

ASS. REC. BY:

REF:

CTZ/ 21008561/KT

## 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:

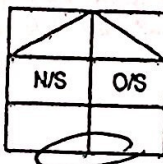
Excess:

(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:

2-3 days

Res.: Yes or No

Lum Sum:

1. B. %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMA 9032P

Yr Regn:

06, 18

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

Truck / Trailer or

Make:

Audi

A3 TFSI c.c.

999

Colour

M.D. Blue

A/C: Insured / Std / NI / NA

Sp. Reading

44835

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

W A U 8 8 8 8 V 2 J 1 0 6 3 9 1 8

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

205/55R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

13/8/21

D.O.I.

19/8/2021

Survey held at

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

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

Date / Time

Action / Instruction

FINALISE PART BY PART \$2384.92, 3DAYS  
(RED: 2085.83;46%)

Data/Time, File Pass to?



: Prell. Report

1)



: Final Report

Data/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

S - RS - SI

F.P.S

O.P.S

Report Format :

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

# 趙源摩哆 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5  
#01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047  
Tel: 6484 1626 (24Hrs) Fax: 6484 0465  
Business Reg. No: 221880/00C GST Reg. No: MX-0486007-A0

*Not within  
Assessing B&P  
2-3 days*

To: China Taiping Insurance (S) Pte Ltd  
  
  
**Accident Date : 13.08.2021**

Third Party  
Policy No: \_\_\_\_\_  
Date: 18.08.2021

Specialised in Car Painting, Welding,  
Panel-Beating and Insurance Claim.

## ESTIMATE

承接汽车烧焊喷漆及  
代理各种车辆赔偿

数量 Quantity	货名 DESCRIPTION	单价 Unit Price	银 Amount 额 \$ cts.
<b>Estimate Cost of Repair to "Audi A3" Reg. No. SMA9032P Claiming Against Your Insured Veh. No. SJA1395E</b>			
1pc	Rear Bumper		<i>Actual</i> 1,050.00 ✓
10pcs	Rear Bumper Clips	9.00	<i>na</i> 90.00 ✓
2pcs	Rear Bumper Bracket	55.00	<i>na</i> 110.00 X
1pc	Rear Bumper Sponge		80.00 ?
1pc	Rear Bumper Reinforcement		380.00 ?
/ 2pcs	Rear Bumper Reverse Sensors	155.00	<i>short</i> 310.00 ✓
4pcs	Rear Bumper Reverse Sensor Holder	45.00	180.00 ?
1pc	Rear Bumper Lower Lip		520.00 ?
1pc	Rear Bumper Inner Core		280.00 ?
1pc	Boot Emblem		<i>na</i> 85.00 X
1pc	Boot Badge "A3"		<i>na</i> 100.00 X
1pc	Boot Badge "TFSi"		<i>na</i> 100.00 X
			<u>3,285.00</u>
	Less 5%		<u>164.25</u>
			3,120.75
	To Conduct Electrical Check, Replace Reverse Sensors & Reprogram System		150.00 <i>601</i>
	Labour Charge - Panel Beating, Repairing Of Boot, End Panel And Part Replacement.		600.00 <i>2001</i>
	To Respray Affected Areas		<i>2201</i> 600.00
	<b>Total :</b>		<u><u>4,470.75</u></u>

**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 is allowed
- Supplementary item(s) to 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 ..... 14/08/2021 11:37 (SGT)  
Date of Accident ..... 13/08/2021 17:30 (SGT)  
Exact Location of Accident ..... Near Sengkang E Way, Singapore  
Additional Location Information ..... RIVERVALE DRIVE ONTO SENGKANG EAST WAY  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMA9032P

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIM ENG CHOON  
NRIC No ..... S1159640A  
Email Address ..... FEIFAN.LIM@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-97831032  
Alternative Phone No ..... +65-97831032

### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... A3  
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 ..... 999

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1800073434-03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIM FEI FAN  
NRIC No ..... S8823887G

## SKETCH PLAN

### 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.
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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.
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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:

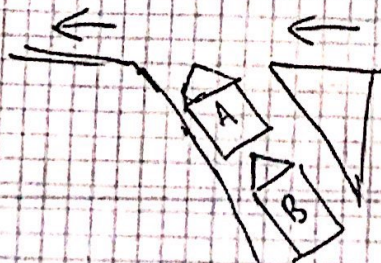
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



A - SMA 9032P  
B - SJA 1395E  
Riverhill Drive  
turning left  
onto Serpukong  
East Way