

ASS. REC. BY:

REF: SMR/

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s

of 16008-09039A

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.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 04 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: SKT 8525PYr Regn: 11, 18

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

Truck / Trailer or

Make: Opel Crossland

Xc.c

1199Colour: M. Orange

A/C: Insured / Std / NI / NA

Sp. Reading: 6881P

T/Radio: Insured / Std / NI / NA

Eng/No: 9C/No: W0V7D500J 4140780Gen. Cond: Good Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD A/Rlm orTyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 18/8/24D.O.I. 2/9/2024

Survey held at _____

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

N/S 171 bon

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: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Transportation

S + RS. SI

: Fuel

: Others

TOTAL

Report Format :

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

Estimated Cost of Repair

Attention To : **MS First Capital Insurance Ltd**
36 Robinson Road
#16-01 City House
Singapore 068877

Claim Details

Case Ref. No. : TP
Date : 23-08-2024
Accident Date : 18-08-2024

Vehicle Details

Make & Model : Opel CROSSLAND X B12XHT AT
Chassis No : W0V7D9ED0J4140780
Registration No : SKT8525P

Third Party Vehicle Details

Registration No : SHB5685K

S/N	Description	Qty	Amount (\$\$)
1	FRONT BUMPER	1.00	1 \$1,831.00 x 7
2	FRONT BUMPER LH OUTER PARKING SENSOR	1.00	1 \$285.00 x
3	FRONT BUMPER LOWER PAD	1.00	1 \$190.00 ✓
4	FRONT BUMPER LH SIDE RETAINER	1.00	1 \$72.00 x
5	FRONT BUMPER CLIPS	10.00	1 \$110.00 501
6	LH SIDE MIRROR ASSY	1.00	1 \$810.00 ✓
			\$3,298.00
Discount: -10%			(\$329.80)
			\$2,968.20
7	TO RESET HEADLAMP SYSTEM	1.00	\$280.00 201
8	TO REPAIR DAMAGES	1.00	\$380.00 261
9	TO SPRAY PAINTING	1.00	\$480.00 401

Subtotal w/o GST:

\$4,108.20

Not with hold
1/1/2025 &
Paying After 4 days

Issued by Elaine Lee

This is a computer-generated document. No signature is required.

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:

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	18/08/2024 16:47 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/08/2024 09:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN BESAR ROAD NEAR DESKER ROAD JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKT8525P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEOW WHYE MONG
NRIC No	SXXXX039A
Email Address	p_organist_nick@hotmail.com
Mobile Phone No	(Phone) +65-90301001
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Opel
Model	CROSSLAND X B12XHT AT
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	1199
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2007687800-01

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.



 18/8/24
Policyholder's Signature / Date & Time

 18 Aug 2024, 3pm
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan

