

REF: AIG/210098451KV f3

ASS. REC. BY:

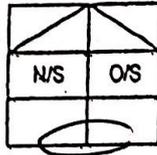
ASSIGNMENT

Kenneth

Front: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s Merimen
 of _____
 Insured: SLQ 4369D
 Policy No. 1700020716
 Claims No. 1177434747SG
 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: 05 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. 24 HRS
10/27
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SG8 2489R Yr Regn: 10, 07
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Honda / Avante c.c. 1591
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 147860 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMH DU 41 BR FU 255532
 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 _____
 Tyre Size: F: 195/65R15
 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. 18/9/21 D.O.I. 21/9/2021
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or _____
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
28/9/21	Kenneth confirmed LS \$3850 (Red 5729.68, 59%)

Date/Time, File Pass to? : Prell. Report
 : Final Report
 Days Of Repair: 5
 Resurvey No. of Trip: 2 Survey Fee: _____
 Date/Time, File Return to? 28/9/21-typist
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech Invs (\$ _____)
 : Weekend (\$ _____)
 Transportation: _____
 S-RS: \$ _____
 Fines: _____
 Others: _____
 TOTAL: _____

Report Format: Merimen
 Lump Sum / H.B.: \$ 3850

Massive Trading & Auto

Blk 5038 #01-405 Ang Mo Kio Industrial Pk 2 Singapore 569541
H/p 91082728

Fax : 64816131

Not Authorised
U1 Imp B
Return After Paint
5 days

Chan Wai Seng
BLK 319A Anchorvale Drive
#11-76
Singapore 543319

Vehicle No : SGZ 2489 R
Make : Hyundai Avante
Year : 2009

Qty	Description	Unit Price	Amount
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Estimate Cost Of Repair

1 pc	Rear boot lid		<i>R</i> \$868.40 ✓
2 pcs	Rear boot lid hinge	\$105.10	<i>R</i> \$210.20 X
1 pc	Rear boot lid inner insulator		<i>SL</i> \$285.60 X
1 pc	Rear boot lid inner lock		<i>RM</i> \$169.20 ✓
1 pc	Rear boot lid outer lock		<i>SL</i> \$155.30 X
1 pc	Rear boot lid emblem " Logo "		<i>RM</i> \$45.00 ✓
1 pc	Rear boot lid emblem " AVANTE "		<i>RM</i> \$38.00 ✓
1 pc	Rear boot lid outer handle		<i>RM</i> \$39.20 ✓
2 pcs	Rear no plate lamp	\$36.70	<i>SL</i> \$73.40 X
2 pcs	Rear boot lid reflector		<i>SL</i> \$510.20 X
2 pcs	Rear tail-lamp assy	<i>ols ?</i> \$255.10	\$571.20
2 pcs	Rear tail-lamp panel	\$255.10	\$510.20 ?
1 pc	Rear boot rubber		<i>RM/SL</i> \$149.70 <i>50 Wn</i>
1 pc	Rear end panel		<i>R</i> \$527.40 ✓
1 pc	Rear end panel inner garnish		\$85.60 ?
2 pcs	Rear fender inner trim	<i>ols ?</i> \$405.20	\$810.40
1 pc	Rear bumper		<i>R</i> \$525.60 ✓
2 pcs	Rear bumper side retainer	\$55.00	<i>SL</i> \$110.00 X
1 pc	Rear bumper reinforcement		<i>R</i> \$282.80 ✓
1 pc	Rear bumper sponge		<i>CM</i> \$185.70 ✓
1 pc	Rear spare tyre panel		<i>R</i> \$955.10 X
1 pc	Rear spare tyre cover board		\$142.50 ?
1 pc	Spare tool sponge		\$118.20 ?
1 pc	Rear exhaust silencer		<i>R</i> \$655.70 X
			\$8,024.60
			Less 20 % balance c/f
			\$1,604.92
			\$6,419.68

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:

SGZ 2489 R

balance b/f \$6,419.68

S. Nett Item

1 pc Rear no plate
1 set Rear reverse sensor
20 pcs Clip

sn \$45.00 *X*
nd \$200.00 *—*
\$2.00 *na* \$40.00 *—*
\$285.00

Labour Charges

Remove/renew the above parts including knocking, cutting & welding.

6001
\$1,200.00

To putty & spray paint on rear accident affected portion.

6001
\$1,200.00

Check/reconnect wiring.

201
\$45.00

To spray anti rust on accident affected portion.

601
\$150.00

Remove/refit rear boot upholstery to facilitate repair.

601
\$100.00

Remove/renew rear exhaust silencer.

na \$180.00 *X*
Total \$9,579.68

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 20/09/2021 11:45 (SGT)
Date of Accident 18/09/2021 16:40 (SGT)
Exact Location of Accident Upper Serangoon Rd, Singapore
Additional Location Information UPPER SERANGOON ROAD TOWARDS PUNGGOL , SLIP
Country/State of Loss ROAD TO HOUGANG AVE 2
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGZ2489R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHAN WAI SENG
NRIC No SXXXX123A
Email Address never-hack@hotmail.com
Mobile Phone No (Phone) +65-92352673
Alternative Phone No +65-92352673

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Avante
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 1600

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5066258969-06
Cover Note Number 5066258969-06

DRIVER

Name of Driver CHAN QIJIAN

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.
- 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.
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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.

[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan

