

ASS. REC. BY:

REF: A621

## ASSIGNMENT

From: \_\_\_\_\_

Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / QD 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: 874k

IDAC Accident Report: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 2-3 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: SMS 8865PYr Regn: 09, 19Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: Hyundai130

C.C.

1353Colour: M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 68257

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: TMA143513VLTJ 114930Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / RIM or

Tyre Size: F: \_\_\_\_\_

R: \_\_\_\_\_

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 10/12/24D.O.A. 17/12/2024

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

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transport: \_\_\_\_\_

S - RS. \$

Fees

Others

Add Fee: ☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech Invs (\$)

☐

Weekend (\$)

TOTAL

Report Format:

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

Date: 11-12-2024

Vehicle No: SMS8865P

Model: Hyundai I30

Chassis: TMAH3513VL114930

Reg.Year: 12.9.2019

Third Party Insurer: Auto & General

Third Party Veh No: SMS5988M

Date of Accident: 10/12/2024

Estimator:

Loong

Surveyor:

## ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER	1		Bu \$1,300.00
2	REAR LH BUMPER RETAINER	1		Bu \$90.00
3	REAR RH BUMPER RETAINER	1		Bu \$90.00
4	REAR BUMPER LOWER	1		na 1D11 \$390.00
5	REAR LH LICENCE PLATE LAMP	1		\$70.00
6	REAR RH LICENCE PLATE LAMP	1		\$70.00
7	REAR BUMPER REINFORCEMENT	1		\$700.00
8	REAR LH BUMPER REINFORCEMENT BRACKET	1		\$390.00
9	REAR RH BUMPER REINFORCEMENT BRACKET	1		\$390.00
10	REAR REVERSE SENSOR	2	\$190.00	na \$380.00
11	SMART KEY ANTENNA	1		\$50.00
12	REAR BUMPER TOWING COVER	1		na \$50.00
13	REAR BOOT HYUNDAI LOGO	1		na \$70.00
14	REAR BOOT I30 EMBLEM	1		na \$50.00
15	REAR BOOT 1.4T EMBLEM	1		na \$60.00
16	REAR EXHAUST TAIL PIPE	1		na \$3,200.00
17	REAR END PANEL	1		REPAIR
18	REAR BOOT	1		REPAIR
SUB TOTAL				\$7,350.00
LESS 20%				-\$1,470.00
PARTS TOTAL				\$5,880.00

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER CLIPS	1		na \$55.00
2	REAR BUMPER LOWER CLIPS	1		na \$50.00
3	REAR LICENCE PLATE NUMBER WITH FRAME	1		na \$55.00
4	REAR REVERSE SENSOR MOUNTING BRACKET SET	1		\$180.00
S/N TOTAL				\$340.00

### LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST REAR ACCIDENT AREAS & ETC.

\$900.00 ?

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR TAILGATE, REAR BUMPER, REAR END PANEL & ETC.

\$800.00 2201

#### Head office

6 Kung Chong Road Singapore 169143  
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

#### Branch

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

#### Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047  
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011





Date: 11-12-2024  
Vehicle No: SMS8865P  
Model: Hyundai I30  
Chassis: TMAH3513VLJ114930  
Reg.Year: 12.9.2019

Third Party Insurer: Auto & General  
Third Party Veh No: SMS5988M  
Date of Accident: 10/12/2024  
Estimator: Loong  
Surveyor:

TO REMOVE AND REFIT REAR EXHAUST TAIL PIPE TO ENABLE BODYWORK REPAIR	ua \$150.00 X
TO REMOVE AND REFIT REAR LUGGAGE COMPARTMENT INNER TRIMMINGS, LININGS, GARNISH, COVER AND OTHER NEC ITEMS TO ENABLE BODYWORK REPAIR	\$250.00 7
LABOUR CHARGES TO REMOVE & REPLACE REAR BUMPER REVERSE SENSOR & ETC.	\$100.00 501
TO CHECK WIRING & ELECTRICAL SYSTEM.	\$100.00 151

LABOUR TOTAL	\$2,300.00
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TOTAL	\$8,520.00
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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:

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## 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	11/12/2024 11:03 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/12/2024 17:24 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	T-JUNCTION BETWEEN UPPER ALJUNIED RD AND BIDADARI PARK DR
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS8865P
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG CHIAK YONG
NRIC No	SXXXX505E
Email Address	CHIAKYONG@GMAIL.COM
Mobile Phone No	(Phone) +65-97993896
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I30 PDE 1.4 T-GDI DCT
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	1353
Vehicle Fuel	Petrol
First Registration Date	12/09/2019
Chassis no	TMAH3513VLJ114930
Effective Date/Time of Ownership	12/09/2019 08:09 (SGT)

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D24MPCM001448

#### 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**.
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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

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

[Signature]  
Witnessed by Reporting Centre Personnel

### Sketch Plan

7. Jalandari Park Dr

EMS 8865P →



EMS 1188M →



Upstairs Apartment