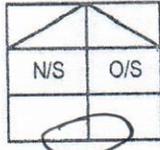


ASS. REC. BY: *Tom*

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: *SLW 72269*
 at Workshop m/s: *MOTOR IMAGE*
 of: *LENN KERR*
 Insured: *ECICS*
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition) *ham*
 Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: *83K*
 IDAC Accident Rpt: Consistent? : Yes or No
 GIA / PR Seen: Consistent? : Yes or No
 Est. Repairs: *4* days Res.: Yes or No
 Lum Sum: % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: *SLW72269* Yr Regn: *2018 / PCB*
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: *SUBARU FORESTER 2.0I-L9/C.C 1995*
 Colour: *GR64* A/C: Insured / Std / NI / NA
 Sp. Reading: *111577* T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: *JF18J5KCS34103875*
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: in order / Jammed / Leaked / Burnt or
 Brake: in order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: *225/60R17*
 R: *27*
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or *WESTLAKG*
 Front *6* mm R/Bal. *6* mm
 L/Bal. *6* mm Rear *6* mm
 D.O.A. *25/04/23* D.O.I. *03/05/23*
 Survey held at *MOTOR IMAGE*
 Des. of Damages: Frt Rear / O/S / N/S / UIC / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<i>REPAIR LIMIT - SSK</i>
	<i>Payal finalised final fig \$4741.40, 4 days. Cled \$915.80, (68%)</i>

Date/Time, File Pass to? : Preli. Report
 1) *10/7/23* : Final Report
 Date/Time, File Return to? _____
 2) _____

Days Of Repair: *4*
 Resurvey No. of Trip: *1*

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Invs (\$)
 : Weekend (\$)

Survey Fee: _____
 Transportation: _____
) S + RS, SI
) Photos
) Others
)
 TOTAL

Report Format: *MEM-TP*
 Lump Sum / I.B.I: (\$) *4741.40*

MOTORIMAGE ENTERPRISES PTE. LTD.
25 LENG KEE ROAD
SINGAPORE 159097

ESTIMATE : ACCIDENT/BODY REPAIRS
WORKSHOP : LENG KEE
CONTACT NO :
REFERENCE : INS/IC/CHI/0115/2023
DATE : 27-APR-2023

ECICS LIMITED
10 EUNOS ROAD 8
#09-04A SINGAPORE POST CENTER
S(408600)
TEL : 6337 4779
FAX : 6338 9267

OWNER'S NAME : TAN WEE SIANG (CHEN WEIXIANG)
ADDRESS : 38 DAISY AVENUE

S(359514)
TELEPHONE NO : 98892628

TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : 1800020544-05 AIG
VEHICLE NO : SLW7226G
MODEL CODE : SJ5EK7C
MODEL/YEAR : FORESTER 2.0I-L AWD CVT
ENGINE NO : FB20YC41158
CHASSIS NO : JF1SJ5KC5JG103875
MILEAGE : 1 KM
DATE IN : 27/04/2023
LIABILITY : 0.00
EXCESS CLAUSE : 0.00
ESTIMATE BY : DENNIS LEONG JIA HUI
ACCIDENT DATE : 27/04/2023

Print Date : 27/04/2023
Print Time : 10:34:50

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SLW7226G

S/NO	PARTS DESCRIPTION	PARTS NUMBER	DAMAGED PARTS & PRICES			S/LIST REMARKS
			NETT	LIST	S/NETT	
1	EXH PIPE ASSY R <i>X n n</i>	44200SG080			765.90	
2	MUFFLER ASSY RH NA <i>X n n</i>	44300SG010			617.90	
3	FLOOR PAN R R CP <i>X n n</i>	52129SG0019P			444.00	
4	SKIRT COMPL REAR END PANEL <i>? X n n</i>	52401SG0109P			296.00	
5	BUMPER FACE REAR FORESTER IL <i>de /</i>	57704SG012			610.50	✓
6	BRKT SD R RH <i>X n n</i>	57707SG080			14.80	
7	BRKT SD R LH <i>X n n</i>	57707SG090			14.80	
8	BEAM COMPL R EU <i>? S /</i>	57711SG0219P			296.00	✓
9	COVER HOOK R <i>X n n</i>	57731SG010NN			13.00	
10	PANEL CPL R/G NA <i>repair</i>	60809SG0109P			1102.60	
11	GLASS R/G <i>X n n</i>	63019SG000			821.40	
12	RUBBER DAM GLS <i>X n n</i>	63232SG000			7.40	
13	RUBBER R/G <i>X n n</i>	63232SG010			13.00	
14	CLIP BMPR *9PCS <i>n /</i>	909140007			21.60	✓
15	CLIP *2PCS <i>n /</i>	909140062			6.00	✓
16	LETTER MARK FORESTOR R <i>n /</i>	93079SG000			40.70	✓
17	LETTER MK R SUB <i>n /</i>	93079SG030			66.60	✓
SUB TOTAL			0.00	0.00	5152.20	0.00
LESS DISCOUNT ()			0.00	0.00	0.00	0.00
GRAND TOTAL			0.00	0.00	5152.20	0.00
OVERALL TOTAL			5152.20			

LEGEND: REMARKS(OK) = APPROVED, REMARKS(X) = NOT APPROVED

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SLW7226G

S/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1	TPCLAIM	CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM) AGAINST ECICS LTD INS-SND7677P		
2	ZZ/001	DOA:25/APR/2023 TIME:0700 HRS LOCATION:ADAM ROAD		
3	ZZ/002	REPLACE REAR BUMPER, BUMPER BEAM, END PANEL, SPARE TYRE FLOOR & TAILGATE	3500.00	900 ✓
4	ZZ/003	RESPRAY REAR BUMPER, BUMPER BEAM, END PANEL, SPARE TYRE FLOOR & TAILGATE	3000.00	1200 ✓
5	ZZ/004	TRANSFER TAILGATE MECHANISM	150.00	X 17
6	ZZ/005	INSTALL REAR WINDSCREEN	300.00	X 17
7	ZZ/006	SUPPLY & INSTALL REAR WINDSCREEN SOLAR FILM	145.00	X 17
8	ZZ/007	TRANSFER REVERSE SENSOR (OLD TO NEW BUMPER)	100.00	✓ ✓
9	ZZ/008	REMOVE & REFIX EXHAUST SYSTEM	150.00	X 17
10	ZZ/009	CONDUCT REAR ANTI-RUST COATING	580.00	X 17
11	ZZ/011	SUNDRIES	100.00	20 ✓
12	ZZ/10	FAULT DIAGNOSTIC (RESET)	100.00	280 ✓
TOTAL LABOUR CHARGES			8125.00	



SUMMARY OF ESTIMATE FOR VEHICLE REGN NO SLW7226G

TOTAL LABOUR CHARGES	8125.00
TOTAL SPARE PARTS CHARGES	5152.20

GRAND TOTAL	13277.20 *

* All charges do not include GST.

SURVEYOR'S PARTICULARS

NAME	:	Rasul - Hp 9000068
SURVEYED DATE	:	03/05/23 @ 1130
AUTHORIZED DATE	:	
EXCESS CLAUSE	:	0.00 4 days
LIABILITY	:	0.00
REMARKS	:	Resy before paint

PLS NOTE : This estimate is based on visual inspection of the affected vehicle. Should we require further labour charges & spare parts in the process of repairs, we shall inform you accordingly.

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:

3
OTORIMAGE ENTERPRISES PTE. LTD.
5 LENG KEE ROAD
SINGAPORE 159097

INALIZED : ACCIDENT/BODY REPAIRS
ORKSHOP : LENG KEE
CONTACT NO :
REFERENCE : INS/IC/CHI/0115/2023
DATE : 27-APR-2023

CICS LIMITED
10 EUNOS ROAD 8
09-04A SINGAPORE POST CENTER
(408600)
TEL : 6337 4779
FAX : 6338 9267

OWNER'S NAME : TAN WEE SIANG (CHEN WEIXIANG)
ADDRESS : 38 DAISY AVENUE

TELEPHONE NO : 98892628
S(359514)

TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : 1800020544-05 AIG
VEHICLE NO : SLW7226G
MODEL CODE : SJ5EK7C
MODEL/YEAR : FORESTER 2.0I-L AWD CVT
ENGINE NO : FB20YC41158
CHASSIS NO : JF1SJ5KC5JG103875
MILEAGE : 1 KM
DATE IN : 27/04/2023
LIABILITY : 0.00
EXCESS CLAUSE : 0.00
ESTIMATE BY : DENNIS LEONG JIA HUI
ACCIDENT DATE : 27/04/2023

Print Date : 01/07/2023
Print Time : 15:45:39

FORIMAGE ENTERPRISES PTE. LTD.
 5 LENG KEE ROAD
 SINGAPORE 159097

ABOUT CHARGES FOR ACCIDENT VEHICLE REGN NO SLW7226G

/NO JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1 TPCLAIM	CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM) AGAINST ECICS LTD INS-SND7677P		
2 ZZ/001	DOA:25/APR/2023 TIME:0700 HRS LOCATION:ADAM ROAD		
3 ZZ/002	REPLACE REAR BUMPER,BUMPER BEAM,END PANEL,SPARE TYRE FLOOR & TAILGATE	3500.00	900.00
4 ZZ/003	RESPRAY REAR BUMPER,BUMPER BEAM,END PANEL,SPARE TYRE FLOOR & TAILGATE	3000.00	1200.00
5 ZZ/004	TRANSFER TAILGATE MECHANISM	150.00	.00
6 ZZ/005	INSTALL REAR WINDSCREEN	300.00	.00
7 ZZ/006	SUPPLY & INSTALL REAR WINDSCREEN SOLAR FILM	145.00	.00
8 ZZ/007	TRANSFER REVERSE SENSOR (OLD TO NEW BUMPER)	100.00	100.00
9 ZZ/008	REMOVE & REFIX EXHAUST SYSTEM	150.00	.00
10 ZZ/009	CONDUCT REAR ANTI-RUST COATING	580.00	.00
11 ZZ/011	SUNDRIES	100.00	20.00
12 ZZ/012	REPAIR REAR END PANEL (1.0 SUPP) <i>re</i>	600.00	600.00
13 ZZ/013	RESPRAY REAR BUMPER BEAM & END PANEL (1.0 SUPP) <i>re</i>	600.00	600.00
14 ZZ/10	FAULT DIAGNOSTIC (RESET)	100.00	280.00
	TOTAL LABOUR CHARGES	9325.00	3700.00

OTORIMAGE ENTERPRISES PTE. LTD.
 5 LENG KEE ROAD
 SINGAPORE 159097

ATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SLW7226G

/NO PARTS DESCRIPTION	PARTS NUMBER	DAMAGED PARTS & PRICES			S/LIST REMARKS
		NETT	LIST	S/NETT	
1 EXH PIPE ASSY R	44200SG080			765.90	X
2 MUFFLER ASSY RH NA	44300SG010			617.90	X
3 FLOOR PAN R R CP	52129SG0019P			444.00	X
4 SKIRT COMPL REAR END PANEL	52401SG0109P			296.00	X
5 BUMPER FACE REAR FORESTER IL	57704SG012			610.50	OK
6 BRKT SD R RH	57707SG080			14.80	X
7 BRKT SD R LH	57707SG090			14.80	X
8 BEAM COMPL R EU	57711SG0219P			296.00	OK
9 COVER HOOK R	57731SG010NN			13.00	X
10 PANEL CPL R/G NA	60809SG0109P			1102.60	X
11 GLASS R/G	63019SG000			821.40	X
12 RUBBER DAM GLS	63232SG000			7.40	X
13 RUBBER R/G	63232SG010			13.00	X
14 CLIP BMPR *9PCS	909140007			21.60	OK
15 CLIP *2PCS	909140062			6.00	OK
16 LETTER MARK FORESTOR R	93079SG000			40.70	OK
17 LETTER MK R SUB	93079SG030			66.60	OK
SUB TOTAL		0.00	0.00	1041.40	0.00
LESS DISCOUNT ()		0.00	0.00	0.00	0.00
GRAND TOTAL		0.00	0.00	1041.40	0.00
OVERALL TOTAL		1041.40			

