

ASS. REC. BY:

REF: CS/AG123002081/Awp3

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: 3 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: SLW9644U Yr Regn: 2018, March

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

Truck / Trailer or

Make: Hyundai Elantra c.c. 1591

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

Sp. Reading: 56367 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHD841CMJ4646552

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: 195/65R15

R: 195/65R15

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. 28/02/23

Survey held at CAS

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

TP Budget Direct

18/04/2023 finalise L/S \$1100.00 @ 03 days (Red \$ 2,988.08 / 73%)

MV :

PV :

Nett :

Date/Time, File Pass to?

18/04/2023

1) typist

Date/Time, File Return to?

2)



: Prel. Report



: Final Report

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Inve (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

Report Format :

TP

Final Sum / L/S

L/S \$1100

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



1 Kaki Bukit Ave 6, # 02-22/21/20 @ Autobay Blk D Singapore 417883

Company & GST Registration No : 201828067M

Acknowledged by Repairer

Signature:

Date:

VEHICLE INSPECTION ESTIMATE

TP Budget Direct.

Xin Yu

M/S : AUTO & GENERAL INSURANCE (SINGAPORE)
(MOTOR CLAIM DEPARTMENT)

Email claims@budgetdirect.com.sg

Parts - (%)	
SN	
Labour	
Lump sum	
ERV	

Vehicle No: SLW9644U

Date:

Vehicle Model: HYUNDAI ELANTRA

Reg. Date:

12.03.2018

Chassis No: KMHD841CMJU646552

D.O.A:

16.02.2023

S/No.	Item Description	Qty	Price	Total Cost	Surveyor Use
1	Rear Bumper <i>Defect</i>	1	\$ 481.40	\$ 481.40	✓
2	Rear Bumper Lower <i>Defect</i>	1	\$ 250.10	\$ 250.10	✓
3	Rear Bumper Reflector <i>Cracked LH</i>	2	\$ 80.90	\$ 161.80	80.90
4	Rear Bumper Side Retainer <i>New</i>	2	\$ 48.00	\$ 96.00	+
5	Rear Reinforcement <i>Defect</i>	1	\$ 294.80	\$ 294.80	✓
6	Rear Reinforcement Bracket - Top <i>3 New</i>	2	\$ 38.00	\$ 76.00	+
7	Rear Reinforcement Bracket - Bottom	3	\$ 38.00	\$ 114.00	+
8	Smart Key Antenna <i>New</i>	2	\$ 265.70	\$ 531.40	+
9	End Panel <i>New</i>	1	\$ 454.60	\$ 454.60	+

Total For List Items: \$ 2,460.10

Less Spare Parts Discount (20%): \$ 492.02

Total: \$ 1,968.08

1107.20
885.76

SPECIAL NETT ITEMS

S/No.	Item Description	Qty	Price	Total Cost	Surveyor Use
1	Rear Bumper Sensor 1set <i>Defect New</i>	1	\$ 280.00	\$ 280.00	200 X
2	Rear Bumper Clips 1set <i>New</i>	1	\$ 30.00	\$ 30.00	✓
3	End Panel Top Garnish Clips 1set <i>New</i>	1	\$ 30.00	\$ 30.00	+

Total For S/N Items: \$ 340.00

LABOUR

S/No.	Item Description	Qty	Price	Total Cost	Surveyor Use
1	To panel beat/straighten/realign accident affected areas	1	\$ 800.00	\$ 800.00	200
2	To spray paint on affected areas	1	\$ 800.00	\$ 800.00	200
3	To tuff coat on affected areas	1	\$ 60.00	\$ 60.00	X
4	To conduct wiring check and repair	1	\$ 60.00	\$ 60.00	30
5	To remove/refix reverse sensor and distance setting	1	\$ 60.00	\$ 60.00	50

Total For Labour: \$ 1,780.00

Grand Total: \$ 4,088.08

total: 1116.76
A/S: HK

Admin
h/s 28/02/23
03 Days

480



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	17/02/2023 11:48 (SGT)
Reported by	Driver
Date of Accident	16/02/2023 08:20 (SGT)
Exact Location of Accident	Siglap Link, Singapore
Additional Location Information	TWDS ECP CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW9644U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIP YOKE LAI THECLA
NRIC No	S1835273G
Email Address	ROBERTLIM24@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98719232
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	1600

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10329686R03

DRIVER

Name of Driver	LIM CHIN CHEONG
NRIC No	S1043392D
Date Of Birth	24/10/1946
Occupation	Indoor



Date Of Driving Pass	30/12/1981
Driving experience	41 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98719232
Alt. Phone Number	-
Email Address	ROBERTLIM24@HOTMAIL.COM
Address	5000M MARINE PARADE ROAD #24-54
Address complement	-
Postcode	449294
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	2
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	LIP YOKE LAI
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

ON THE STATED DATE AND TIME, VEHICLE SLW9644U WAS STATIONARY AT THE JUNCTION OF SIGLAP LINK AND ECP GOING TOWARDS CHANGI, WAITING TO MOVE ON TO ECP TOWARDS CHANGI. AFTER A VEHICLE ON THE ERP (TWDS CHANGI) HAVE PASSED, I HEARD A BANG. VEHICLE SME9204P HAD HIT THE REAR PORTION OF MY CAR.

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	SME9204P
Vehicle Manufacturer	-



Vehicle Model	-
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	VEHICLE B
No. Of Passenger (Including Driver)	1

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.
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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/are be disclosed by any of the Insurers and/or GIA to third 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.

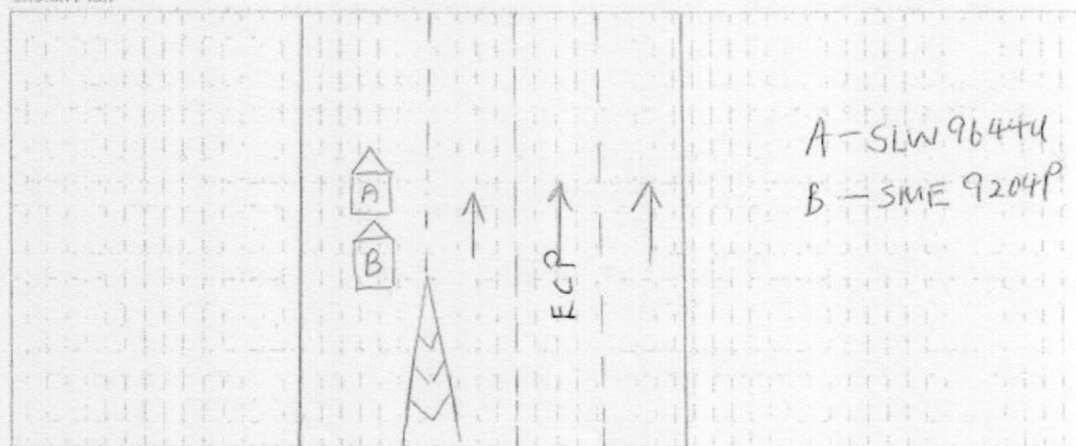
U. J. S. 16 Feb 2023

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

on the stated date and time, vehicle SKW 96444
was stationary at the junction of Siglap link and
ECP going towards Changi, waiting to move on to
ECP (towards Changi).

after 2 vehicles on the ECP (towards Changi)
have passed I heard a bang vehicle SME 9304P
had hit the rear portion of my car.

Declaration

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

U. J. G. J. 16 Feb 2023

Police Officer's Signature / Date & Time

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

Witnessed by Reporting Officer / Date
(If not at the Police Station)