

ASS. REC. BY:

REF: LPC1Kenneth

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: _____

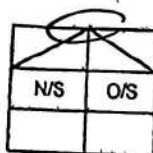
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: Q 66k

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 2-3 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No: SMC 49215Yr Regn: 11, 18Type: M.Cycle / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mazdac.c. 1496Colour: M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 138928

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6BN22A8K0252451Gen. Cohd: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD A/Rlm orTyre Size: F: 205/80R16

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 3 mmR/Bal. 6 mmL/Bal. 5 mmL/Bal. 6 mmD.O.A. 18/7/24D.O.I. 29/7/2024

Survey held at _____

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

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

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S - RS. \$ _____

F. Others _____

O. Others _____

Add Fee: _____

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

Tech Invs (\$ _____)

☐

Weekend (\$ _____)

TOTAL

Report Format :

ump Sum / I.B.I: (\$ _____)

SQM PTE LTD

HANDPHONE : 90030857

Date : 29 Jul 2024

NOT Withheld

QUOTATION - THIRD PARTY CLAIM

LONPAC INSURANCE BHD

1/1 By 8

CLAIM : THIRD PARTY CLAIM

VEH. No : SMF 4921 E

ATTN : MOTOR CLAIM DEPARTMENT

Recovery After Parts 2-3 days

INSURE : INCOME INSURANCE

QTY	ITEM	AMOUNT	CONDITION
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Third party vehicle : GBF 2274 H

1	BONNET	REPAIR	
1	FRONT BUMPER TOP GARNISH	\$ <i>nd 18m</i> 580.00	✓
1	FRONT CENTER GRILLE	\$ <i>nd</i> 820.50	✓
1	FRONT GRILLE SIDE CHROMES	\$ <i>CM</i> 1,057.80	✓
1	HEADLAMPS	\$ 5,987.00	7
1	HEADLAMP LOWER BRACKTES	\$ <i>n</i> 280.00	X
1	FRONT CENTER LOGO	\$ <i>nd</i> 120.00	✓
1	FRONT BUMPER	\$ 980.50	7
1	FRONT BUMPER CENTER INNER SUPPORT	\$ 558.00	7
2	FRONT BUMPER REINFORCEMENT	\$ <i>n</i> 620.00	X
1	FRONT BUMPER SPONGE	\$ 398.00	7
1	FRONT BUMPER CENTER BRACKET	\$ 288.00	7
2	FRONT BUMPER SIDE BRACKETS	\$ <i>sm</i> 240.00	X
1	FRONT BUMPER RETAINERS	\$ <i>sm</i> 220.00	X
TOTAL PARTS :		\$ 12,149.80	
LESS 10%		\$ 1,214.98	
TOTAL LIST PARTS :		\$ 10,934.82	
SPECIAL NETT			
1SET	FRONT NO.PLATE WITH FRAME	\$ <i>nd</i> 60.00	45m
10	FRONT BUMPER RIVETS	\$ <i>nd</i> 50.00	✓
10	FRONT BUMPER CLIPS	\$ <i>nd</i> 45.00	✓
TOTAL S/N		\$ 155.00	
TOTAL PARTS PRICE :		\$ 11,089.82	

AMOUNT BRING FORWARD :	LKK Auto Consultants hence notify the Repairer of the following:	\$ 22,024.64
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Labour charges	<ul style="list-style-type: none"> 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 	\$ 800.00	250l
To do anti rust	Acknowledged by Repairer	\$ 120.00	X
Forcus headlamp, check front wiring system	Signature:	\$ 120.00	20l
To do spray painting on accidemnt area	Date:	\$ 600.00	220l

TOTAL LABOUR : \$ 1,640.00

GRAND TOTAL PARTS & LABOUR : \$ 23,664.64

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	18/07/2024 14:33 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/07/2024 09:48 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF4921E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JEYABAL GOBINATH
NRIC No	S7883809D
Email Address	ANDY.LEE@PAS.SG
Mobile Phone No	(Phone) +65-90067294
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5119726541-03

DRIVER

Name of Driver	JEYABAL GOBINATH
NRIC No	S7883809D
Date Of Birth	31/07/1978
Occupation	Indoor

1. This report is prepared by the driver of the vehicle involved in the accident.
2. This report must be completed by the driver of the vehicle involved in the accident.
3. Information provided must be as truthful and accurate as possible. Any false information may constitute an offence under the Insurance Act and may result in the insurance company refusing to pay the 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 report of this report will be made available upon application by interested parties.
7. By the submission of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of this 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.

x d-6



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)

