

ASS. REC. BY:

REF: MS6/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cavan

of 8046

Insured: _____

Policy No. _____

Claims No. _____

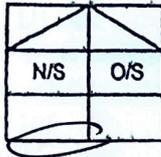
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 870k

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 4-5 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: SJJ 203K Yr Regn: 02, 18

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

Truck / Trailer or (A) Wagon

Make: Volkswagen Tiguan C.C. 1395

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 101687 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WVG 886 6N2 JW 848 418

Gen. Cohd: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD (A/R) or

Tyre Size: F: 235/55 R18

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 8 mm

R/Bal. 8 mm

L/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 21/10/24

D.O.I. 28/10/2024

Survey held at _____

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

Rear N/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

Prell. Report

Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportable

S - RS. SI

Paints

Others

Add Fee:

Site Insp (\$

Interview (\$

Tech Invs (\$

Weekend (\$

Report Format :

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

TOTAL

源摩哆廠

GUAN MOTOR WORKS

Business Regn. No. 08102600F

176 Sin Ming Drive #02-03 Sin Ming Autocare Singapore 575721 Tel: 6453 6111 Fax: 6453 8292 H/P: 9742 6003

Not Notation
11 Day @
Resurvey After Paint
4-5 days

REPAIR ESTIMATE FOR SJJ203K

No.	Qty	List Items		
1	1	Rear bumper top	<i>Per 1kg</i>	1,171.80 ✓
2	1	Rear bumper bottom (Black)	<i>\$ Per 1kg</i>	434.05 ✓
3	1	Rear bumper bottom (Black) LH reflector long	\$	96.00 ?
4	1	Rear bumper bottom (Black) LH reflector short	\$	81.00 ?
5	3	Rear bumper reverse sensor	\$	865.50 ?
6	1	Rear bumper LH side retainer	\$ <i>Per</i>	76.75 X
7	1	Rear bumper inner foam	\$	96.75 ?
8	1	Rear bumper Inner reinforcement	\$	925.95 ?
9	1	LH taillamp	\$ <i>Cur</i>	584.15 ✓
10	1	Rear tailgate	\$ <i>Ry</i>	2,728.05 ✓
11	1	Rear tailgate LH "TIGUAN" emblem	\$ <i>Per</i>	130.80 ✓
12	1	Rear tailgate LH side lamp	\$ <i>Cur</i>	540.85 ✓
13	1 set	Rear tailgate inner trim board clips	\$ <i>Per</i>	60.00 X
14	1	Rear tailgate weatherstrip	\$	182.15 ?
15	1	Rear tailgate top lock	\$ <i>Per</i>	274.15 ✓
16	1	Rear end panel	\$	1,229.25 ?
			\$	9,477.20
			Less 10%	\$ 947.72
			Total :	\$ 8,529.48

Special Nett Items

17	1 set	Rear windscreen sealant	\$ <i>Per</i>	60.00 <i>Kosa</i>
18	1 set	Raer end panel sealant	\$	60.00 ?
			Total :	\$ 120.00

Labour

1	Labour Charges for remove/refit, cutting/welding and replacement of damages.	\$	1,000.00 ?	
2	To putty and spray Spray Paintings charges.	\$	1,000.00 <i>600l</i>	
3	To check wirings and lightings.	\$	50.00 <i>20l</i>	
4	To remove, refit rear windscreen.	\$	140.00 <i>120l</i>	
5	To remove, refit rear tailgate fittings.	\$	80.00 <i>60l</i>	
6	To remove, refit & reset reverse sensors.	\$	80.00 <i>60l</i>	
7	To remove, refit rear upholstery & attachments.	\$	120.00 ?	
8	To supply and apply anti rust treatment	\$	60.00 ?	
			Total :	\$ 2,530.00

Total Parts and Labour : \$ 11,179.48

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	21/10/2024 15:51 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/10/2024 13:10 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	EXIT YIO CHU KANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ203K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOW CHEONG FOON
NRIC No	SXXXX804G
Email Address	albertlowcf@gmail.com
Mobile Phone No	(Phone) +65-91162323
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Tiguan
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	1395
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D19MPC0000564_05

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

[Signature]
 Policyholder's Signature / Date & Time

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

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

Sketch Plan

