

ASS. REC. BY:

REF:

SMR/23 001926/Key3

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / QD 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: _____

11an

(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: 02 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: SKF 295D Yr Regn: 12, 16

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

Truck / Trailer or A) Wagen

Make: NIS X-trail c.c. 1997

Colour: M. Black A/C: Insured / Std / NI / NA

Sp. Reading: 127445 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN19ANT 3280002842

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____ R: _____

225/60R18

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 5 mm

L/Bal. 6 mm L/Bal. 3 mm

D.O.A. 16/2/23 D.O.I. 23/2/2023

Survey held at _____

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

O/S FR

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

Date / Time Action / Instruction

1 / EM not ready

7/3 11 Sup @ 1000 Cash CRD # 8035.39, 8977

Date/Time, File Pass to?

: Prell. Report

: Final Report

Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S - RS. SI

Fixing

Others

TOTAL

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Report Format: GR

Lump Sum / I.B.I. (\$) 1000

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 Insured
11Qty @ 1000/-
Resurvey After Paint
2 days

ESTIMATE

FIRST CAPTIAL INSURANCE LTD

36 ROBINSON ROAD
 #16-01, CITY HOUSE
 SINGAPORE 068877
 ATTN: ACCIDENT CLAIMS DEPARTMENT

DATE : 17.02.2023
 VEHICLE NO : SKF295D
 VEH MAKE/MODEL : NISSAN X-TRAIL
 YOM : 2016
 CHASSIS NO : JN1JANT32Z0002842
 DATE OF ACCIDENT : 16.02.2023

NO	QTY	DESCRIPTION	AMOUNT \$
		<u>LIST PRICE:-</u>	
1	1	FRONT BUMPER	\$ <i>Sm</i> 594.10
2	1	FRONT SIDE RETAINER RH	\$ <i>Sm</i> 47.30
3	1	FRONT BUMPER LOWER	\$ <i>h</i> 171.30
4	1	FRONT HEADLAMP RH	\$ <i>pu</i> 2,352.00
5	1	FRONT HEADLAMP LOWER BRACKET RH	\$ <i>pu</i> 53.70
6	1	FRONT RH FENDER	\$ <i>Pr</i> 641.70
7	1	FRONT RH FENDER INNER SHIELD	\$ <i>pu</i> 119.70
8	1	FRONT RH WHELL ARCH	\$ <i>cut</i> 187.30
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			

X
X
X
X
X
✓
X
✓

IKK 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:

TOTAL - LIST ITEM	\$	4,167.10
LIST	\$	416.71
<i>20%</i> TOTAL	\$	3,750.39

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

ESTIMATE

FIRST CAPTIAL INSURANCE LTD

36 ROBINSON ROAD

#16-01, CITY HOUSE

SINGAPORE 068877

ATTN: ACCIDENT CLAIMS DEPARTMENT

DATE : 17.02.2023
 VEHICLE NO : SKF295D
 VEH MAKE/MODEL : NISSAN X-TRAIL
 YOM : 2016
 CHASSIS NO : JN1JANT32Z0002842
 DATE OF ACCIDENT : 16.02.2023

		<u>SPECIAL NETT ITEMS:-</u>		
1	SET	FRONT RH FENDER INNER SHIELD CLIPS	\$	<i>na</i> 50.00
2	SET	FRONT BUMPER CLIPS	\$	<i>na</i> 45.00
3	SET	FRONT RH WHEEL ARCH CLIPS	\$	<i>na</i> 50.00
4	1	RIM	\$	<i>sn</i> 2,300.00
5	1	TYRE	\$	<i>sn</i> 800.00
6				
Total - SN Item			\$	3,245.00
		<u>Labour Charges:-</u>		
1		SPRAY PAINT ON ALL AFFECTED AREA	\$	800.00
2		LABOUR REMOVE/REFIX ACCIDENT DAMAGE PARTS TO KNOCK, JACK, CUT WELD AND REALIGN ACCIDENT AFFECTED AREA	\$	800.00
3		TO CHECK WIRING SYSTEM & LIGHT	\$	120.00
4		ANTI RUST TREATMENT	\$	120.00
5		TO CHECK & ADJUST WHEEL ALIGNMENT	\$	<i>na</i> 100.00
6		TO REMOVE/REPLACE/REFIX FRONT RH TYRE & RIM	\$	<i>na</i> 100.00
7				
8				
9				
10				
Total - L/C			\$	2,040.00
			Sub-Total	\$ 9,035.39
			8% GST	\$ 722.83
			Total	\$ 9,758.22

