

ASS. REC. BY:

REF:

K021

Kenneth

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.

Bal. or Market Value: \$37K

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLN 8665MYr Regn: 05, 17

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

Truck / Trailer or _____

Make: MazdaC.G. 1496Colour: M. Black

A/C: Insured / Std / NI / NA

Sp. Reading: 7985

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MM 6DL 2S AA GW 897034

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD A/Rlm or

Tyre Size: F: 205/55R16

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 24/8/24D.O.I. 27/8/2024

Survey held at _____

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

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech Invs (\$ _____)

☐

: Weekend (\$ _____)

S - RS. \$I _____

: Fines _____

: Others _____

TOTAL

Report Format:

Lump Sum / I.B.I: (\$ _____)



CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE #01-60/62, SIN MING ROAD, SINGAPORE 575643
TEL: 6453 1235, 6452 0850 FAX: 6453 7944
24hrs Towing Services Tel 9823 9898
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

MS FIRST CAPITAL INSURANCE LTD

NO. 36
ROBINSON RD #16-01
CITY HOUSE
SINGAPORE 068877

Contact : -

Fax No. : 65073849

Estimate : QUOT202408-000774(00)

Date : 26/08/2024

Vehicle No. : SLN8665M

Make/Model : MAZDA 2

Mileage (km) : 0

Chassis No. : MM6DL2SAAGW197034

Accident Date : 24/08/2024 00:00:00

Claim No. : SHA3292D

Reference : JO202408-1079

Policy No. : SP2007219937

Not Authorized
11/8/24

Permy After King

S/No	Particular	Quantity	Unit Price	Amount S\$
LIST ITEMS :				
1	LH fender	1.0	330.00	Ben 330.00 ✓
2	LH headlamp	1.0	CM 3,021.00	3,021.00 ✓
3	LH fender inner shield	1.0	72.00	in 72.00 X
4	Front bumper	1.0	CM 855.00	855.00 ✓
5	Front bumper retainer	1.0	0.1 18.00	18.00 ✓
6	Front bumper reinforcement	1.0	537.00	537.00 7
7	Bonnet	1.0	n 688.00	688.00 X
8	Nose panel	1.0	Ben 338.00	338.00 ✓
9	Fog lamp - LH	1.0	378.00	378.00 7
10	Tow cover	1.0	n 45.00	45.00 X
11	Front grille	1.0	388.00	388.00 7
12	Front grille chrome	1.0	CM 218.00	218.00 ✓
List Total :				6,888.00
20% Discount S\$				1,377.60
				5,510.40
LABOUR :				
	To check and re-wiring.	1.0	50.00	50.00 201
	-To knock jackout damaged parts, panel beating, welding, align, refix and to renew accident parts	1.0	550.00	500 550.00
	- Spray painting on affected & replace parts	1.0	950.00	650 950.00
				1,550.00

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

• Supplemental item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Total S\$: 7,060.40
GST 9% S\$: 564.83
Amount Due S\$: 7,625.23

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 First Submission	24/08/2024 12:32 (SGT)
Reported by	Actual Driver
Date of Accident	24/08/2024 08:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN TOA PAYOH (CROSS-SECTION ARD SERANGOON RD, POTONG PASIR, BENDEMEER ROAD)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN8665M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	DENG SHUMIN
NRIC No	SXXXX242H
Email Address	dshumin@gmail.com
Mobile Phone No	(Phone) +65-98183547
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	2
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496
Vehicle Fuel	Petrol
First Registration Date	19/05/2017
Chassis no	MM6DL25AAGW197034
Effective Date/Time of Ownership	29/08/2024 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2007219937

DRIVER

IMPORTANT NOTICE

SKETCH PLAN

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 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

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

CITY AUTO PTE LTD

Blk 8 Sin Ming Road

#01-58/60/62 Sin Ming Ind Est

Singapore 575643

Tel: 6453 1235 Fax: 6453 7944

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

Sketch Plan

