ASS. REC. BY: KENNETH | REF: AIG/2101124/1Kr

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ City Auto

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.

N/S	O/S

Bal. or Market Value: $5500

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: 05/22 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SGU 9438 Yr Regn: 05/07

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

Make: Mit Lancer c.c 1584

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

Sp.Reading 172883 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JMYSTCS3A7U011635

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or _____

Brake: Inoper / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 195/60R15

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.	1/11/21	D.O.I.	3/11/2021

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
1	PB clear $2887.00
	LLg $1900.

Date/Time, File Pass to? 1) _____ ☐ : Prell. Report ☐ : Final Report

Date/Time, File Return to? 2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____) ☐ : Interview ($ _____) ☐ Tech Invs ($ _____) ☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ - RS. _____ SI

Parking _____

Others _____

TOTAL _____

Report Format :

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

CITY AUTO PTE LTD

One Stop Automotive Solution
BLK 8, SIN MING IND. ESTATE #01-8062, SIN MING ROAD, SINGAPORE 575643
TEL: 6453 1235, 6452 0650 FAX: 6453 7944
24hrs Towing Services Tel: 9623 9698
Co. Reg. No.: 199903455C GST Reg. No.: M2-8920979-4

AIG ASIA PACIFIC INSURANCE PTE. LTD
NO. 78
SHENTON WAY #07-16
SINGAPORE 079120

Contact : -

Fax No. : 6880 4838

Not Authorised

Pickup After Paint

4 days

Estimate	: QUOT202111-000078(00)
Date	: 02/11/2021
Vehicle No.	: SGU9438T
Make/Model	: MITSUBISHI LANCER 1.6 A
Mileage (km)	: 0
Chassis No.	: JMYSTCS3A7U011635
Accident Date	: 01/11/2021 00:00:00
Claim No.	: GBK4325E
Reference	: JO202111-0108
Policy No.	: 5062484356-06

S/No	Particular	Quantity	Unit Price	Amount S$
	LIST ITEMS :			
1	Front bumper 801	1.0	862.00	862.00 ✓
2	Front bumper RH bracket	1.0	50.00	50.00 –
3	Front bumper clip	10.0	3.00	30.00 –
4	Front bumper rivet	8.0	5.00	40.00 ✓
5	RH headlamp 561	1.0	561.00	561.00 ✓
6	Front RH fender 513	1.0	513.00	513.00 ✓
7	Front RH fender innershield	1.0	128.00	128.00 ✗
8	Front RH fender innershield clip	8.0	3.00	24.00 ✗
	List Total :			2,208.00
	20% Discount S$			441.60
				1,766.40
	LABOUR :			801
	- To check wiring and lighting	1.0	45.00	45.00
	-To knock jackout damaged parts, panel beating,welding, align, refix and to renew accident parts	1.0	500.00	500.00
	- Spray painting on affected & replace parts	1.0	500.00	500.00
				1,045.00

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:

E. & O.E.

Total S$:	2,811.40
GST 7% S$:	196.80
Amount Due S$:	3,008.20

for CITY AUTO 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 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	02/11/2021 14:18 (SGT)
Date of Accident	01/11/2021 12:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	48A , SENG KANG WEST AVE CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU9438T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN MEOW KIM
NRIC No	SXXXX630G
Email Address	CMKCHOW@HOTMAIL.COM
Mobile Phone No	(Phone) +65-81041515
Alternative Phone No	+65-81041515

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	ThirdParty
Fleet Policy	No
Policy Number	5062484356-06
Cover Note Number	-

DRIVER

Name of Driver	CHOO TEN SOO
NRIC No	SXXXX081Z

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 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' 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**")

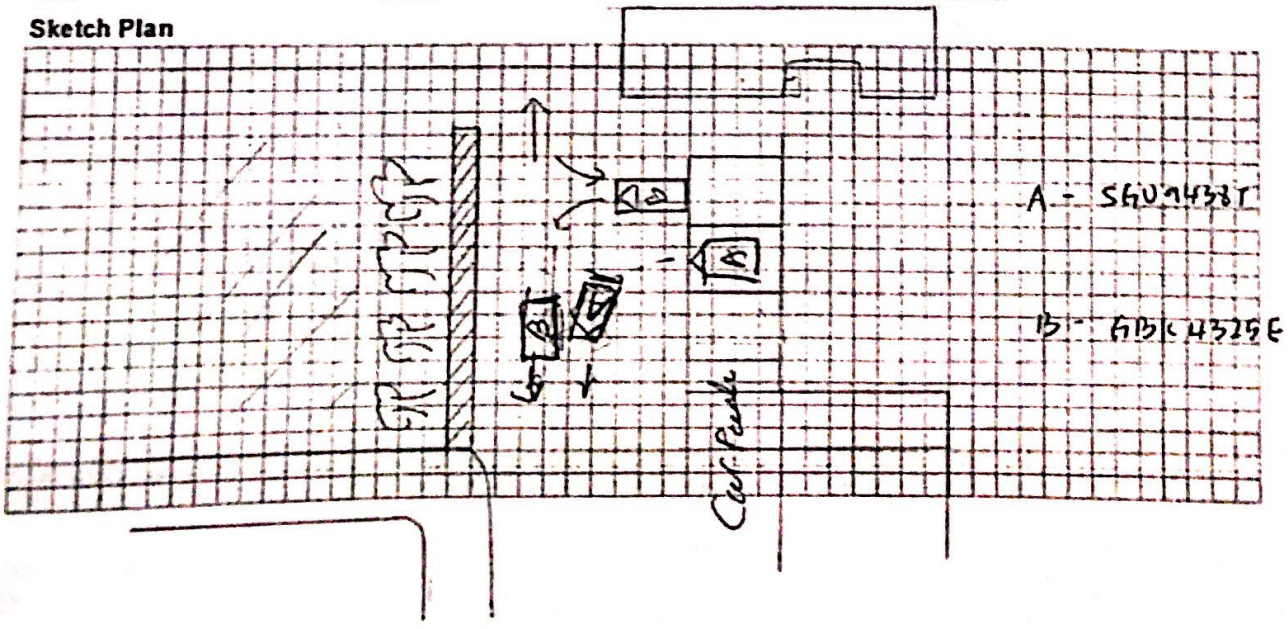
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1916 Fax: 6453 7944
(Claims Section)

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was at 48A Seng Kang West the Car Park, when I was moving out from the Car Park, vehicle B which was reversing into Car Park lot also moving out and hit onto my front portion

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state:

( ) Claim Own policy ( ) Claim Third Party ( ) Claim OD/TP at other workshop ( ) Reporting Only

Declaration

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

Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD
Blk 6 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1236 Fax: 6453 7944
(Claims Section)

Witnessed by Reporting Centre Personnel