

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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04 days

Res.: Yes or No

Lum Sum:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLZ 1612Z

Yr Regn:

12, 17

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

Truck / Trailer or

Make:

Honda Civic Turbo C.C. 988

Colour:

Red

A/C:

Insured / Std / NI / NA

Sp. Reading

63468

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

S1111FK 684014 U01966

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NII / SRM / STD A/Rim or

Tyre Size:

F:

225/45R18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

16/6/21

D.O.I.

21/6/2021

Survey held at

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

O/S R

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

Report Format:

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

金興(龔)汽車私人有限公司

160 Sin Ming Drive, #02-20,
Sin Ming AutoCity, Singapore 575722
Tel: 6452 7018 Fax: 6458 3895
Email: service@kkimhin.com.sg

No. : 31862

Vehicle Insured : SMD 3242 Z
Accident Date : 16-Jun-2021

Date : 17-Jun-2021

Our Ref : 021237 (AIG ASIA) / QUEK

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LIM WAI MUN (MR)
Singapore

Not Authorised

Requy Bepaint

4 days

ESTIMATED COST OF REPAIR FOR HONDA CIVIC 1.0SE TURBO CVT(2017) SLZ1612Z
=====

1 pc	front bumper		CM 1,469.30	✓
1 pc	o/s front bumper side retainer		Dir 16.40	✓
1 pc	o/s front bumper fog cover (black)		GP 160.80	✓
1 pc	o/s front bumper fog lamp		CM 305.90	✓
10 pcs	front bumper clips	@ S\$ 3.50	NA 35.00	✓
1 pc	front bumper lower skirting (original)		ng CM 450.00	✓
1 pc	o/s front fender		B 450.80	✓
1 pc	o/s front fender lamp		BV 254.80	✓
1 pc	o/s front fender inner shield		CM 123.60	✓
8 pcs	o/s front fender inner shield clips	@ S\$ 3.50	NA 28.00	✓
1 pc	o/s headlamp		740.00	✓
1 pc	o/s headlamp lower bracket		35.90	✓
1 pc	o/s headlamp top moulding (black)		45.40	✓
1 pc	front grille - outer (black)		CM 450.00	✓
1 pc	wiper washer tank		NA 105.00	✓
1 pc	front grille logo (red)		NA 78.50	✓
			4,749.40	
Less 20% :			-949.88	
			3,799.52	

1 pc o/s front sport rim
1 pc front bumper lower spoiler (accessory)

R (O/S) 800.00 sn *150sn*
CM 750.00 sn ✓

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

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金興(龔)汽車私人有限公司

160 Sin Ming Drive, #02-20,
Sin Ming AutoCity, Singapore 575722
Tel: 6452 7018 Fax: 6458 3895
Email: service@kkimhin.com.sg

Vehicle Insured : SMD 3242 Z
Our Ref : 021237

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To remove, cut out damaged parts, panel beating, welding, align, refix and to renew affected parts.	600.00	450
To apply undersealing	40.00	30
To putty and respray on affected portions.	750.00	To Be Advise 400
To conduct front wheel alignment test.	80.00	60
To perform ceramic coating on front fender and bumper	450.00	(Bill) 7
To focus headlamps. To check front wiring and lighting operation.	30.00	20
Total :	S\$ 7,299.52	

Singapore Dollars Seven Thousand Two Hundred
and Ninety Nine and Cents Fifty Two Only

Note: Amount quoted above is subject to prevailing GST at time of tax invoice.

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 17/06/2021 18:36 (SGT)
Date of Accident 16/06/2021 20:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information FROM MARINE PARADE TO AMBER ROAD ROUNDABOUT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLZ1612Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM WAI MUN
NRIC No SXXXX415H
Email Address DARIUSLIM89@GMAIL.COM
Mobile Phone No (Phone) +65-91258336
Alternative Phone No (Home) +65-91258336

VEHICLE PARTICULARS

Manufacturer Honda
Model Civic
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 Private car
Transmission Auto
CC 988

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5099740481-02
Cover Note Number -

DRIVER

Name of Driver LIM WAI MUN
NRIC No SXXXX415H

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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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 17/6/21 1055hrs

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



A → SL2 1612 Z

B → SMD 3242 Z

Describe Circumstances of the Accident

I SL216122 entered a roundabout after main park road towards park road. Immediately after exiting the roundabout, Blue Audi A4 (JMD 32422) cut into my lane abruptly and hit my front bumper and front right wheel. After the collision, the car did not stop to exchange particulars and sped off.

I have video and photo evidence.

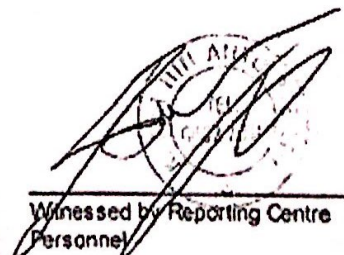
Declaration

We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time
12/6/21 1055hrs

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



Witnessed by Reporting Centre Personnel