X
X
✓
X
X

200
200
100
300
X
X

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	14/01/2023 14:34 (SGT)
Reported by	Both
Date of Accident	14/01/2023 11:30 (SGT)
Exact Location of Accident	Upper Aljunied Link, Singapore 367904
Additional Location Information	T- JUNCTION OF UPPER ALIJUNIED LINK & JOO SENG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKF295D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHONG KWEK MENG
NRIC No	SXXXX928E
Email Address	KWEKMENG@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96906091
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	X-trail
Variants	-
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2003712357-01

DRIVER

Name of Driver	CHONG KWEK MENG
NRIC No	SXXXX928E
Date Of Birth	10/09/1953
Occupation	Indoor

Date Of Driving Pass	07/01/1976
Driving experience	47 YEARS
Gender	Male
Mobile Number	(Phone) +65-96906091
Alt. Phone Number	-
Email Address	KWEKMENG@HOTMAIL.COM
Address	45 MIMOSA VALE
Address complement	-
Postcode	807949
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 - Major/Minor Rd
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

I STOP AT UPPER ALJUNIED LINK CHECK ON ONCOMING VEHICLE BEFORE PROCEED OUT.
 I SAW ON ONCOMING LORRY TURN TOWARD UPPER ALJUNED LINKFROM JOO SENG RD.
 SO I PROCEED TO TURN RIGHT OUT TO JOO SENG RD. SUDDENLY I SAW VEH B CUTTING OUT FROM OPPOSITE LANE & COLLIDED ONTO MY FRONT PORTION.

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	SJG2345L
Vehicle Manufacturer	Suzuki
Vehicle Model	Sx4
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)	1

SKETCH PLAN

VEH A: SKF 295D
 VEH B: SIG 2345 L
 VEH C: #12

IMPORTANT NOTICE

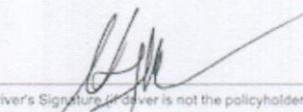
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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.

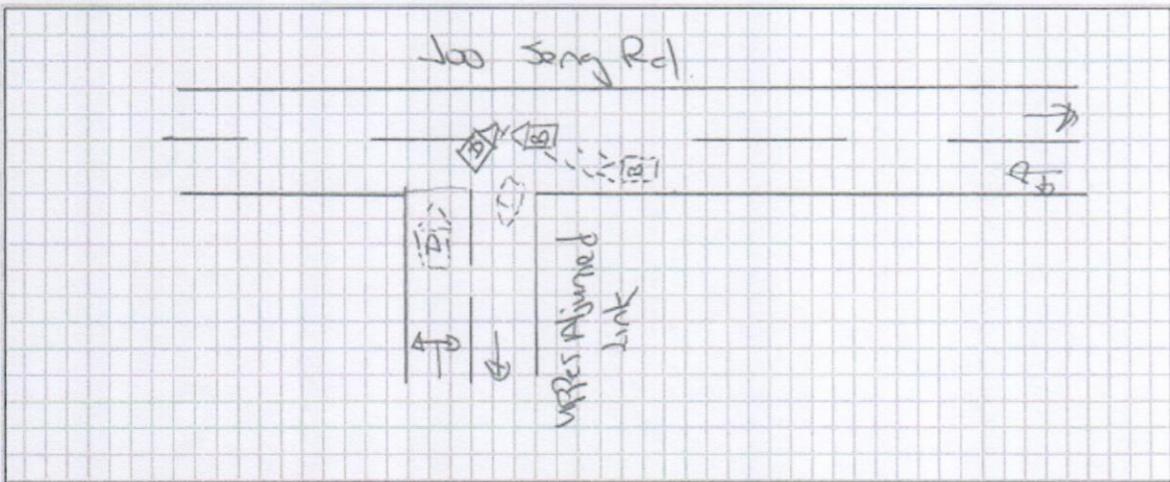

 Policyholder's Signature / Date & Time


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


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



Sketch Plan



Describe Circumstance of the Accident

DATE OF ACCIDENT: 14/1/23 TIME OF ACCIDENT: 1130hrs
VEH A: SKF285D VEH B: SJG234SL VEH C: NIL

I stop at upper Aljunied link check an oncoming vehicle before proceed out.

I saw an oncoming lorry turn toward upper Aljunied link from Joo seng Rd.

So I proceed to turn right out to Joo seng Rd. suddenly I saw Veh B cutting out from opposite lane & collided onto my front portion.

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)