

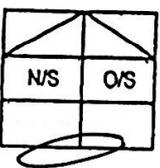
Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 To Inspect Vehicle No: _____
 at Workshop m/s: AT
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SJF 7530R Yr Regn: 06108
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Honda Civic 7th R 1998
 Colour: n. Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 325110 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 1202 1401286
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modf: Nil / S/Rlm / STD A/Rlm or

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.



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: 20 % 3 Val.: Yes or No
 CA / REV / REF / 24 HRS
 Date: 06/28 Person Contacted: _____ Vehicle: IN / OUT

Tyre Size: F: _____ R: 235/40R18
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front R/Bal: 6 mm Rear R/Bal: 6 mm
 L/Bal: 6 mm L/Bal: 6 mm
 D.O.A. 10/5/21 D.O.I. 18/5/2021
 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

Date/Time, File Pass to? : Prell. Report
 : Final Report

Days Of Repair: _____
 Resurvey No. of Trip: _____

Date/Time, File Return to? _____

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

Survey Fee:	_____
Transportation:	_____
S - RS - SI	_____
Fuel/Oil	_____
Others	_____
TOTAL	_____

Report Format : _____
 Lump Sum / I.B.I: (\$ _____)

AUTO CONSULTANT

Blk 115 Teck Whye Lane #05-650 Singapore 680113
 HP: 8386 8989 EMAIL: atautoconsultant@gmail.com
 Co. Reg. No. : 53368526E

*Not available
 6/1 Sep @
 Penny After Pain*

Date of Estimate: 12.05.2021
 Vehicle No: SJF7530R
 Owner: LEE KUN CHUNG
 Date of Accident: 10.05.2021
 Make & Model: HONDA CIVIC TYPE R FD2
 Chassis No : FD2-1401286

ESTIMATE FOR ACCIDENT VEHICLE NOS SJF7530R

PARTS

1	2	Bootlid reflector RH/LH	@	\$378.00	<i>olson</i>	\$756.00	<i>LT</i>
2	1	Bootlid weatherstrip				\$236.20	<i>?</i>
3	2	Bootlid hinges RH/LH	@	\$78.40	<i>n</i>	\$156.80	<i>X</i>
4	2	Bootlid hinges cover	@	\$65.30	<i>sn</i>	\$130.60	<i>X</i>
5	1	Bootlid lock				\$198.10	<i>?</i>
6	1	Rear bumper			<i>Bu</i>	\$1,002.80	<i>—</i>
7	2	Rear bumper side brackets RH/LH	@	\$65.20	<i>sn</i>	\$130.40	<i>X</i>
8	2	Tail lamp RH/LH	@	\$651.00	<i>olson</i>	\$1,302.00	<i>LT</i>
9	1	Rear end panel				\$478.20	<i>?</i>
10	1	Rear end panel top garnish			<i>sn</i>	\$156.30	<i>X</i>
11	2	Rear chassis extender X 4 pcs LH/RH	@	\$198.20	<i>n</i>	\$396.40	<i>X</i>
12	1	Rear exhaust hook			<i>sn</i>	\$56.20	<i>X</i>
13	1	Exhaust system(Stock)				\$1,935.00	<i>?</i>
14	1	Rear exhaust hook rubber			<i>sn</i>	\$35.40	<i>X</i>
15	1	Exhaust heat shield rear			<i>n</i>	\$89.50	<i>X</i>
SUB TOTAL						\$7,059.90	
LESS 20%						\$1,411.80	
DISCOUNTED SUB TOTAL						\$5,648.10	

S. NETT ITEM

1	1set	Rear bumper clips			<i>n</i>	\$60.00	<i>✓</i>
2	1set	rear reverse sensor			<i>not</i>	\$320.00	<i>200sn</i>
3	1set	Bootlid spoiler mugen X 3 pcs			<i>sn</i>	\$986.30	<i>X</i>
4	1set	Rear bumper lower diffuser mugen X 3 pcs				\$896.30	<i>?</i>
5	1	Bootlid carbon fiber Japan			<i>CMZ</i>	\$3,896.00	<i>✓</i>
SUB TOTAL						\$6,158.60	
LESS 0 %						\$0.00	
DISCOUNTED SUB TOTAL						\$6,158.60	

LABOUR

1	Panel beating for replace and repair affected parts	\$1,200.00	<i>?</i>
2	Spray painting on accdient areas	\$900.00	<i>4001</i>
3	Wiring charges	\$100.00	<i>201</i>
4	Re-alignment of rear chassis	\$300.00	<i>X</i>
5	Apply undercoating to above affected area	\$300.00	<i>?</i>
SUB TOTAL		\$2,800.00	

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- To display damaged part(s) during resurvey
- 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
 Page 1 of 2
 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 11/05/2021 11:40 (SGT)
Date of Accident 10/05/2021 12:30 (SGT)
Exact Location of Accident Serangoon Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJF7530R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE KUN CHUNG
NRIC No SXXXX634C
Email Address Alvin_lee81@hotmail.com
Mobile Phone No (Phone) +65-94358781
Alternative Phone No (Home) +65-94358781

VEHICLE PARTICULARS

Manufacturer Honda
Model Civic
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 1600

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA355953/1
Cover Note Number -

DRIVER

Name of Driver LEE KUN CHUNG
NRIC No SXXXX634C

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 willful 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.
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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.

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.

[Handwritten Signature]

Policyholder's Signature / Date & Time

[Handwritten Signature]
Driver's Signature (if driver is not the policyholder) / Date & Time

[Handwritten Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan

