

Kenneth

ASSIGNMENT

From:

Estimated Cost:

Date:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02

days

Res.: Yes or No

Lum Sum:

1.2

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SMC17855

Yr Regn:

06/18

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

Truck / Trailer or

Make:

MS Qashga

c.c

1197

Colour

M. Red

A/C:

Insured / Std / NI / NA

Sp. Reading

38970

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

STNFEA JIU 2313573

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/60R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

13/3/21

D.O.I.

17/3/2021

Survey held at

Des. 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, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Not withain
Resurvey B4palm 2 day

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ESTIMATE

Date : 16/03/2021
To : AIG ASIA PACIFIC INSURANCE PTE. LTD.
Attn. :
Office / Mobile :
Email Address :

From : GOLDBELL ENGINEERING PTE LTD
Attn. : KONYINSIEW
Office / Mobile : +65 6861 0007
Email / Fax No. : KonYinSiew@goldbell.com.sg

Reg No : SMC1785S
Model : NISSAN QASHQAI
Chassis No : SJNFEAJ11U2313573
Engine No : HRA2640648A
Quotation No. : 129610
Ref. No. :
D.O.A. : 13/03/2021
Policy No. :
Claim Type : TP CLAIMS - AIG
Workshop : ANG MO KIO

S/N	Part No	Description	Qty	U/Price	%	Net Price	Ext Price
1		REAR BUMPER	<i>Bulda</i> 1	1,690.00	-30	1,183.00	1,183.00 ✓
2		REAR BUMPER RETAINER LH	<i>pu</i> 1	45.00	-30	31.50	31.50 X
3		REAR BUMPER RETAINER RH	<i>pu</i> 1	45.00	-30	31.50	31.50 X
4		REAR BUMPER SPONGE	1	285.00	-30	199.50	199.50 ?
5		REAR BUMPER REINFORCEMENT	1	1,365.00	-30	955.50	955.50 ?
6		REAR BUMPER REINFORCEMENT STAY LH	1	276.00	-30	193.20	193.20 ?
7		REAR BUMPER REINFORCEMENT STAY RH	1	276.00	-30	193.20	193.20 ?
8		REAR END PANEL	<i>R</i> 1	1,040.00	-30	728.00	728.00 X
9		REAR BUMPER TOWING COVER	<i>mym</i> 1	71.50	-30	50.05	50.05 ✓

PARTS TOTAL : 3,565.45

SPECIAL NETT ITEMS

1	REAR BUMPER CLIPS (SET)	1	<i>pu</i>	30.00	✓
2	REAR REVERSE SENSOR (SET)	1	<i>pu</i>	350.00	

PARTS TOTAL: 380.00

LABOUR CHARGES

1	TO REMOVE, REFIX & REPAIR AFFECTED DAMAGED PARTS. INCLUDING KNOCK OUT, WELD AND STRAIGHTEN ON THE AFFECTED PARTS	<i>600</i>	1800.00	
2	TO REMOVE AND REPLACE REVERSE SENSOR	<i>500</i>	100.00	
3	TO CHECK AND RECONNECT ALL NECESSARY WIRING	<i>nn</i>	100.00	X
4	TO PUTTY, CLEAN, SPRAY PAINT AND POLISH, ETC. (2 tone)	<i>4500</i>	1050.00	

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 is allowed
- Supplier and materials for the resurveyed and is subject to final approval from Insurance Company

LABOUR TOTAL : 3,050.00
SUB-TOTAL : 6,995.45
GST @ 7% for \$ 6,995.45 489.68
GRAND TOTAL (S\$) : 7,485.13

FUSO
AIRMAN

Acknowledged by Repairer

Signature
Date

biSAFE
S T R

SOCOTEC

ISO 9001

Accredited
Certification
Body
SAC
08-1998-01

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 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. 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 Submission
Date of Accident 15/03/2021 11:11 (SGT)
Exact Location of Accident 13/03/2021 13:00 (SGT)
Additional Location Information Ang Mo Kio Ave 5, Singapore
Country/State of Loss -
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMC1785S
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner TAN KEE SENG
NRIC No SXXXX880C
Email Address KS@WHITECOMSYSTEMS.COM
Mobile Phone No (Phone) +65-96200596
Alternative Phone No (Home) +65-96200596

VEHICLE PARTICULARS

Manufacturer Nissan
Model Qashqai
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00062622000
Cover Note Number -

DRIVER

Name of Driver TAN KEE SENG
NRIC No SXXXX880C
Date Of Birth 07/12/1954
Occupation Indoor

SKETCH PLAN

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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.

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Any Mo No Ave S

Veh A SMCH85S

Veh B SJK8661M