

ASS. REC. BY:

REF: AGZ/210101091K₃

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / P / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop m/s Accord

of _____

Insured: _____

Policy No. _____

Claims No. C10011888/EE

Sum Insured: _____ Excess: _____

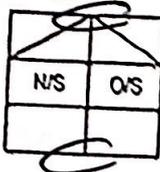
(Client's Record)

Make of Veh: _____

10:30am

(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: 1.B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SKQ 89960 Yr Regn: 10, 18

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

Truck / Trailer or Wagon
Make: Maeda CX5 c.c. 1998

Colour: M.P. White A/C: Insured / Std / NI / NA

Sp. Reading: 56438 T/Radio: Insured / Std / NI / NA

Eng No: _____
C/No: JM 6KF 2W7AK 0241299

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 / Rlm or

Tyre Size: F: _____ R: 225/65R17

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

TOYO / YOKO or

Front R/Bal. 8 mm L/Bal. 8 mm
Rear R/Bal. 8 mm L/Bal. 8 mm
D.O.A. 29/9/21 D.O.I. 1/10/2021

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

Kenneth confirmed final fig \$4302.20, 5 days. (Red \$6392.16, 60%)

Date/Time, File Pass to? : Prell. Report

1) 26/10 Typist : Final Report

Date/Time, File Return to?

Days Of Repair: 5

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S - RS - SI

Others

Others

TOTAL

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Report Format: TP

Lump Sum / I.B.I: (\$ 4302.20)

ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A

#03-11 AMK Autopoint Singapore 568047

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

Not Authaited
Resurvey B4paim

ESTIMATE

Auto & General Insurance (Singapore) Pte Ltd
Singapore Shopping Centre
190 Clemenceau Ave #03-01
Singapore 239924
Attn: Accident Claims Department

Date : 29.09.2021
Vehicle No : SKQ8996D
Veh Make/Model : Mazda CX-5
YOM : 2018
Chassis No : JM6KF2W7AK0241299
Date of Accident : 29/09/2021

No	Qty	Description	Amount \$
		List Items:-	
1	1	Front Bonnet	\$ <i>Bn</i> 1,076.30
2	1	Front Radiator Top Garnish	\$ <i>Sn</i> 299.30
3	1	Front Bumper	\$ <i>Bn</i> 1,023.10
4	2	Front Bumper Side Retainer	\$ <i>Sn</i> 31.00
5	1	Front Bumper Sponge	\$ 47.80
6	1	Front Grille Base With Chrome	\$ <i>CM</i> 1,071.00
7	1	Front Logo	\$ <i>Sn</i> 95.10
8	1	Front Logo Holder	\$ 57.70
9	2	Front Lower RH Side Cover / Garnish	\$ 39.20
10	1	Towing Cover	\$ <i>Sn</i> 13.60
11	1	Front Reinforcement Bar	\$ 614.10
12	2	Front Bumper Sensor	\$ <i>Sn</i> 361.80
13	1	Rear Bumper	\$ 1,278.90
14	2	Rear Bumper Side Retainer	\$ <i>Sn</i> 47.40
15	2	Rear Bumper Towing Cover	\$ <i>Sn</i> 12.00
16	1	Rear Reinforcement Bar	\$ 520.00
17	2	Rear Reinforcement Arm	\$ 50.80
18	1	Exhaust Box	\$ <i>X</i> 1,485.80
19	Set	Exhaust Mounting	\$ <i>Sn</i> 140.00
20	2 Set	Reverse Sensor	\$ <i>Sn</i> 361.80
21			
22			
23			
24			
25			
26			

Total - List Item	\$ 7,550.40	8626.70
Less 25%	\$ <i>20%</i> 7,550.15	
Total	\$ 1,926.75	6901.36

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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#03-11 AMK Autopoint Singapore 568047

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

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Veh Make/Model: Mazda CX-5
YOM: 2018
Chassis No: JM6KF2W7AK0241299
Date of Accident: 29/09/2021

No	Qty	Description	Amount \$
<u>Special Nett Items:-</u>			
1	1 Set	Front Number Plate with Holder	\$ <i>57</i> 50.00
2	Set	Front Bumper Clips	\$ <i>ru</i> 30.00
3	Set	Rear Bumper Clips	\$ 303.00
4	Set	Front Radiator Top Garnish Clips	\$ <i>ru</i> 60.00
5			\$ 60.00
6			
7			
13			
Total - SN Item			\$ 503.00

*Q5111-
1
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X*

443

<u>Labour Charges:-</u>			
1		Spray painting on all affected area (Front & Rear)	\$ 1,000.00
2		Labour remove/refix accident damages parts to knock, jack, cut weld and realign accident affected area.	\$ 1,000.00
3		To check wiring system & light.	\$ 100.00
4		Anti Rush Treatment	\$ 120.00
5		To Check & Adjust Wheel Alignment	\$ <i>ru</i> 100.00
6		To Remove/Refix Reverse Sensor (Front)	\$ 150.00
7		To Remove/Refix Reverse Sensor (Rear)	\$ 150.00
8		To Remove/Refix/Replace Exhaust Box	\$ <i>ru</i> 380.00
9		Computer Diagnostic After Repair	\$ <i>ru</i> 350.00
Total - L/C			\$ 3,350.00

*6606
6001
301
301
X
501
?
X
X*

Sub-Total	\$	5,779.75
7% GST	\$	404.58
Total	\$	6,184.33

10694.36

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 29/09/2021 14:28 (SGT)
Date of Accident 29/09/2021 07:14 (SGT)
Exact Location of Accident 988 Buangkok Green, Singapore
Additional Location Information Junction of Buangkok Green & Hungang Ave 4
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKQ8996D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Ong Chye Huat
NRIC No SXXXX955B
Email Address fury111@hotmail.com
Mobile Phone No (Phone) +65-97651977
Alternative Phone No +65-96800874

VEHICLE PARTICULARS

Manufacturer Mazda
Model Cx-5
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 2000

INSURANCE COMPANY

Name of Insurance Company ECICS Limited
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MPC21P00068000
Cover Note Number -

DRIVER

Name of Driver Ong Chye Huat
NRIC No SXXXX955B

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 re-evaluate policy liability.
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7. By the completion 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

Sketch Plan

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

29 SEP 2021



Witnessed by Reporting Centre Personnel

