

ASS. REC. BY:

REF: MSG/CS/MSG24100365/Kvp3Kenneth

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: SMT 8924YPolicy No. 1001451188Claims No. 377372

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:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04 days

Res.: Yes or No

Lum Sum:

1.B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SNG 6598Y Yr Regn: 08, 23Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

BYD Seal

C.G.

Colour

M. Blue

A/C: Insured / Std / NI / NA

Sp. Reading

13149

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

LG XCF 8CD 6P 2166145Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD / A/Rlm or

Tyre Size:

F:

R:

235/45R19

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

20/10/24

D.O.I.

23/10/2024

Survey held at

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

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

Date / Time

Action / Instruction

9/12/24

Kenneth confirmed final fig \$2763.50 (Red 3282, 54%)

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: 4

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

S - RS. SI

Fees

Others

Report Format :

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

TOTAL

Date: 21/10/2024
Vehicle No: SNQ6598Y
Model: BYD SEAL
Chassis: LGXXCF6CD0P2166145
Reg. Year: 2024

Not Jonathan
Mercury After Paint
4 days

Third Party Insurer: MSIG
Third Party Veh No: SMT8924Y
Date of Accident: 20/10/2024
Estimator: JONATHAN
Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
	RR BUMPER			REPAIR
	LHR FENDER FIX GLASS			\$ <i>En</i> 1,040.00 ✓
	LHR FENDER			REPAIR
	LHR DOOR			REPAIR
	LHR DOOR WINDOW GLASS			\$ <i>En</i> 640.00 ✓
	LHR DOOR EXT. TRIM PANEL			\$ <i>En</i> 320.00 ✓
	LHR WHEEL COVER			\$ <i>En</i> 65.00 ✓
	LHR RIM			\$ <i>En</i> 2,430.00 X
			SUB TOTAL	\$ 4,495.00
			Less 10%	\$ 449.50
			PARTS TOTAL	\$ 4,045.50

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
	LHR FIX GLASS SEALANT			\$ <i>Me</i> 30.00 ✓
	LHS LIVERY			(Bill) \$ 800.00 7
			S/N TOTAL	\$ 830.00

LABOUR CHARGES:

To remove, replace, repair, readjust & refix Side affected areas	\$ 400.00	<i>200</i>
To perform wiring checks on electrical systems	\$ 30.00	<i>150</i>
To remove, putty, repair, sand and respray affected areas	\$ 600.00	✓
To remove, replace & refix bumper sensors	\$ <i>na</i> 30.00	X
To remove, replace & reinstall Door inner mechansim	\$ <i>na</i> 30.00	X
To remove, refix & replace Side Quarter Glass	\$ 80.00	<i>600</i>

	LABOUR TOTAL	\$ 1,170.00
JONATHAN	TOTAL	\$ 6,045.50

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

Head office

6 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1313 Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 9919 Fax: (+65) 6481 1993

Blk 10 Ang Mo Kio Ind Park 2A #01-08 Singapore 568047
Tel: (+65) 6481 1622 Fax: (+65) 6481 1011



Knownledged 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 (GIA) for archiving
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	21/10/2024 16:20 (SGT)
Reported by	Actual Driver
Date of Accident	20/10/2024 20:40 (SGT)
Exact Location of Accident	Near Republic Blvd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNQ6598Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG WEI LING
NRIC No	SXXXX582I
Email Address	AMOS.94@HOTMAIL.COM
Mobile Phone No	(Phone) +65-82334182
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Byd
Model	SEAL PERFORMANCE
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	1999
Vehicle Fuel	-
First Registration Date	-
Chassis no	LGXCF6CD0P2166145
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2032869112-01

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 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. 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:

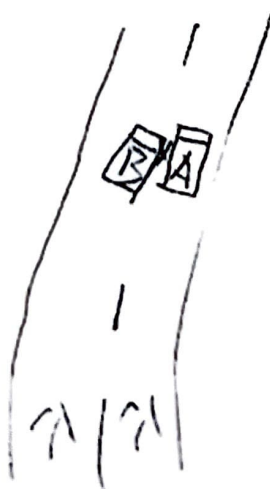
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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



A = SN96598Y

B = SMT8924Y