

ASS. REC. BY:

REF:

AG21

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:

00 days

Res.: Yes or No

Lum Sum:

1-21 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMX 2308ur

Regn: 01, 21

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

Truck / Trailer or

Make:

Hyundai Avante

c.c. 1598

Colour

M. Grey

AC: Insured / Std / NI / NA

Sp. Reading

69117

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

RMHLCN41ETMU 094342

Gen. Cohd: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/55R16

R:

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

TOYO / YOKO or

Front

R/Bal.

8 mm

Rear

R/Bal.

8 mm

L/Bal.

8 mm

L/Bal.

8 mm

D.O.A.

8/10/24

D.O.I.

16/12/2024

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S + RS. SI

F. &amp; S.

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

Sum / I.B.I: (\$

TOTAL

# 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

No. : 07208

Vehicle Insured : SLC2453E  
Accident Date : 08-Oct-2024

Date : 16-Nov-2024

Our Ref : 024225 (AUTO & GEN) / CHAN

PAGE : 1

LEE CHONG HOW  
BLK 802A KEAT HONG CLOSE  
#11-93  
Singapore 681802

*Not Notified*

*LLP &*

*Money After Pain*

*B4*

*4 days*

## ESTIMATED COST OF REPAIR FOR HYUNDAI AVANTE SMX2308U

1 pc	Rear bumper fascia		471.00	✓
1 pc	Rear bumper lower spoiler		341.00	?
1 pc	Rear bumper reinforcement		295.00	?
2 pcs	Bumper reinforcement top bkt	@ S\$ 18.00	36.00	?
3 pcs	Bumper reinforcement low bkt	@ S\$ 18.00	54.00	?
2 pcs	Rear bumper reflector	@ S\$151.00	302.00	X
2 pcs	Rear bumper license plate lamp	@ S\$ 30.00	60.00	X
2 pcs	Rear centre parking sensor	@ S\$170.00	340.00	?
1 pc	Boot lid		2,025.00	X
1 pc	Boot lid "AVANTE" emblem		32.00	✓
1 pc	Boot lid "S" emblem		42.00	✓
1 pc	Boot lid centre reflector		1,028.00	X
			5,026.00	
		Less 20% :	1,005.20	

4,020.80

To rewiring rear parking sensor wire

30.00 ✓

To putty and spray replaced parts

600.00 *400d*

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

500.00 *400d*

Total : S\$ 5,150.80

Singapore Dollars Five Thousand One  
Fifty and Cents Eighty Only

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	14/11/2024 16:53 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/10/2024 17:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG WEST AVENUE 5
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX2308U

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE CHONG HOW
NRIC No	S8525566E
Email Address	leechonghow85@gmail.com
Mobile Phone No	(Phone) +65-98178256
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1598
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

### INSURANCE COMPANY

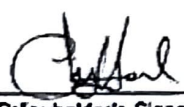
Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	-


### 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 willful 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.
  - (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

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

  
Witnessed by Reporting Centre Personnel

### Sketch Plan

