ASS. REC. BY: Kenneth

REF: AG1/ 21008182/kv

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Kum Chew

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 06 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLL 1240Z Yr Regn: 02 17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or SJ

Make: Mit Lancer c.c 1590

Colour M. Grey A/C: Insured / Std / NI / NA

Sp.Reading 180726 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JMYSRCY1A6U000

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 205/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Davanti

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm

D.O.A. 25/5/21 D.O.I. 28/5/2021

Survey held at _____

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ S + RS: _____ SI

Parking _____

Others _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: (S _____)

Not Authorised
C/Slip &
Resurvey After Paint
6 days

KUM CHEW MOTOR WORKSHOP

160, SIN MING DRIVE #05-08
SIN MING AUTOCITY, SINGAPORE 575722.
Tel No. : 64536256/64563715 Fax No. : 64557754
E-Mail : kumchew1@singnet.com.sg
GST Reg.No. : M90367665T Buss. Reg. No. : 52865130KUEN

AUTO & GENERAL INSURANCE (SINGAPORE) PTE LTD
190 CLEMENCEAU AVENUE #03-01,
SINGAPORE 239924

Attention : Motor Claim Department
Contact : 6221 2111 Fax No. : 6725 0611

Estimate : ES005222

Date : 27/05/2021
Vehicle Num. : SLL 1240 L
Make/Model : MIT. LANCER
Chassis/Eng# :
Accident Date : 25/05/2021
Claim No. :
Reference : KC/TP1240/2105-05
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S$
		LIST ITEMS :		
1.	1 PC	REAR BUMPER		818.00
2.	1 PC	REAR BUMPER TOP BEAM		82.00
3.	1 PC	REAR BUMPER TOW COVER		20.00
4.	1 PC	REAR BUMPER REINFORCEMENT		210.00
5.	2 PCS	REAR BUMPER RETAINER	20.00	40.00
6.	1 PC	REAR BUMPER REFLECTOR - LH		22.00
7.	1 PC	REAR FENDER - LH		898.00
8.	1 PC	REAR FENDER DUST COVER - LH		30.00
9.	9 PCS	REAR FENDER DUST COVER CLIPS	5.00	45.00
10.	1 PC	REAR LAMP - L/H		83.00
11.	1 PC	REAR LAMP PANEL - L/H		506.00
12.	1 PC	REAR END PANEL		176.00
13.	1 PC	REAR CHASSIS MEMBER		155.00
14.	1 PC	KEYLESS OPERATION SENSOR		160.00
15.	1 PC	REAR SPARE TYRE BOARD		521.00
16.	1 PC	REAR SPARE TYRE PANEL		223.00
17.	1 PC	REAR FENDER INNER GARNISH - LH		
		List TotalS$:		3,989.00
		10.00% Discount S$:		398.90
				3,590.10
		SPECIAL NETT ITEMS :		
1.	1 SET	REAR REVERSE SENSOR		280.00
		Special Nett Total S$:		280.00

CONTINUE / ...

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:

KUM CHEW MOTOR WORKSHOP

160, SIN MING DRIVE #05-08
SIN MING AUTOCITY, SINGAPORE 575722.
Tel No. : 64536256/64563715 Fax No. : 64557754
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Claim No. :
Reference : KC/TP1240/2105-05
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S$
		LABOUR :		
		TO PULL, KNOCK ON ACCIDENT PORTION & CHANGE ABOVE PART.		1,200.00
		TO SPRAY PAINT ON REAR ACCIDENT PORTION.		1,500.00
		TO DISMANTLE & REFIX REAR WINDSCREEN.		180.00
		TO REMOVE AND REINSTALL FUEL TANK PIPING.		180.00
		TO DISMANTLE & REPLACE 1 SET REVERSE SENSOR.		120.00
		TO ANTI RUST AFFECTED AREAS.		80.00
		TO CHECK REAR ELECTRICAL WIRING SYSTEM.		80.00
		Labour Total S$:		3,340.00

SingDollars : Seven Thousand Two Hundred Ten & Cents Ten Only

Total S$: 7,210.10

KUM CHEW MOTOR WORKSHOP

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	25/05/2021 19:18 (SGT)
Date of Accident	25/05/2021 08:26 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	TOWARDS BKE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL1240L

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORTDELGRO RENT-A-CAR PTE LTD
Company Reg No	1XXXXX775H
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-97338805
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1590

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D20MFL0000326_01
Cover Note Number	-

DRIVER

Name of Driver	TAN AH LEK
NRIC No	SXXXX991B

Describe Circumstances of the Accident

On 25/5/2021 at about 0526hrs, I was driving my vehicle SLL 1240L along SLE towards BKE. While travelling on second lane of 3 lanes road. front vehicle applied jammbrake. I applied my brake and stopped. While my vehicle was stationary vehicle B - SLA 335L was collided onto my rear bumper. Alighted and noticed there was 2 more vehicles involved. Vehicle C - XD 5320M and 1 more unknown vehicle. Total 4 vehicles involved in this accident. I sustained neck and back pain and my passenger claimed neck pain due to the impact.

Declaration

We declare the foregoing particulars are true in every respect.

IMPORTANT NOTICE

SKETCH PLAN

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. The 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.
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.

Tan

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	25/5/2021 – 1010H.	

Sketch Plan