

ASS. REC. BY:

REF:

AGW 21006103/K

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/vs _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

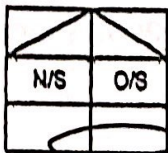
Sum Insured: _____ Excess: _____

(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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBF 9418P Yr Regn: 04 17

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

Truck / Trailer or (A)Make: Poupeot Partner c.c. 1560Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 108903 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF 37 FBH Y MGT 85868Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NI / S/Rlm / STD A/Rlm orTyre Size: F: mic 195/65R15B: AutlineBS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 21/5/21

Survey held at

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 27/5/2021

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

Rear c/s

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trlp: _____

Date/Time, File Return to?

Survey Fee:

Add Fee: ☐ : Site Insp (\$ _____)

Transportation:

☐ : Interview (\$ _____)

S + RS. \$ _____

☐ : Tech Invs (\$ _____)

Fees

☐ : Weekend (\$ _____)

Others

Report Format :

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

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

Vehicle Insured : SGS9784D
Accident Date : 21-May-2021

Our Ref : 021079 (AGI) / SHIJIE

BMS ENGINEERING & TRADING PTE LTD
421 TAGORE IND. AVE. #02-27
TAGORE S
Singapore 787805

No. : 06396

Date : 24-May-2021

PAGE : 1

Not Authorized
C/Rep B
Permy After Prim

ESTIMATED COST OF REPAIR FOR PEUGEOT PANTER GBF9418P

4 days

- 1 pc Rear RH tail door
- 1 pc Rear bumper
- 1 pc Rear RH bumper side
- 1 pc Rear bumper reinforcement
- 1 pc Rear bumper tow cover
- 1 pc Rear end panel
- 1 pc Rear RH door "Panter" emblem

<i>Pr</i>	1,350.00	✓
<i>R</i>	580.00	✓
<i>Pr</i>	359.00	✓
	450.00	?
<i>Pr</i>	55.00	✓
<i>R</i>	450.00	X
<i>Pr</i>	49.50	✓

Less 10% : 3,293.50
329.35

- 1 pc Rear door company lettering
- 1 pc Rear RH door 6pax sticker
- 1 pc Rear RH door glass sealant

(Bill)	2,964.15	
<i>Pr</i>	400.00	sn ?
<i>Pr</i>	15.00	sn 12/12
<i>Pr</i>	40.00	sn ✓

To putty and spray replaced parts

600.00 *400*

To remove, cut-out damaged parts,
panel beating, welding, align,
refix and to renew above parts

700.00 *450*

Total : S\$ 4,719.15

Singapore Dollars Four Thousand Seven Hundred
and Nineteen and Cents Fifteen Only

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	21/05/2021 20:34 (SGT)
Date of Accident	21/05/2021 10:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER THOMSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF9418P

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BMS ENGINEERING AND TRADING PTE LTD
Company Reg No	2XXXXX787H
Email Address	BMS@DAIKIN.COM.SG
Mobile Phone No	(Phone) +65-67448717
Alternative Phone No	(Office) +65-67448717

VEHICLE PARTICULARS

Manufacturer	Peugeot
Model	Partner
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	Commercial vehicle
Transmission	Auto
CC	1560

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA450918
Cover Note Number	-

DRIVER

Name of Driver	KUZAINI BIN ALI
NRIC No	SXXXX935D

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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;

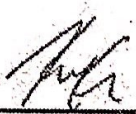
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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

21/5 @ 5pm


Witnessed by Reporting Centre Personnel



Sketch Plan

