

ASS. REC. BY: Taufikh

REF:

CS/FC/23004735/19/13

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: _____

Veh No: SLQ2147R Yr Regn: 2017, June
 Type: M.Gar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Subaru outback c.c. 2498
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 89327 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JF2BS9KC2G6046459
 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: 225/60R18
 R: 225/60R18

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: A74K
 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: Dennis
 Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIRI / SUMI /
 TOYO / YOKO or _____
 Front R/Bal. 6 mm Rear R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.L. 15/5/23
 Survey held at Motor Image Long Lee
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Frt o/s
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Taufikh finalised final fig \$6352.90, 4 days. (Red \$8217.60, 56%)

Date/Time, File Pass to? : Preli. Report
 1) 20/07 Typist : Final Report
 Date/Time, File Return to?
 2) _____
 Report Format: TP
~~Est. Sum~~ / L.B.L. (\$) 6352.90

Days Of Repair: 4
 Resurvey No. of Trip: 2
 Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech. Invs (\$) _____
 : Weekend (\$) _____
 Survey Fee: _____
 Transportation: _____
 S + RS. SI _____
 Photos _____
 Others _____
 TOTAL _____

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

ESTIMATE : ACCIDENT/BODY REPAIRS
WORKSHOP : LENG KEE
CONTACT NO :
REFERENCE : INS/IC/CHI/0127/2023
DATE : 08-MAY-2023

MS FIRST CAPITAL INSURANCE LIMITED
36 ROBINSON ROAD
#16-01 CITY HOUSE
S(068877)
TEL : 62222311 / 65063848
FAX : 62223547 / 65073849

OWNER'S NAME : TEE KOK LIAN
ADDRESS : APT BLK 747 WOODLANDS CIRCLE
#11-702
S(730747)
TELEPHONE NO : 91270740

TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : 1700022097-05 AIG
VEHICLE NO : SLQ2147R
MODEL CODE : BS9BKLC
MODEL/YEAR : OUTBACK 2.5I-S AWD CVT
ENGINE NO : FB25Y526090
CHASSIS NO : JF2BS9KC2GG046434
MILEAGE : 1 KM
DATE IN : 08/05/2023
LIABILITY : 0.00
EXCESS CLAUSE : 0.00
ESTIMATE BY : DENNIS LEONG JIA HUI
ACCIDENT DATE : 08/05/2023

Taufik 97495749 / 62563521
WP' 15/5/23 @ 2pm
p/p Resurvey before paint
taufik @ kuantan
03 days

Print Date : 09/05/2023
Print Time : 09:24:03

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

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SLQ2147R

S/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1	TPCLAIM	CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM) AGAINST MS FIRST CAPITAL-INS		
2	ZZ/001	DOA:02/MAY/2023 TIME:1340 HRS LOCATION:37 JURONG PORT RD,S(619110)		900
3	ZZ/002	REPLACE FRT HOOD,FRT BUMPER,ENERGY ABSORBER,BUMPER BEAM,LH FENDER & RH FENDER	3500.00 600	800
4	ZZ/003	RESPRAY FRT HOOD,FRT BUMPER,BUMPER BEAM,LH FENDER & RH FENDER	3000.00 570	1040.
5	ZZ/004	TO CONDUCT FRONT LIGHTING TEST	50.00	✓
6	ZZ/005	REMOVE & REFIX FRONT HEADLAMP WASHER & PIPING	150.00	✓
7	ZZ/006	FAULT DIAGNOSTIC (RESET)	280.00	✓
8	ZZ/007	SUNDRIES	100.00	25
		TOTAL LABOUR CHARGES	7080.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SLQ2147R

S/NO	PARTS DESCRIPTION	PARTS NUMBER	DAMAGED PARTS & PRICES			S/LIST REMARKS
			NETT	LIST	S/NETT	
1	FENDER F RH	57120AL0609P			277.50	Ry
2	FENDER F LH	57120AL0709P			277.50	X
3	HOOD COMPL F	57229AL0119P			740.00	X
4	COVER ASSY FEN UPRH	57256AL021			19.10	dp -
5	COVER ASSY FEN UPLH	57256AL031			18.50	X
6	BUMPER PUNCHING F OBK FOR H/W	57702AL110			610.50	dl -
7	ENR ABSORB FOAM FEXP	57705AL050			59.20	?
8	BRKT CORNER F FHIRH	57707AL060			33.30	?
9	BRKT CORNER F FHILH	57707AL070			33.30	X
10	BRKT SD F RH	57707AL081			18.50	?
11	BRKT SD F LH	57707AL091			18.50	X
12	BEAM COMPL F EU	57711AL0109P			296.00	?
13	COVER HOOK F OBK FHI	57731AL170			5.60	X
14	FRONT RESIN UNDER GUARD OBK	57734AL000			270.00	X
15	LAMP ASSY HEAD RHS	84002AL000			1870.00	cn -
16	LAMP ASSY HEAD RLA	84002AL010			1870.00	X
17	NOZZLE H L WASHERRH	86636AL011			92.50	R ?
18	NOZZLE H L WASHERLH	86636AL021			92.50	X
19	NOZZLE COVER ASSYOBR	86636AL070E2			55.50	?
20	NOZZLE COVER ASSYOBL	86636AL080E2			55.50	X
21	GRILLE ASSY F NA	91121AL060			703.00	X
22	ORNAMENT F 6KA	93013AL000			74.00	X
SUB TOTAL			0.00	0.00	7490.50	0.00
LESS DISCOUNT ()			0.00	0.00	0.00	0.00
GRAND TOTAL			0.00	0.00	7490.50	0.00

