

ASS. REC. BY:

REF: 0121

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:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

06 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:

SUR 6353E

Yr Regn:

08, 17

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

Truck / Trailer or

Make:

Nissan 3

c.c

1496

Colour

M. Grey

AC:

Insured / Std / NI / NA

Sp. Reading

186242

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JM 6BN 22A 8H 0174189

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

205/60R16

R:

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.

24/10/24

D.O.I.

25/10/2024

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

1

Cost B2

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. \$

) Fuel

) Others

TOTAL

Report Format :

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

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

Vehicle Insured : SLJ489D
Accident Date : 24-Oct-2024

Our Ref : 024211 (CHINA) / CHAN

CHAN JINGZHONG
43 BRIGHT HILL DRIVE
#19-14
Singapore 573894

No. : 07193

Date : 24-Oct-2024

PAGE : 1

Not wither
1/10/24
Recovery After Rain
6 days

ESTIMATED COST OF REPAIR FOR MAZDA 3 SLR6353E

- =====
- | | | |
|-------|-------------------------------|-------------|
| 1 pc | Rear bumper fascia | |
| 1 pc | Rear bumper reinforcement | |
| 2 pcs | Rear bumper side retainer | @ S\$ 38.00 |
| 2 pcs | Rear bumper side bracket | @ S\$ 49.00 |
| 2 pcs | Rear bumper towing cover | @ S\$ 26.90 |
| 2 pcs | Rr bumper side clip c/w screw | @ S\$ 5.50 |
| 1 pc | Rear bumper centre top clip | |
| 1 pc | Rear end panel | |
| 1 pc | End panel top garnish | |
| 1 pc | Rear floor panel sponge | |

At Lim

1,128.00	✓
563.00	✓
CM 76.00	✓
CM 98.00	✓
MT 53.80	✓
MT 11.00	✓
CM 5.90	✓
530.00	✓
89.00	✓
CM 158.00	✓
2,712.70	
Less 20% :	542.54

- 1 pc Rear bumper reverse sensor(set)
1 pc Rear bumper clip (set)

To remove rear seat, trim board and carpet

To apply undersealing

To putty and spray replaced parts

To remove, cut-out damaged parts,
panel beating, welding, align,
refix and to renew above parts

Net 2,170.16 2000
300.00 sn
MT 30.00 sn

120.00 800

60.00

1000.00 900

900.00 800

Total : S\$ 3,980.16

=====

LKK Auto Consultants hereby certify that the Repairee has accepted the Repairee of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during repair
- 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 surveyed and is subject to final approval from Insurance Company

Acknowledged by Repairee

Signature:

Date:

Singapore Dollars Three Thousand Nine Hundred and Eighty and Cents Sixteen Only

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	24/10/2024 15:16 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/10/2024 08:00 (SGT)
Exact Location of Accident	Near 184 Lornie Rd, Singapore 298718
Additional Location Information	Lornie Viaduct
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR6353E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN JINGZHONG
NRIC No	SXXXX060D
Email Address	CHAN.JINGZHONG@GMAIL.COM
Mobile Phone No	(Phone) +65-96612921
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	MAZDA3 SEDAN 1.5 AT EU6
Variant	MAZDA 3
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	1496
Vehicle Fuel	Petrol
First Registration Date	22/08/2017
Chassis no	JM6BN22A8H0174189
Effective Date/Time of Ownership	22/08/2017 04:08 (SGT)

INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Policy Number / Cover Note Number	MP318840

DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ489D
Vehicle Manufacturer	Hyundai
Vehicle Model	Elantra
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	PHUA KIM PENG
NRIC No	SXXXX368A
Contact Number	(Phone) +65-92397008
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHAN JINGZHONG
Gender	Male
Phone No	(Phone) +65-96612921
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	WHIPLASH
Injured person in which vehicle?	SLR6353E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstance of the Accident

on the 24/10/2024, at around 8.00AM, I was driving my vehicle (SLR6353E), along Cornie Vladuct. As the car in front of me slowed down, I slowed down my car as well. However the vehicle behind me ↓ could not brake in time and rear ended me. (SLJ4891D)

We agreed to exchange particulars for insurance purposes.

Refer to police report T/20241024/7060.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

24/10/24

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

Witnessed by Reporting Centre Personnel (Name as in PRICID card)



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.

Policyholder's Signature / Date & Time

24/10/24

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

LORNE VIADUCT (TOWARDS ADAM ROAD)



A = SLR635BE

B = SLI489D