LEGEND: REMARKS(OK) = APPROVED, REMARKS(X) = NOT APPROVED

FORIMAGE ENTERPRISES PTE. LTD.
LENG KEE ROAD
SINGAPORE 159097

SUMMARY OF OVERALL CHARGES FOR VEHICLE REGN NO SLW7226G

TT ITEM	0.00
SS 20 %	0.00
TT AMOUNT	0.00
ST ITEM	0.00
SS 50 %	0.00
ST AMOUNT	0.00
SPECIAL NETT AMOUNT	1041.40
PLIST ITEM	0.00
SS 30 %	0.00
PLIST AMOUNT	0.00
TOTAL LABOUR CHARGES	3700.00
TOTAL SPARE PARTS CHARGES	1041.40

TOTAL CHARGES	4741.40
AD 8 % GST	379.31

GRAND TOTAL	5120.71

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	25/04/2023 18:33 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/04/2023 07:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Adam Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW7226G
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Tan Wee Siang
NRIC No	SXXXX980E
Email Address	tweesiang@gmail.com
Mobile Phone No	(Phone) +65-87889431
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
Variant	Forester
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	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1800020544-05

DRIVER

Name of Driver	Tan Wee Siang
NRIC No	SXXXX980E
Date Of Birth	19/07/1976
Occupation	Indoor

Date Of Driving Pass	22/10/1994
Driving experience	28 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87889431
Alt. Phone Number	-
Email Address	tweesiang@gmail.com
Address	38 Daisy Avenue
Address complement	-
Postcode	359514
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)	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	Tan Hong Kai
Gender	Male

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 SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SND7677P
Vehicle Manufacturer	Audi
Vehicle Model	A6
Vehicle Variant	-

Vehicle Colour	Gray
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)	-

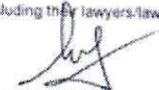
SKETCH PLAN

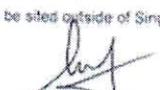
IMPORTANT NOTICE

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 willful 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 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:

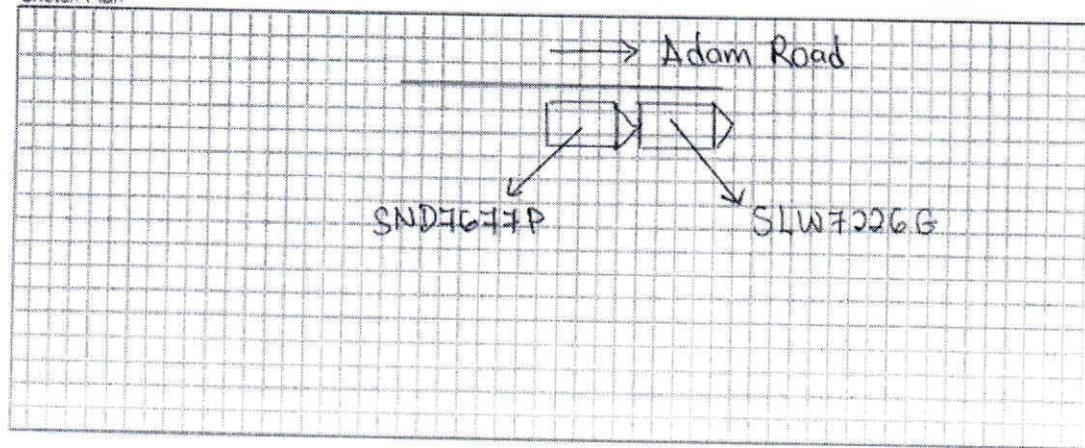
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Sketch Plan



Describe Circumstance of the Accident

Travelling along Adam Road when vehicle in front slowed down and I followed. Suddenly, I was hit by SND 7677P.

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