

ASS. REC. BY:

REF: TD 1Kenneth**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Gwasof 193F

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: TBA

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

Bal. or Market Value: 890K

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 06 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SL 83807 Yr Regn: 03. 18Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mini Cooper S c.c. 1994Colour: M. Red A/C: Insured / Std / NI / NASp. Reading: 159954 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WMNLCN720602G79636Gen. Cohd: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / SRIM / STD A/Rim orTyre Size: F: 225/40ZR18

R: _____

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

TOYO / YOKO or Continental

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 25/10/24D.O.I. 29/10/2024

Survey held at _____

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

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

Date / Time

Action / Instruction

1 Bumper jammed

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

) S - RS. SI

) FIDAYS

) Others

Report Format :

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

TOTAL

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

6 days

Ed TBA

| No. | Qty | List Items | | | |
|-----|-------|--|--------|-----|------------|
| 1 | 1 | Front bumper | \$ | CM | 791.35 ✓ |
| 2 | 2 | Front bumper fog lamp | \$ | Pin | 941.60 X |
| 3 | 2 | Front bumper side retainer | dis \$ | CM | 277.90 ✓ |
| 4 | 2 | Front bumper top side rubber seal | \$ | na | 70.40 ✓ |
| 5 | 1 | Front bumper inner foam | \$ | CM | 156.85 ✓ |
| 6 | 1 | Front bumper inner reinforcement | \$ | | 596.80 ? |
| 7 | 1 | Front bumper centre top black garnish | \$ | CM | 148.60 ✓ |
| 8 | 1 | Front bumper lower skirting | \$ | Pin | 285.30 X |
| 9 | 2 | Front bumper lower skirting side cover | \$ | Pin | 118.00 X |
| 10 | 1 | Front grille | \$ | CM | 280.80 ✓ |
| 11 | 1 | Front grille "S" emblem | \$ | na | 65.50 ✓ |
| 12 | 2 | Headlamp | \$ | CM | 4,381.30 ✓ |
| 13 | 2 | Headlamp black trim | \$ | CM | 316.00 ✓ |
| 14 | 1 | Front bonnet | \$ | Pin | 1,846.10 ✓ |
| 15 | 1 | Front bonnet top air scoop | \$ | Pin | 346.70 ✓ |
| 16 | 1 | Front bonnet top "MINI" logo | \$ | na | 65.10 ✓ |
| 17 | 1 | Front bonnet lock | \$ | Pin | 107.65 ✓ |
| 18 | 2 | Front bonnet hinge | \$ | | 192.50 ? |
| 19 | 1 | Front bonnet insulator | \$ | | 201.10 ? |
| 20 | 1 set | Front bonnet insulator clips | \$ | na | 60.00 ✓ |
| 21 | 1 | Front support panel | \$ | | 782.00 ? |
| 22 | 1 | Air con condenser | \$ | | 1,068.80 ? |
| 23 | 1 | Radiator | \$ | | 941.60 ? |
| 24 | 2 | Front wheel arch black garnish | \$ | | 308.20 ? |
| 25 | 2 set | Front wheel arch black garnish clips | \$ | na | 80.00 ✓ |
| 26 | 1 | Front wiper garnish top | \$ | | 193.00 ? |
| 27 | 1 | Front wiper garnish lower | \$ | | 193.00 ? |
| | | | \$ | | 14,816.15 |
| | | LKK Auto Consultants hence notify the Repairer of the following: | \$ | | 740.81 |
| | | • To resurvey before/after spray painting | \$ | | 14,075.34 |
| | | • 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 | \$ | Pin | 80.00 X |
| | | • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company | \$ | | 50.00 ? |
| | | Total : | \$ | | 130.00 |
| | | Acknowledged by Repairer | | | |
| | | Signature: | | | |
| | | Date: | | | |
| | | Labour | | | |
| | | Labour Charges for remove/refit, cutting/welding and replacement of damages. | \$ | | 1,000.00 |
| | | To putty and spray Spray Paintings charges. | \$ | | 1,000.00 |
| | | To remove, refit A/c condenser, radiator and etc..., and refill air con gas. | \$ | | 150.00 |
| | | To check wirings and lightings. | \$ | | 40.00 |

5 To supply and apply anti rust treatment

Total : \$ 162 80.00 X
\$ 2,270.00

Total Parts and Labour : \$ 16,475.34

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 | 26/10/2024 11:26 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 25/10/2024 16:30 (SGT) |
| Exact Location of Accident | TPE, Singapore |
| Additional Location Information | TOWARDS CTE/SLE AT PUNGGOL RD EXIT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLZ380Z

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | CHOW CHENG HUA |
| NRIC No | SXXXX193F |
| Email Address | chenghua@hotmail.com |
| Mobile Phone No | (Phone) +65-81338699 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|-------------|
| Manufacturer | Mini |
| Model | Clubman |
| 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? | Yes |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1994 |
| 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 | D21MPC0007390_03 |

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.

Cheng 26/10/24
10:00am

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

A = SL2380Z

B = YQ4873X

