

Kenneth

## 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: \_\_\_\_\_

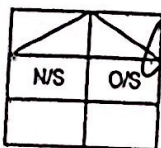
Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

Bal. or Market Value: 852k

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 3-7 days Res.: Yes or NoLum Sum: 1-B.1 % 3 Val.: Yes or NoCA / ☒ REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: GBK 4784Y Yr Regn: 11.16

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

Truck / Trailer or \_\_\_\_\_

Make: Toy / Hiac c.c. 2882Colour: White AC: Insured / Std / NI / NASp. Reading: 103166 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTIFH 02P400207471

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size: F: \_\_\_\_\_

R: \_\_\_\_\_

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

TOYO / YOKO or \_\_\_\_\_

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 9/4/21

Rear

R/Bal. 7 mmL/Bal. 7 mmD.O.I. 13/4/2021

Survey held at \_\_\_\_\_

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

1st o/s door

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trlp: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

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

Others \_\_\_\_\_

TOTAL

Report Format :

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

# 源摩哆廠 GUAN MOTOR WORKS

Business Regn. No: 08102600L

176 Sin Ming Drive #02-03 Sin Ming Autocare Singapore 575721 Tel: 6453 6111 Fax: 6453 8292 H/P: 9742 6003

## REPAIR ESTIMATE FOR GBF4764Y

Not Notarised  
H/S & I.B.I  
Penny Bypain  
5-7 days

No.	Qty	List Items			
1	1	Front bumper	\$	Cam 459.70	✓
2	2	Front bumper side clips	\$	DI 46.00	✓
3	1	RH headlamp	\$	704.15	?
4	1	Front RH corner panel	\$	Bu 258.10	✓
5	1 set	Front windscreen moulding	\$	110.20	?
6	1	Front RH door	\$	B 1,410.35	✓
7	1	Front RH door rubber	\$	161.40	?
8	1	Front RH door inner lock	\$	K 509.23	X
9	1	Front RH door inner lock catch	\$	K 65.20	X
10	1	Front RH door inner trim board	\$	780.15	?
11	1 set	Front RH door inner trim board clips	\$	50.00	?
12	2	Front RH door hinge (Top & bottom)	\$	B 148.60	—
13	1	Front RH door checker	\$	B 120.45	—
14	1	Front RH door glass outer moulding	\$	Sn 156.56	X
15	1	Front RH door glass channel	\$	Gu 205.02	✓ ?
16	1	Front RH door pillar (Outer)	\$	435.96	?
17	1	Front RH door pillar rubber	\$	Gu 202.56	✓
			\$	5,823.63	
			Less 25%	\$ 1,455.91	
			Total :	\$ 4,367.72	

### Special Nett Items

18	1 set	Front windscreen sealant	\$	50.00	?
19	1	Front RH door lower black company sticker	\$	Ma 40.00	2012
			Total :	\$ 90.00	

### Labour

1	Labour Charges for remove/refit and replace damage part:	\$	1,000.00	(500-800)
2	To putty and spray Spray Paintings charges.	\$	1,000.00	750
3	To remove, refit front windscreen glass.	\$	140.00	?
4	To check wirings and lightings.	\$	40.00	201
5	To remove, refit door fittings.	\$	80.00	601
6	To remove, refit dashboard assy.	\$	280.00	?
7	To supply and apply rust proofing treatments.	\$	NZ 80.00	X
Total :		\$	2,620.00	

Total Parts and Labour : \$ 7,077.72

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 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	09/04/2021 15:11 (SGT)
Date of Accident	09/04/2021 11:00 (SGT)
Exact Location of Accident	Springside Walk, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4764Y
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Jet Cool Air Conditioning & Enterprise
Company Reg No	5XXXX087C
Email Address	airconjetcool@gmail.com
Mobile Phone No	(Phone) +65-98774252
Alternative Phone No	+65-98774252

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3000

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070136351
Cover Note Number	-

#### DRIVER

Name of Driver	Zin Nyein Oo
Passport No/FIN	GXXXX949T



Accident report SL0321490003

Date Of Birth	19/08/1989
Occupation	Outdoor
Date Of Driving Pass	30/07/2018
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84524263
Alt. Phone Number	-
Email Address	airconjetcool@gmail.com
Address	6 Grace Walk
Address complement	-
Postcode	557731
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	Charles Si
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

Please refer to sketch plan.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG6174M
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

 Accident report SL0321490003



SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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 be 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 insurers) 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 making 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 be 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

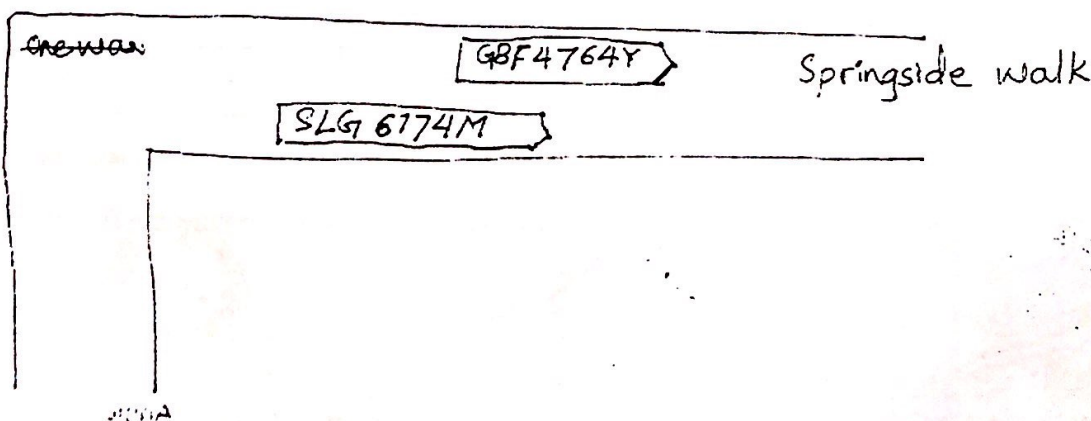
09 APR 2021

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

Witnessed by Reporting Centre Personnel

Angie Soh

Sketch Plan



Describe Circumstances of the Accident

At the Springside Walk

9 April 2021, (11:00AM)

GBF 4764Y Parked at the Side Road.

SLG 6174M hit the front Right door when open ~~the~~ by GBF 4764Y.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time  
09 APR 2021

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

Witnessed by Reporting Centre Personne  
Angie Soh