

ASS. REC. BY:

REF: TH /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.

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

Bal. or Market Value: \$ 40k

IDAC Accident Report: _____

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

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No: SNK 550814Yr Regn: 08.16Type: ☒ Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: Infiniti Q50C.C. 1991Colour: M. Red

A/C: Insured / Std / NI / NA

Sp. Reading: 78351

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN1BCAV37204 80782Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / Rm or

Tyre Size: F: 245/40ZR19

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 7 mmR/Bal. 6 mmL/Bal. 7 mmL/Bal. 6 mmD.O.A. 8/10/24D.O.I. 15/10/2024

Survey held at _____

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

FR N/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Data/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Data/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

TOTAL

Report Format :

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

ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A

#03-11 AMK Autopoint Singapore 568047

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

Not Notified
11 Pm &
Running After Rain
4 days

ESTIMATE

3RD PARTY

India International Insurance Pte Ltd
ATTN: ACCIDENT CLAIMS DEPARTMENT

FIRST REGISTRATION: 29.08.2016

DATE : 11.10.2024
VEHICLE NO : SMK5508H
VEH MAKE/MODEL : INFINITI Q50
YOM : 2016
CHASSIS NO : JN1BCAV37Z0480782
DATE OF ACCIDENT : 08.10.2024

NO	QTY	DESCRIPTION	AMOUNT \$	
		LIST PRICE:-		
1	1	FRONT HEADLAMP LH	\$ 3,620.70	✓
2	1	FRONT HEADLAMP LOWER BRACKET LH	\$ 65.10	✓
3	1	FRONT BUMPER	\$ 920.80	✓
4	1	FRONT BUMPER SIDE RETAINER LH	\$ 65.00	x
5	1	FRONT FOGLAMP GARNISH LH	\$ 158.40	x
6	1	FRONT FOGLAMP LH	\$ 361.90	x
7	1	FRONT SIGNAL LAMP LH	\$ 496.60	✓
8	1	FRONT BUMPER SENSOR	\$ 265.70	x
9	1	FRONT FENDER LH	\$ 785.40	✓
10	1	FRONT FENDER INNER SHIELD LH	\$ 181.30	x
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
TOTAL - LIST ITEM			\$ 6,920.90	
LIST PRICE:-			\$ 692.09	
TOTAL			\$ 7,612.99	

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DATE : 11.10.2024
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VEH MAKE/MODEL : INFINITI Q50
YOM : 2016
CHASSIS NO : JN1BCAV37Z0480782
DATE OF ACCIDENT : 08.10.2024

		<u>SPECIAL NETT ITEMS:-</u>		
1	SET	FRONT FENDER INNER SHIELD CLIPS	\$	50.00 X
2				
3				
4				
5				
6				
7				
		Total - SN Item	\$	50.00
		<u>Labour Charges:-</u>		
1		SPRAY PAINT ON ALL AFFECTED AREA	\$	800.00 440
2		LABOUR REMOVE/REFIX ACCIDENT DAMAGE PARTS TO KNOCK, JACK, CUT WELD AND REALIGN ACCIDENT AFFECTED AREA	\$	800.00 400
3		TO CHECK WIRING SYSTEM	\$	100.00 201
		TO APPLY ANTI RUST TREATMENT	\$	120.00 301
4		Computer Diagnostic (Reset Necessary Electronic Function)	\$	380.00 ?
5				
6				
7				
		Total - L/C	\$	2,200.00
		Sub-Total	\$	9,862.99
		9% GST	\$	887.67
		Total	\$	10,750.66

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 is allowed
- Supplementary repair 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	09/10/2024 10:03 (SGT)
Reported by	Actual Driver
Date of Accident	08/10/2024 12:33 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK5508H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOON GEOK CHENG
NRIC No	S0134760H
Email Address	SOON1308@GMAIL.COM
Mobile Phone No	(Phone) +65-97389434
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Infiniti
Model	Q50 2.0T SPORT A/T S/R (R19) EU6 NAV
Variant	-
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	1991
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Etiqua Insurance Pte Ltd
Policy Number / Cover Note Number	MA022488

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 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.

Arjun

Policyholder's Signature / Date & Time

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

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



Sketch Plan

