

ASS. REC. BY:

REF:

C721

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 Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cohd: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.I.

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

1) Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS. \$

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

TOTAL

Report Format:

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

VIN'S

Estimated Cost of Repair

Attention To : China Taiping Insurance
(Singapore) Pte Ltd
3 Anson Road
#15-00 Springleaf Tower
Singapore 079909

Claim Details

Case Ref. No. : TP/122024/7962
Date : 23-12-2024
Accident Date : 21-12-2024

Vehicle Details

Make & Model : Mazda BIANTE 5-DOOR WAGON
2.0L SP.6EAT
Chassis No : JM6CC1071G0109065
Registration No : SKX7190G

Third Party Vehicle Details

Registration No : SJL6078E

S/N	Description	Ref No.	Qty	Amount (\$\$)
1	REAR LH DOOR	1781	1.00	\$720.00 ✓
2	REAR LH DOOR PILLAR FRAME GARNISH @ FRT	1959	1.00	\$80.00 ✓
3	REAR LH DOOR PILLAR FRAME GARNISH @ REAR	1839	1.00	\$90.00 X
4	REAR LH DOOR OUTER MOULDING	1961	1.00	\$40.00 ✓
5	REAR LH DOOR INNER TRIMBOARD	2011	1.00	\$850.00 X
6	RAER LH DOOR POWER WINDOW GEAR	1847	1.00	\$120.00 ?
7	REAR LH DOOR POWER WINDOW MOTOR	1851	1.00	\$90.00 ?
8	LH SIDE SKIRT	1003	1.00	\$1,200.00 ?
9	REAR LH RIM	9551	1.00	\$680.00 ✓
10	REAR LH SHOCK ABSORBER	9201	1.00	\$250.00 X
11	REAR LH KNUCKLE ARM	9315	1.00	\$380.00 ?
12	REAR LH WHEEL BEARING	9181	1.00	\$330.00 ?
13	REAR LH LOWER ARM	9385	1.00	\$230.00 ?
				\$5,060.00
				Margin: 10%
				\$506.00
				\$5,566.00
14	RAER LH TYRE 205/60R16	1000	1.00	\$280.00
15	TO CHECK WHEEL ALIGNMENT	1001	1.00	\$120.00
16	TO REMOVE & REFIX REAR UNDERCARRIAGE	1002	1.00	\$280.00
17	TO REPAIR DAMAGES		1.00	\$932.40
18	TO SPRAY PAINTING		1.00	\$812.81

\$7,991.21

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

Subtotal w/o GST

Issued by Celestia

This is a computer-generated document. No signature is required.

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 23/12/2024 14:07 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 21/12/2024 17:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG ANG MO KIO STREET 22
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKX7190G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LAW SIU PONG PATRICK
NRIC No SXXXX098E
Email Address ALERTFORCE@YAHOO.COM.SG
Mobile Phone No (Phone) +65-97913978
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mazda
Model BIANTE 5-DOOR WAGON 2.0L SP.6EAT
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 1998
Vehicle Fuel Petrol
First Registration Date 23/12/2015
Chassis no JM6CC1071G0109065
Effective Date/Time of Ownership 23/12/2015 04:12 (SGT)

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number MA016422

DRIVER

IMPORTANT NOTICE

SKETCH PLAN

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 rescind 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.

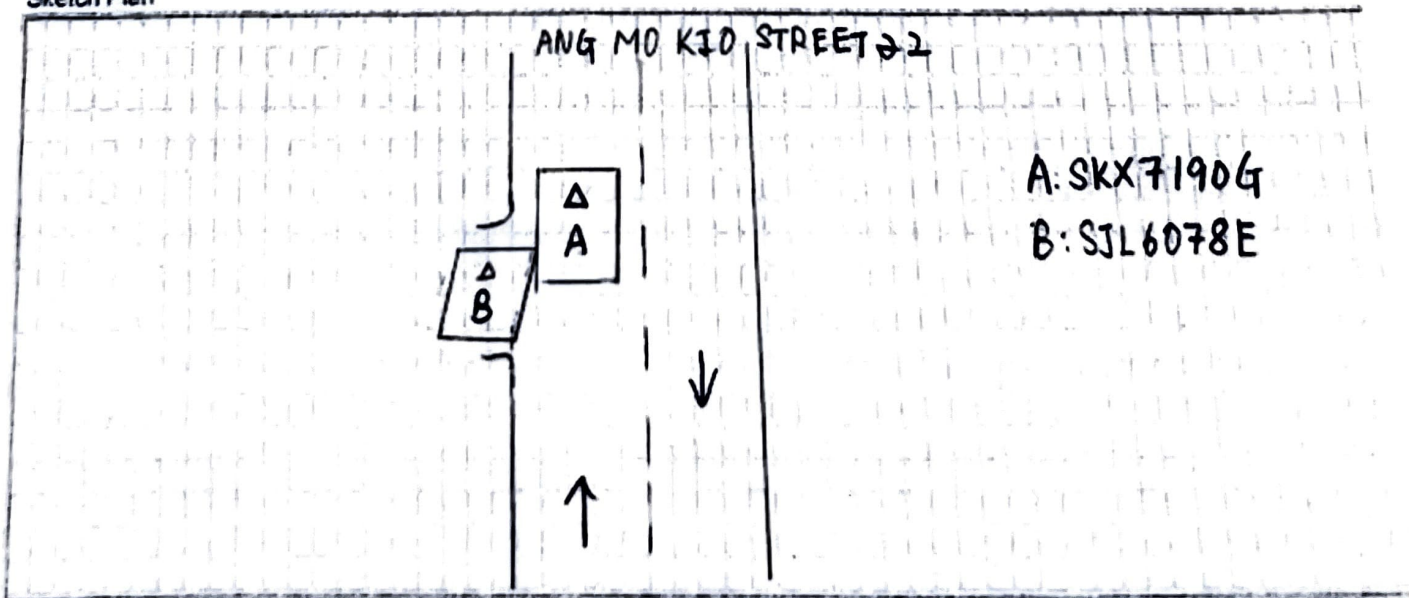
Policyholder's Signature / Date & Time

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



v Jun 2022