

ASS. REC. BY:

REF: CS/

ASM/ 210069441k9c

Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SDS 8886K
 at Workshop m/s International
 of _____
 Insured: SKK 80E
 Policy No. _____
 Claims No. S1M03C7N
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SDS 8886K Yr Regn: 10, 15
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or A
 Make: Bmw 42Pi C.C. 1997
 Colour: Mar White A/C: Insured / Std / NI / NA
 Sp. Reading: 19674 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WBA4A52020GA89269
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD / RIM or

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

N/S	O/S

Bal. or Market Value: \$105k
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 04 days Res.: Yes or No
 Lum Sum: 1.81 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Tyre Size: F: 225/35R20
 R: 255/30R20
 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. 20/6/21 D.O.I. 23/6/2021
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
o/s body
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
24/6/2021	Revise to Winnie Ho via Smart Claim.
	Kenneth confirmed final fig \$2312.28 (Red \$3095.72, 57%)

Date/Time, File Pass to? : Prell. Report
 : Final Report
 11/16/07 Typist
 Date/Time, File Return to?

Days of Repair: 4
 Resurvey No. of Trip: _____

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

Survey Fee: _____
 Transportation: _____
 S - RS. _____
 FINES _____
 OTHERS _____
 TOTAL _____

Report Format : SMART CLAIMS - TP
 Lump Sum / I.B.I: (\$) 2312.28

INTERNATIONAL FORMULA CENTER
 176 Sin Ming Drive
 Singapore 575721
 Tel:64517737 Fax: 64517757

Estimate: IN S/0001/IFC

Attention : Claim Department

Customer		Date 22.06.2021	
Name AXA Insurance Pte Ltd	Address 8, Shenton Way, #27-01, AXA Tower	Vehicle Mod BMW 428 IA	Vehicle No. SDS 8886 K
Phone 68804888/Fax No: 63382522		Job Card No 1	

Qty	Description	Unit Price	TOTAL
SDS 8886 K BMW 428IA Gran Coupe WBA4A52020GA69269			
Parts			
1	Rear right door (List Price)	\$1,369.60	\$1,369.60
10	Rear right door panel clip (List Price)	\$7.49	\$74.90
1	Rear right window gear regulator (List Price)	\$374.50	\$374.50
Totals 1 :			\$1,819.00
Labour			
1	Labour to remove damage door & to install new door.	\$120.00	\$120.00
1	Labour to remove damaged door mechanism, window glass, door weather stripe, run channel, door lock, door knob, door handle onto new door & resetting power window.	\$400.00	\$400.00
1	Labour to knock front right door & center pillar.	\$300.00	\$300.00
1	Paint spraying rear right door inside & outside & front right door.	\$800.00	\$800.00
1	To check rear right door electrical & mechanism functionality.	\$150.00	\$150.00

*Not Authorized
 Anthony B. G. P. M.*

*✓
 ✓
 ✓
 601
 250
 X
 600
 301*

Payment Details

Insurance Claim

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: _____

Authorized Signature _____

Total \$5,408.00 \$3589



Tan Hock Chuan

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 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.
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 21/06/2021 18:03 (SGT)
Date of Accident 20/06/2021 10:55 (SGT)
Exact Location of Accident Tras St, Singapore
Additional Location Information TRAS STREET
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDS8886K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner EVA AU
NRIC No SXXXX566J
Email Address GSSALO@GMAIL.COM
Mobile Phone No (Phone) +65-97382418
Alternative Phone No (Home) +65-97382418

VEHICLE PARTICULARS

Manufacturer BMW
Model 428i
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 1997

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number PNPV20160000014804
Cover Note Number 30/10/2020 TO 29/10/2021

DRIVER

Name of Driver GEORGES SIMON SALO
NRIC No SXXXX322G

 Accident report SA18216L0004

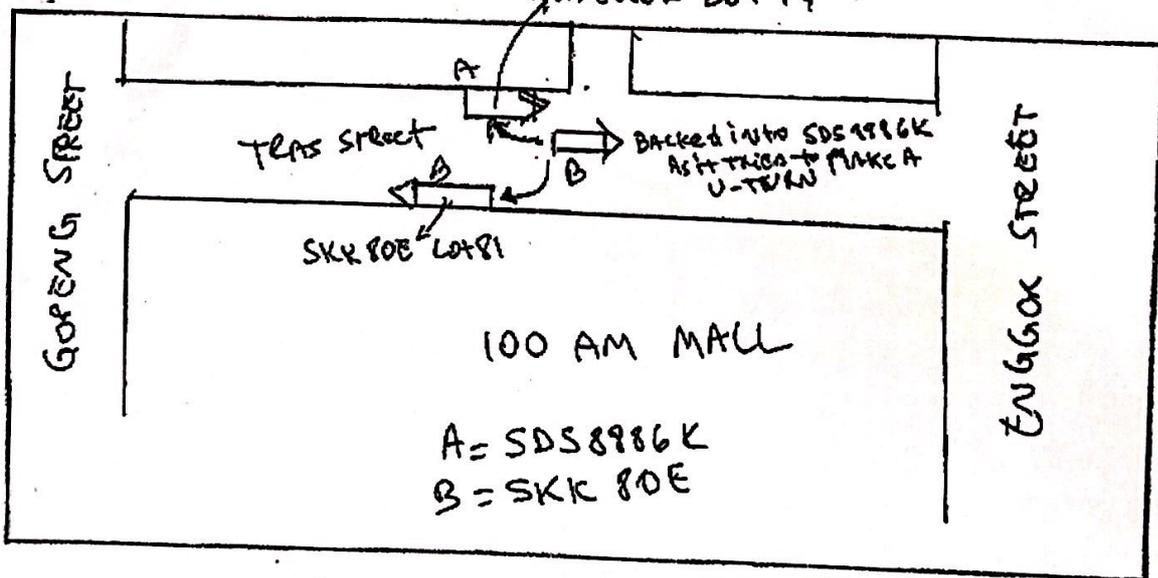
SKETCH PLAN

FWD
 Vehicle - SDS 8886K
 21/06/2021

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 Authorized 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 revoke 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 be 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 Insurers who have insured vehicle(s) involved in this accident (all Insurers) 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 goods as well as on the external cover of envelopes/postal 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 be 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.

Sketch Plan



Policyholder's Signature / Date & Time

[Signature] 21/06/2021 14:25
 Driver's Signature (if driver is not the policyholder) / Date

[Signature]
 Witnessed by Reporting Centre Personnel

21/06/2021

ATTENTION CENTER