

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/EG/23007071/4943

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SLA 4766A

at Workshop m/s Sanyhui

of _____

Insured: ABD 30064

Policy No. _____

Claims No. _____

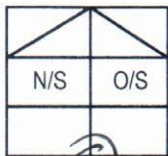
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 850k

IDAC Accident Rpt: Consistent? : **Yes or No**

GIA / PR Seen: Consistent? : **Yes or No**

Est. Repairs: 4 days Res.: **Yes or No**

Lum Sum: 20 % 3 Val.: **Yes or No**

CA / REV / REP. / 24 HRS

6 151W

Date: _____ Person Contacted: LTA 21583

Vehicle: IN / OUT

Veh No: SLA 4766A Yr Regn: 02/03/16

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

Truck / Trailer or

CA / GLS

Make: Hyundai TL Tucson 1999

Colour: Red A/C: **Insured / Std / NI / NA**

Sp. Reading: 217144 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: KMHJ3813MHU184446

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: 64

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

TOYO / YOKO or

Front 6 mm Rear 6 mm

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

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

D.O.A. 10/07/23 D.O.I. 18/7/23

Survey held at _____

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

Ree

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

| Date / Time | Action / Instruction |
|----------------|--|
| <u>24/7/23</u> | <u>N/S & 4300 in Road AM long (Red & 1968.40, 31%)</u> |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Date/Time, File Pass to?

☐
☐

: **Preli. Report**

: **Final Report**

1)

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

____ S + RS, ____ SI

Photos

Others

TOTAL

Add Fee:

☐
☐
☐
☐

: Site Insp (\$

: Interview (\$

: Tech. Invs (\$

: Weekend (\$

Report Format :

MER-TP

Lump Sum / I.B.I. (\$) 4300)

祥輝汽車修理 SIANG HUI MOTOR WORKS

Bik 3006, Ubi Road 1 #01-338, Singapore 408700.
Tel: 67444605 Fax: 67440726
REG. No. 322208/00M

Not Authorised
18/7/23
1/5 @ 4300/
4 days.
the photo here rep-ur

Date, 17/7/2023

Vehicle No SLA 4766A

| | | | | | |
|------------------|--|-----------------|--------|------------|---|
| 1 | IPC Rear Tailgate | Body | # | 1629.00 | — |
| 2 | IPC Rear Tailgate outer garnish | one | \$ | 220.00 | — |
| 3 | Tucson 1090 | net | \$ | 42.00 | — |
| 4 | Hyundai 1090 | net | \$ | 38.00 | — |
| 5 | IPC Rear Tailgate outer garnish bracket | one | \$ | 183.00 | — |
| 6 | IPC Rear Tailgate 19MP NLS | one | \$ | 725.00 | — |
| 7 | IPC Tail 19MP NLS | one | \$ | 898.00 | — |
| 8 | IPC Rear bumper | 2012 | \$ | 458.00 | — |
| 9 | IPC Rear bumper lower garnish | gross | \$ | 366.00 | — |
| 10 | IPC Rear bumper reinforcement | one | \$ | 280.00 | — |
| 11 | IPC Rear bumper lamp NLS | one | \$ | 152.00 | — |
| 12 | IPC End panel | R | \$ | 157.00 | X |
| Less 20% | | | | \$ 5148.00 | |
| | | | | \$ 4118.40 | |
| 13 | IPC Rear w/screen Sealant | \$ net | 50.00 | SN/40 | |
| 14 | Reverse Sensor | \$ installation | 200.00 | SN | |
| Labour Charges:- | | | | | |
| 1 | To Remove, refit rear w/screen | \$ | 120.00 | ✓ | |
| 2 | To spray painting | \$ | 880.00 | 600 | |
| 3 | To Remove, replace rear boot & rear bumper | \$ | 900.00 | 450 | |
| Total: | | | | \$ 6268.40 | |

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:

P-499
202
3992.80
240
1170
LKK Auto

SS37237B0001-01 / Success United Pte Ltd
ENTRY DATE & TIME: 11/07/2023 16:59 (SGT)
SUBMITTED BY: TAN WEI NI
VERSION: 2 (11/07/2023 17:08 (SGT))

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 | 11/07/2023 16:59 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 10/07/2023 13:20 (SGT) |
| Exact Location of Accident | Near 134 Balestier Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA4766A

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------|
| Is company? | No |
| Name Of Registered Owner | WANG JINGANG |
| Passport No/FIN | G5962151W |
| Email Address | BOFLUX_MS1@HOTMAIL.COM |
| Mobile Phone No | (Phone) +65-96687809 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Hyundai |
| Model | Tucson |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1999 |

INSURANCE COMPANY

| | |
|-----------------------------------|---------------------------------------|
| Name of Insurance Company | Allianz Insurance Singapore Pte, Ltd. |
| Policy Number / Cover Note Number | SP2002676490 |

DRIVER

| | |
|-----------------|--------------|
| Name of Driver | QIU YONG LEI |
| Passport No/FIN | G2202589P |
| Date Of Birth | 23/06/1983 |
| Occupation | Outdoor |

 Accident report SS37237B0001

Date Of Driving Pass 19/04/2018
 Driving experience 5 YEARS AND 3 MONTHS
 Gender Male
 Mobile Number (Phone) +65-94657652
 Alt. Phone Number -
 Email Address BOFLUX_MS1@HOTMAIL.COM
 Address BLK 3018 BEDOK NORTH STREET 5 #02-50 EASTLINK S
 486132
 Address complement -
 Postcode -
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Employee
 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

REFER TO SKETCH PLAN

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 GBD3006U
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver ONG ENG LEE

NRIC No S1758055H
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

SKETCH PLANIMPORTANT NOTICE

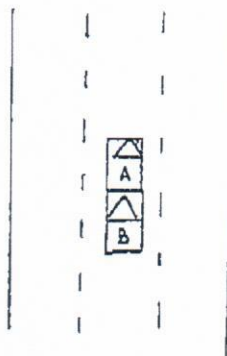
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



veh A: SLA4766A

veh B: GBD 3006U

SKETCH PLAN #2

Describe Circumstances of the Accident

I was driving along Ralestier road on second lane. I was slow
down my veh as the car in front had stopped due to traffic light. Suddenly,
veh B hit rear left side of my veh.

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

Witnessed by Reporting Centre
Personnel