

ASS. REC. BY: Sun Pin

REF:

CC4/A1621000926/Qb43

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.

N/S	O/S
X	X
X	X

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLS 2181 F Yr Regn: 14/109/2017Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Kia Forte K3 C.C. 1591Colour: White A/C: Insured / Std / NI / NASp. Reading: 215944 T/Radio: Insured / Std / NI / NAEng/No: -C/No: KNAFJ411MJ5739468Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt or _____Brake: In order / Jammed / Leaked / Burnt or _____Modi: NII / S/Rim / STD A/Rim or _____Tyre Size: F: 195/65 R15R: 195/65 R15

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

TOYO / YOKO or Firenza

Front

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 18/01/2021 D.O.I. 19/01/2024Survey held at LCRDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

Mr: 56,000

Pr: 74,804

Nr: 16,196

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

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 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. 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

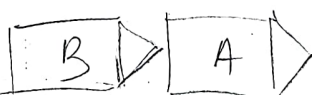
Witnessed by Reporting Centre Personnel

Sketch Plan

A - JLS 2181E
B - SMV 6688L

BUSTOP

AYE



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

621K

Vehicle Details

Vehicle No.:

SLS2181E

Vehicle to be Exported:

Yes

Intended Deregistration Date:

18 Jan 2021

Vehicle Make:

KIA

Vehicle Model:

FORTE K3 1.6A

Primary Colour:

White

Manufacturing Year:

2017

Engine No.:

G4FGHH679007

Chassis No.:

KNAFJ411MJ5739468

Maximum Power Output:

95.3 kW (127 bhp)

Open Market Value:

\$11,826.00

Original Registration Date:

14 Sep 2017

First Registration Date:

14 Sep 2017

Transfer Count:

1

Actual ARF Paid:

\$11,826.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

13 Sep 2027

PARF Rebate Amount:

\$8,869.00

Intended COE Rebate Details

COE Expiry Date:

13 Sep 2027

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$46,489.00

COE Rebate Amount:

\$30,935.00

Total Rebate Amount:

\$39,804.00

The information contained herein is correct as at 18 Jan 2021

OK

Lion City Rentals Pte Ltd
CARROS CENTER
60 JALAN LAM HUAT #04-35/36 S(737869)
Main +65 62524991

Ms : AIG Asia Pacific Insurance

Date: 18/01/2021

Attn : MOTOR CLAIMS DEPT

ESTIMATE

VEHICLE NO: SLS2181E

CHASSIS NO : KNAFX411MJ5739468

MAKE / MODEL : KIA Forte K3

DATE OF ACCIDENT : 18/01/2021

YOUR INSURED VEHICLE NUMBER : SMU6688L

MILEAGE : 215944 km

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:

PARTS DESCRIPTION

	QTY	UNIT PRICE	LIST PRICE
1 Rear bumper <i>dep</i>	1PC	\$ 1,200.50	\$ 1,200.50
2 Rear bumper reinforcement <i>?</i>	1PC	\$ 880.30	\$ 880.30
LIST TOTAL S\$:			\$ 2,080.80
10.00% DISCOUNT S\$:			\$ 208.08
			\$ 1,872.72

SPECIAL NETT

1 Bumper clips	1 SET	\$ 80.00 <i>70</i>
Special Nett Total S\$:		\$ 120.00

LABOUR CHARGES

1	To labour charge for removing rear bumper, rear end pane out to facilitate repairs	\$	750.00	250
2	To respray rear bumper and rear end panel	\$	600.00	200 200
LABOUR TOTAL S\$:		\$	1,350.00	
TOTAL S\$:		\$	3,342.72	
7% GST		\$	233.99	
GRAND TOTAL S\$:		\$	3,576.71	

Repair dy - 2days

LIS

After part photo

Sun Pa(LKK)

19/01/2021

TP another person