

ASS. REC. BY:

REF:

GA21

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Car workof 2692

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: \$ 83k

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 04 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: Simw 5469 Z Yr Regn: 05, 19Type: MCar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or AMake: Mazda c.g. 1998Colour: m. Black A/C: Insured / Std / Nil / NASp. Reading: 103177 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: JM6GL1072K 0322559

Gen. Cond: 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: 225/50R18

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 4 mm R/Bal. 2 mmL/Bal. 4 mm L/Bal. 2 mmD.O.A. 29/6/24 D.O.I. 4/7/2024

Survey held at _____

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

Rn O/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Report Format :

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

TOTAL

**CARWORKZ SG PTE LTD**

10 SIN MING IND EST SECTOR C, #01-06, SINGAPORE 575645

H/p: 81184734 (Soon Ng) / 98766876 (Anna Chua)

Co. Reg. No: 202039874Z GST No: 202039874Z

Email: carworkzws@gmail.com

ESTIMATED REPAIR COST DETAILS

ACC-24-0046

To: GREAT AMERICAN INSURANCE COMPANY
3 TEMASEK AVENUE SINGAPORE
SINGAPORE 039190

Date: 03/07/2024

Vehicle No.: SMW-5469-Z

Make: MAZDA

Model: 6 SEDAN 2.0 AT
STANDARD 2WD

Attention: Motor Claim Department

NOT Authorized
Repair After Paint
U/Lyn Q

QTY	DESCRIPTION	REPAIR AMOUNT	SURVEYOR APP.
-----	-------------	---------------	---------------

List Item

1	BONNET	<i>R</i> \$1,228.90	X
1	HEADLAMP RH	<i>CM</i> \$3,674.90	✓
1	HEADLAMP LOWER BRACKET RH	\$48.00	7
1	FRONT BUMPER	<i>Bu</i> \$1,477.80	✓
10	FRONT BUMPER CLIPS	<i>RM</i> \$100.00	<i>50/10</i>
1	FRONT BUMPER RETAINER RH	<i>DI</i> \$21.80	✓
1	FRONT BUMPER RETAINER LH	<i>LM</i> \$21.80	X
1	FRONT BUMPER REINFORCEMENT	\$563.30	7
1	FRONT BUMPER INNER SPONGE	\$73.00	7
1	FRONT BUMPER TOP GARNISH RH	<i>R</i> \$521.00	X
1	FRONT GRILLE	\$712.10	7
1	FRONT GRILL LOGO	-	
1	FRONT GRILLE CHROME RH	<i>CM</i> \$363.80	✓
1	FRONT FENDER RH	<i>R</i> \$448.00	X
1	FRONT FENDER INNER SHIELD RH	<i>LM</i> \$143.10	X
10	FRONT FENDER INNER SHIELD CLIPS	<i>RM</i> \$100.00	X
1	FRONT SUPPORT PANEL ASSY	<i>R</i> \$479.30	X
1	FRONT BUMPER BRACKET RH	\$45.00	7
1	FRONT BUMPER LOWER CENTRE GRILLE CHROME	<i>LM</i> \$303.00	X
Sub Total		\$10,324.80	
Discount 20% on Parts		(\$2,064.96)	
		\$8,259.84	

Special Nett

1	FRONT BUMPER SENSOR (2 EYE)	\$220.00	7
---	-----------------------------	----------	---

**CARWORKZ SG PTE LTD**

10 SIN MING IND EST SECTOR C, #01-06, SINGAPORE 575645
H/p: 81184734 (Soon Ng) / 98766876 (Anna Chua)
Co. Reg. No: 202039874Z GST No: 202039874Z
Email: carworkzws@gmail.com

ESTIMATED REPAIR COST DETAILS

ACC-24-0046

1	TOP UP AIRCON GAS	~ \$60.00	X
1	COOLANT	~ \$40.00	X
	Sub Total	\$320.00	

Labour & Misc

LABOUR TO FACILIATE REPAIR	\$1,200.00	500
R&R FRONT BUMPER SENSOR	\$60.00	50
R&R RADIATOR & AIRCON CONDENSER	~ \$120.00	X
TO CHECK & RECONNECT ALL WIRINGS	\$60.00	20
TO RUST PROOF AFFECTED AREA	~ \$80.00	X
TO SPRAY PAINT ON AFFECTED AREAS	\$1,200.00	800
Sub Total	\$2,720.00	

Sub Total	\$11,299.84
GST 9%	\$1,016.99
Total	\$12,316.83

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

01/07/2024 19:22 (SGT)

Reported by

Actual Driver

Date of Accident

29/06/2024 09:30 (SGT)

Exact Location of Accident

Singapore

Additional Location Information

CARPARK AT CHANGI HOSPITAL

Country/State of Loss

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMW5469Z

INSURED/POLICYHOLDER

Is company?

No

Name Of Registered Owner

AUDREY CHYE YEN YEN

NRIC No

S7633269Z

Email Address

rainedrey@gmail.com

Mobile Phone No

(Phone) +65-97634342

Alternative Phone No

-

VEHICLE PARTICULARS

Manufacturer

Mazda

Model

MAZDA6 SEDAN 2.0 AT STANDARD 2WD

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

INSURANCE COMPANY

Name of Insurance Company

Auto & General Insurance (Singapore) Pte. Limited.

Policy Number / Cover Note Number

P10651106R02

DRIVER

Name of Driver

YIP SENG YIAM

NRIC No

S7631419E

Date Of Birth

04/10/1976

Occupation

Indoor

SKETCH PLAN

Insurer: Budget Direct

Vehicle: SMW 5469Z

IMPORTANT NOTICE

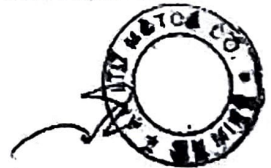
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.

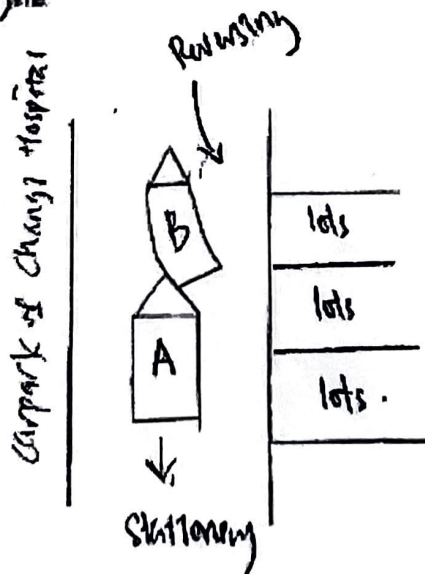


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel 1/7/24

Sketch Plan



Veh A: SMW 5469Z

Veh B: SMX 1139Y