

ASS. REC. BY:

REF:

Smo / 21007813/kp3

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

CMTD2101992/AGC

Sum Insured:

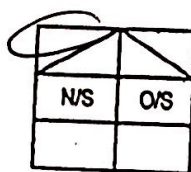
Excess:

(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:

34 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

06/27

Person Contacted:

Vehicle: IN / OUT

Veh No:

STD 4506S

Yr Regn:

06, 07

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

Truck / Trailer or

Make:

N/S

Presage

c.c

2488

Colour

M. Red

A/C:

Insured / Std / NI / NA

Sp. Reading

257594

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JN1TAA431 7.01 00117

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

Tyre Size:

F:

215/65R16

R:

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

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

3/7/21

D.O.I.

22/7/2021

Survey held at

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

Frt N/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

23/07/21@12.02pm revised to Agnes Chan by email.

Kenneth confirmed LS \$4000 (Red \$2245.26, 36%)

Data/Time, File Pass to?

☐

: Prell. Report

13/08 Typist

☐

: Final Report

Data/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS, SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

TP

Lump Sum / H.D. (\$

4000

Teo Jit Heng
56 Jalan Keruing
Singapore 808976

Not Noted
61 Lng @
Presage After Pain
3-4 days



File No : SH/2021/061/07/001/TP
Date : 05-July-2021

Estimated cost of repair for vehicle no : **SJD4506S** Nissan Presage
Accident involving vehicle no: **SJD4506S** & **SJW19H** on **03.07.2021**

Description	Quantity	Cost Price
Front grille	1	\$ 485.30 ?
Front grille clips (1 set)	1	\$ 22.00 ?
Front bumper	1	\$ CM 710.60 —
Front bumper clips (1 set)	1	\$ M 35.00 ✓
LH Front bumper retainer	1	\$ M 35.00 X
Front bumper sponge	1	\$ 265.30 ?
Front bumper reinforcement	1	\$ 540.60 ?
LH Front bumper fog lamp chrome rim	1	\$ M 85.20 ✓
LH head lamp inner panel	1	\$ 682.80 ?
		\$ 2,861.80
		Less 30% \$ 858.54
		\$ 2,003.26
RH head lamp	1	Nett \$ M CM 1,477.60 —
LH head lamp	1	Nett \$ CM 1,477.60 —
Front grille emblem	1	Nett \$ 95.80 ?
LH Front bumper fog lamp	1	Nett \$ 379.00 ?
		\$ 3,430.00
		Less 10% \$ 343.00
		\$ 3,087.00

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party settlement 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:

To remove front damaged parts, to jack out front support panel, front body, and to straighten out front chassis, to reshape and repair LH front fender and inner panel, head lamp inner panel, front support panel, and adjust body panel alignment

\$ 550.00 400L

To spray paint affected front and inner damaged portion inclusive of preparatory works and material

\$ 580.00 400L

To disconnect wire harness to facilitate repairs and check for damage and reconnect wiring system and check for full functionality. To focus headlamp

\$ 25.00 20L

\$ 6,245.26

T/Party: Sompo Insurance Singapore Pte. Ltd.

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	05/07/2021 11:05 (SGT)
Date of Accident	03/07/2021 11:00 (SGT)
Exact Location of Accident	Serangoon North Ave 1, Singapore
Additional Location Information	car park of Blk 153A Serangoon North Ave 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD4506S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Teo Jit Heng
NRIC No	SXXXX903A
Email Address	jhteo@madsoff.com.sg
Mobile Phone No	(Phone) +65-96925702
Alternative Phone No	(Home) +65-96925702

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	PRESAGE QR25DE 4AT
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	2488

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Meet Policy	No
Policy Number	GA573159/1
Over Note Number	-

DRIVER

Name of Driver	Lim Horng Ling
NRIC No	SXXXX973A

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.
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' law firms/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 making 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' law firms/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 law firms/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

Witnessed by Reporting Centre Personnel

Sketch Plan

