ASS. REC. BY: Kenneth | REF: AIG/2101766/Kp

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Lim Tan

of _____

Insured: 769P

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SKS4185T Yr Regn: 04, 15

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Audi A3 (A) c.c 1395

Colour A. Black A/C: Insured / Std / NI / NA

Sp.Reading 75183 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZ8V6F1075190

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 205/55R16

R: _____

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.	5/10/21	D.O.I.	25/10/2021

Survey held at _____

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

O/S Frt

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($ _____)

Survey Fee: _____

Transportation: _____ $ - RS. _____ SI

Parking _____

Others _____

TOTAL _____

Not Authorised
Lift &
Resurvey After Paint
4 days

LIM TAN MOTOR

ESTIMATE TO REPAIR

SURVEYOR NAME	: Kenneth (LKK)
DATE OF SURVEY	: 25.10.2021
TIME OF SURVEY	:

VEHICLE NO. : SKS 4185 T
MAKE : AUDI
MODEL : A3 SEDAN 1.4 TFSI AMBIENTE MY 15
YEAR : 2014
CHASSIS NO : WAUZZZ8V6F1075190

DATE : 19-Oct-21
DATE OF ACCIDENT : 5-Oct-21
THIRD PARTY REF : SMP 4076 S / AIG

No.	Parts Description/ Labour	Type	Unit Price	Nett Item Amt	Amount	
1 pc	front bumper				$1,514.50	✓
1 pc	front bumper retainer				$27.00	✓
1 pc	front bumper reinforcement				$522.65	✗
1 pc	front bumper fog lamp cover				$79.55	✓
1 pc	front bumper spray nozzle cover				$41.10	✗
1 pc	o/s headlamp				$1,559.85	✓
1 pc	head light bulb				$500.45	✓
1 pc	o/s headlamp spray nozzle				$158.65	✗
1 pc	o/s front fender				$632.75	✓
					$5,036.50	
	less 10%				$503.65	
					$4,532.85	
	To putty and spray paint.				$600.00	4 hrs
	To check front wiring & focus headlights.				$30.00	2 hrs
	Labour charges.				$480.00	4 hrs

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:

TG-ML/-	TOTAL	$5,642.85

Lim Tan Motor Pte Ltd
Blk 176 Sin Ming Drive #03-09 Sin Ming Autocare Singapore 575721
Tel:65-64520893 Fax:65-64589127 Email: edmund@LTM.sg Website : www.LTM.sg

Your NCD will be affected due to late reporting

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 witholding 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	15/10/2021 17:39 (SGT)
Date of Accident	05/10/2021 09:00 (SGT)
Exact Location of Accident	373 Onan Rd, Singapore 424775
Additional Location Information	Malvern Spring Carpark
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS4185T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Firth Adam Raymond Stanard
Passport No/FIN	G3302769P
Email Address	firthar@hotmail.com
Mobile Phone No	(Phone) +65-91762455
Alternative Phone No	+65-91762455

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	1395

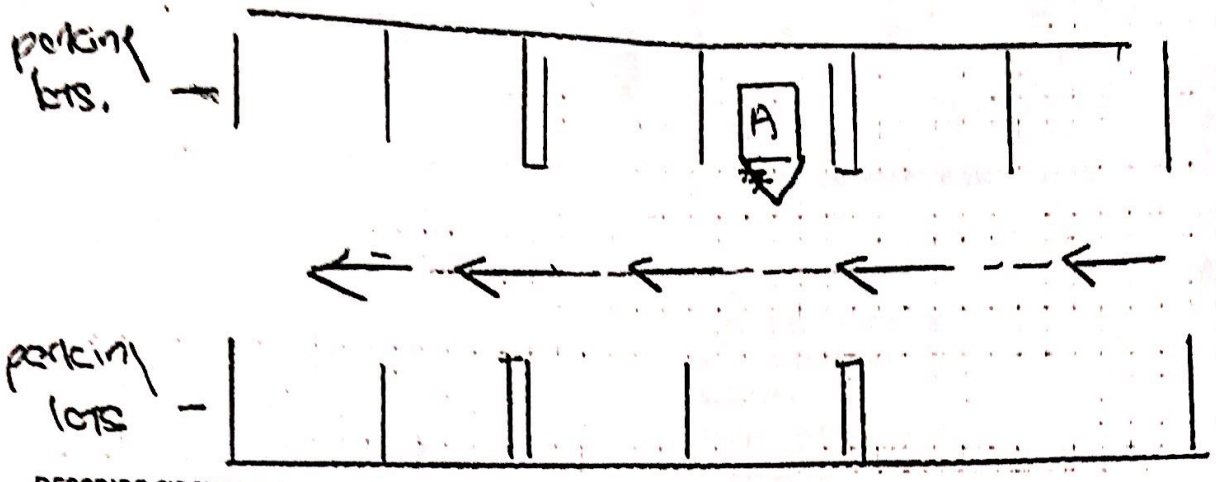
INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900165093-02
Cover Note Number	-

DRIVER

Name of Driver	Firth Adam Raymond Stanard
Passport No/FIN	G3302769P

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked my car in my condo carpark on evening of 4 October 2021. The following morning our condo security guard knocked on my door and told me someone in my building had hit my car and asked for my phone number. Later the lady, Gladys contact me via WhatsApp and admitted she had hit my car and sent photo. Her car plate is SMP4076S and her condo address is 373 Onan Rd, #02-07 Malvern Springs 424775. Phone 98891156

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 15 OCT 2021

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

Reporting Centre Personnel's Signature
Name: Angie Soh
NRIC/FIN No.:
15 OCT 2021