

ASS. REC. BY:

CS/
REF:

105/21004411KVf3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s LIHMK

of _____

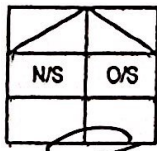
Insured: SJN 6941CPolicy No. MPC20P00113600Claims No. DMPC2100113H

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: 03 days Res.: Yes or NoLum Sum: 1-B.1% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKR 8689K Yr Regn: 03, 18

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

Truck / Trailer or WagonMake: Hyundai 130 c.c. 1353Colour: M. Silver A/C: Insured / Std / NI / NASp. Reading: 52245 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: TMA143513VJJO61674Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rlm STD A/Rlm orTyre Size: F: 205/55R16

R: _____

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

TOYO / YOKO or NexenFront: 8 mmR/Bal. 7 mmL/Bal. 8 mmD.O.A. 5/4/21 D.O.I. 3/6/2021

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 Action / Instruction

12/7/21 Kenneth confirmed \$1545.75 (Red 444 98, 22%)

Date/Time, File Pass to?

☐: Prell. Report

1)

☐: Final Report

Date/Time, File Return to?

12/7/21-Typist

Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Fees

Others

TOTAL

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

Report Format: Merimen

Lump Sum / I.B.I: (\$ 1545.75)

来發 (明記) 摩哆有限公司 LAI HUAT (MENG KEE) MOTOR PTE LTD

160 Sin Ming Drive #04-01, #04-02 & #07-03 Singapore 575722 Tel: 6453 8110 Fax: 6459 6267
GST No: M2-0128609-3
UEN: 199407592C

ESTIMATE

EST. No EST0026940
Fong Sow Mun

Page 1 of 1
Your ref. TP-SJN 6941C ECICS
Job No. 71982
Our ref 21.04.05
Payment
Date 6/4/2021

Attn
Vehicle No SKR 8689K
Vehicle Model : Hyundai i30
Accident on ... 5/4/2021

05/04/2021 17:50 (SGT)
05/04/2021 18:02 (SGT)
Yishun Ave 7, Singapore
slip road from Yishun Avenue 7 towards Serangoon Road
Singapore

NOT Notified
Henry B. Giam
3 days

DETAILS OF OWN VEHICLE

Quantity	Unit	Description	SKR8689K	Unit price	Disc. pct.	Amount
Supply of Parts:						
1.00	Pc	Rear bumper		807.59	20.00	646.07 ✓
1.00	Pc	Rear bumper lower (black)	No	205.85	20.00	164.68 ✓
1.00	Pc	Rear bumper reinforcement	Fong Sow Mun	431.23	20.00	344.98 ✓
Special nett item:						
1.00	Pc	Rear number plate	SXXX482H fong_sow_mun@moe.edu.sg (Phone) +65-96534150 +65-96534150	35.00		35.00 ✓
Labour & Misc:						
1.00		To knock dents on rear end panel and renew of parts	Hyundai i30	350.00		350.00 ✓
1.00		To spray paint	Private use	450.00		450.00 ✓
Sub-Total						
GST 7.00%						
Total						

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:

990.73
139.35
2,130.08

本公司拥有最先进的 CARLINER MARK IV 机械, 可提供给多种类型的车身及给予快速与准确的测量方式和大铁修理。
此外, 还有先进的 SAICO Deluxe 喷漆烘炉。
Our services include the latest and reliable CARLINER MARK IV repair bench, draw-aligner and the support
holly system to provide accurate re-alignment and speedy repairs. We also provide the new and advanced SAICO
ature oven heater for re-spraying all motor vehicles."



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	06/04/2021 17:50 (SGT)
Date of Accident	05/04/2021 16:02 (SGT)
Exact Location of Accident	Yishun Ave 7, Singapore
Additional Location Information	slip road from Yishun Avenue 7 towards Sembawang Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR8689K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Fong Sow Mun
NRIC No	SXXXX482H
Email Address	fong_sow_mum@moe.edu.sg
Mobile Phone No	(Phone) +65-96534150
Alternative Phone No	+65-96534150

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I30
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	1353

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210013880
Cover Note Number	-

DRIVER

Name of Driver	Fong Sow Mun
NRIC No	SXXXX482H

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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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
- 6 APR 2021

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

Witnessed by Reporting Centre Personnel

Jenny Lim

Sketch Plan

