

ASS. REC. BY:

REF:

C721

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:

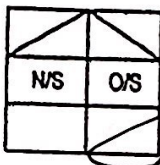
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05 days

Res.: Yes or No

Lum Sum:

1. B / %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

PBL 988PS

Yr Regn: 01, 20

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

Truck / Trailer or

Make:

NIS

Ply

c.c.

1598

Colour

M. Silver

AC:

Insured / Std / NI / NA

Sp. Reading

18254

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MNTBBAB178 0035422

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

R:

195/60R16

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

23/4/21

D.O.I.

27/4/2021

Survey held at

Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or

Rear O/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. 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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

HWA SENG SPRAY PAINTING PTE LD  
 160 Sin Ming Drive  
 #05-11 Sin Ming Autocity  
 SINGAPORE 575722  
 (COMPANY REGISTRATION NO.: 202017045G)  
 TEL : 64533100  
 FAX : 62669932

Date of Accident:  
 Your Insured  
 Vehicle NO:

**ESTIMATE REPAIR COSTS TO NISSAN SYLPHY REG. NO. SBL 9689 S**

		S\$	
1pc	Rear Bumper	679.90	—
1pc	Rear Bumper Right Retainer	40.00	—
1pc	Rear Bumper Sponge	292.50	?
1pc	Rear Bumper Bracket	55.00	?
1pc	Taillamp Right	420.80	?
1pc	Bootlid	1250.10	X
1pc	Taillamp Panel Right	184.50	?
1pc	End Panel	473.30	?
1pc	Emblem 'SYLPHY'	103.00	—
1pc	Emblem Logo	54.50	—
1pc	Bootlid Rubber	94.60	X
1pc	Bootlid Upper Lock	116.70	X
1pc	Bootlid Lower Lock	35.00	X
1pc	O/S Air Duct	68.00	—
1pc	Bootlid Right Reflector	163.30	X
1pc	Rear panel Right Inner Shield	448.70	X

4479.90

Less : 10%

447.99

4031.91

**LABOUR & MISC CHARGES**

Panel Knocking  
 Spray Painting  
 Wire Checking  
 Tuff Kote  
 1 set Reverse Sensor

**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:

1000.00

900.00

50.00

100.00

230.00

700  
 800  
 200

**TOTAL**

6311.91

HWA SENG SPRAY PAINTING PTE LTD

Not Ashwin  
 Henry B4 paint  
 5 days

# 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 23/04/2021 08:26 (SGT)  
 Exact Location of Accident Tanjong Rhu Rd, Singapore  
 Additional Location Information -  
 Country/State of Loss Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SBL9689S  
 INSURED/POLICYHOLDER  
 Is company? No  
 Name Of Registered Owner Ang Ming Hong  
 NRIC No SXXXXX913C  
 Email Address xuez21@hotmail.com  
 Mobile Phone No (Phone) +65-96552922  
 Alternative Phone No +65-96552922

## VEHICLE PARTICULARS

Manufacturer Nissan  
 Model Sylphy  
 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 1598

## INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.  
 Type of Coverage Comprehensive  
 Fleet Policy No  
 Policy Number 2070008032-01  
 Cover Note Number -

## DRIVER

Name of Driver Ang Ming Hong  
 NRIC No SXXXXX913C

## 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

Angie Soh

### Sketch Plan

