

ASS. REC. BY:

REF:

AG1/ 21011417/KV

Kenneth

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_

Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_

Consistent?: Yes or No

Est. Repairs: \_\_\_\_\_

06 days

Res.: Yes or No

Lump Sum: \_\_\_\_\_

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: \_\_\_\_\_

SKX 560T

Yr Regn: \_\_\_\_\_

11, 15

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

Truck / Trailer or \_\_\_\_\_

(A)

Wagon

Make: \_\_\_\_\_

Mazda Biance

c.c

1998

Colour: \_\_\_\_\_

M. Maroon

A/C: Insured / Std / NI / NA

Sp. Reading: \_\_\_\_\_

75770

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: \_\_\_\_\_

JN 6 CC10 F1 G-0108959

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / RIM or

Tyre Size: \_\_\_\_\_

F: \_\_\_\_\_

205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or \_\_\_\_\_

Nexen

Front

Rear

R/Bal. \_\_\_\_\_

9

mm

R/Bal. \_\_\_\_\_

9

mm

L/Bal. \_\_\_\_\_

9

mm

L/Bal. \_\_\_\_\_

P

mm

D.O.A. \_\_\_\_\_

6/11/21

D.O.I. \_\_\_\_\_

9/11/2021

Survey held at \_\_\_\_\_

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

O/S Rear

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: 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: \_\_\_\_\_

S + RS. SI

Fees

Others

TOTAL

Report Format :

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



# 方商昭噴漆 POON SIANG SEOW

Sin Ming Autocity, No. 160 Sin Ming Drive, #05-13, Singapore 575722.  
Tel: 6453 7511 Fax: 6453 8046 Email: sitti1@singnet.com.sg Regn. No. 05396600K

EVERGREEN RENT A CAR PTE LTD  
159 Sin Ming Road  
#01-07 Amtech Building  
Singapore 575625

*Not withash  
1/1/8  
Return After Paint  
5 days*

Dear sir

Estimate cost of repair to vehicle no. SKX 560T

To supply

1. Rear bumper	Buc/am 1,171.00	✓
2. Rear bumper retainer x2	ols dis 90.00	✓
3. Rear bumper reflector right	sm 131.00	X
4. Rear bumper sticker moulding x3	me 225.00	✓
5. Rear fender right	py 1,917.00	✓
6. Rear fender top garish right	sm 1,070.00	X
7. Rear rail runner	lka 450.00	X
8. Petrol cover	pu 234.00	✓
9. Tail lamp	sm 1,118.00	X
10. Wheel rim	en 1,033.00	X
11. Quarter glass	sm 1,200.00	X

*208*

Labour charges

Rust proofing

Panel beating

Spray painting

To remove and refit glass and cushion

Total

100.00 *301*  
1,200.00 *7001*  
1,000.00 *8001*  
500.00 *2001*  
11,439.00

your faithfully

ALBERT POON

**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:





# 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 ..... 08/11/2021 16:59 (SGT)  
Date of Accident ..... 06/11/2021 16:10 (SGT)  
Exact Location of Accident ..... 73 Bukit Tinggi Rd, Singapore 289761  
Additional Location Information ..... The British Club carpark  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKX560T  
INSURED/POLICYHOLDER  
Is company? ..... Yes  
Name Of Registered Owner ..... Evergreen Rent A Car Pte Ltd  
Company Reg No ..... 200614077H  
Email Address ..... technicalsupport@evergreenrentacar.com  
Mobile Phone No ..... (Phone) +65-63376041  
Alternative Phone No ..... (Office) +65-63376041

## VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... Bianta  
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 ..... 1998

## INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... SI20V12869/VPZ/R05  
Cover Note Number ..... -

## DRIVER

Name of Driver ..... Valtulina Perla Maria Giuseppina  
NRIC No ..... S7364826B



Accident report SL0321B8000F



# 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.
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.



Policyholder's Signature / Date & Time  
08/11/21

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time  
08/11/2021

Witnessed by Reporting Centre Personnel  
Angie Soh