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SLQ2147R

S/NO	PARTS DESCRIPTION	PARTS NUMBER	DAMAGED PARTS & PRICES			S/LIST REMARKS
			NETT	LIST	S/NETT	
	OVERALL TOTAL		7490.50			

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

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SUMMARY OF ESTIMATE FOR VEHICLE REGN NO SLQ2147R

TOTAL LABOUR CHARGES	7080.00
TOTAL SPARE PARTS CHARGES	7490.50

GRAND TOTAL	14570.50 *

* All charges do2 not include GST.

SURVEYOR'S PARTICULARS

NAME	:	
SURVEYED DATE	:	
AUTHORIZED DATE	:	
EXCESS CLAUSE	:	0.00
LIABILITY	:	0.00
REMARKS	:	

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.

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	03/05/2023 17:55 (SGT)
Reported by	Actual Driver
Date of Accident	02/05/2023 13:40 (SGT)
Exact Location of Accident	37 Jurong Port Rd, Singapore 619110
Additional Location Information	37 JURONG PORT ROAD,ADMIN BUILDING,CARPARK LOT 20
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ2147R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TEE KOK LIAN
NRIC No	SXXXX026A
Email Address	KKLTEE@GMAIL.COM
Mobile Phone No	(Phone) +65-92364610
Alternative Phone No	+65-90250358

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Outback
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2498

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1700022097-05

DRIVER

Name of Driver	TEE YANG
NRIC No	SXXXX858A
Date Of Birth	26/01/1992
Occupation	Indoor

Date Of Driving Pass	13/06/2013
Driving experience	9 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90250358
Alt. Phone Number	-
Email Address	TEEYANGG@GMAIL.COM
Address	572B WOODLANDS AVENUE 1 #05-832
Address complement	-
Postcode	732572
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collided into Parked Vehicle
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)	0
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 ATTACHMENT

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	RU4398C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

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Address	-
Address complement	-
Postcode	-
Insurance Company Name	MS First Capital Insurance Ltd
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 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 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 a/cresaid.

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

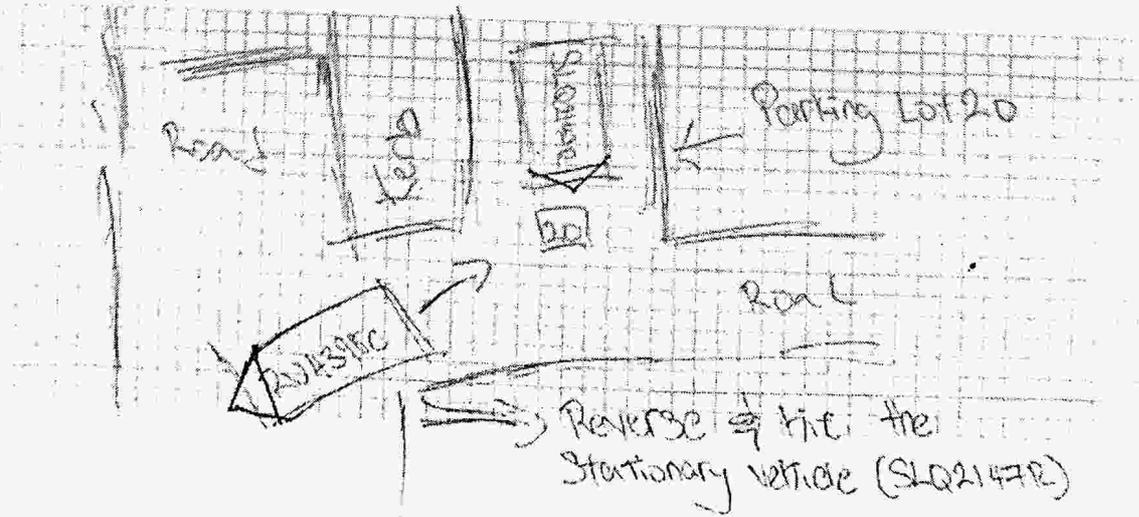
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 02 May 2023, at approximately 16:40hrs, I was informed by my colleague that he accidentally hit my vehicle (SL02147A) when he is reversing the company vehicle (RV439AC).

We assessed the damages on my vehicle (SL02147A). There were no damages to RV439AC.

This accident happened at 3A Irving Park Road, Aetna Building, Carpark lot 20.

As discussed with the Company, Irving Park, I will proceed to claim 3rd party insurance.

Declaration

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

05052023



Witnessed by Reporting Centre Personnel