature / Date & Time

 27 Dec 22 10:30am
Driver's Signature (if driver is not the policyholder) / Date & Time


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

Sketch Plan



I/We declare the foregoing particulars are true in every respect

 27 Dec 22 1030am
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)

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VEH MAKE/MODEL :

SUBRARU FORESTER

YOM :

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CHASSIS NO :

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3		TO CHECK WIRING SYSTEM & LIGHT	\$ 100.00 <i>200</i>
		TO APPLY ANTI RUST TREATMENT	\$ 120.00 <i>300</i>
4		TO REMOVE/REFIX REVERSE SENSOR	\$ 150.00 <i>500</i>
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