ASS. REC. BY: Kenneth | REF: EQ/21011429/KV

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Kang

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 Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: 07/30 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SNN 3000A Yr Regn: 08, 10

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

Make: Audi TT S c.c 1984

Colour Yellow A/C: Insured / Std / NI / NA

Sp.Reading 167178 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: TRUZZZ8JXA1017525

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: _____

R: 225/50R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Falken

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm

D.O.A. 5/11/21 D.O.I. 9/11/2021

Survey held at ✓

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

Survey Fee:

Transportation: S + RS S

Parking

Others

TOTAL

Report Format :

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

KANG
AUTO ENGINEERING PTE LTD
Sin Ming Auto City
160 Sin Ming Drive #02-16 Singapore 575722 Tel: 6556 0103 (Main Line) Fax: 6556 1015
Email: kangauto@singnet.com.sg

TOP 100 SME SINGAPORE ELITE ENTERPRISE

M/S GOH JIN LIAN
BLK 357 TAMPINES
STREET 33 #08-60
SINGAPORE 520357

POLICY NO : THIRD PARTY CLAIMS
OUR REF : TP21/11/1157
VEHICLE NO : SMM3000H
MAKE/MODEL : AUDI
DATE OF ACCIDENT : 05.11.2021

1	PC	FRONT RH FENDER	S$	420.00
1	PC	FRONT RH FENDER BADGE		25.00
1	PC	FRONT RH TYRE RIM		250.00
			S$	695.00

TO APPLY RUST PROOFING ON REPLACED/REPAIRED PANEL	S$	80.00
TO PUTTY AND SPRAY PAINT		300.00
LABOUR CHARGES		200.00
	S$	1,275.00

SGD ONE THOUSAND TWO HUNDRED AND SEVENTY-FIVE ONLY.

Not Authorised
Repair &
Resurvey After Paint
2days

YOURS FAITHFULLY,

KANG AUTO ENGINEERING PTE LTD

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 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	06/11/2021 15:05 (SGT)
Date of Accident	05/11/2021 11:00 (SGT)
Exact Location of Accident	219 Lor 8 Toa Payoh, Block 219, Singapore 310219
Additional Location Information	Open Carpark
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM3000H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH JIN LIAN
NRIC No	SXXXX058C
Email Address	era.hazelgoh@gmail.com
Mobile Phone No	(Phone) +65-98366851
Alternative Phone No	+65-98366851

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Tt
Variant	2.0 TFSI
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	1984

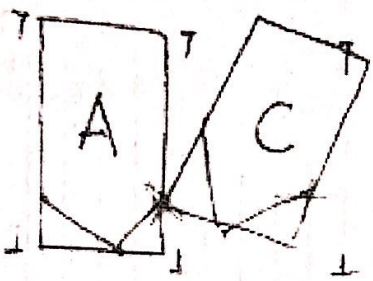
INSURANCE COMPANY

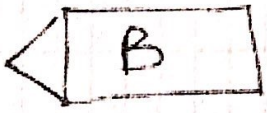
Name of Insurance Company	Aviva Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	10995975
Cover Note Number	NA

DRIVER

Name of Driver	GOH JIN LIAN
NRIC No	SXXXX058C

NEAR BLK 219
LOR. 8 TOA PAYOH
OPEN CARPARK.





A - SMM3000H
PARKED

B - SLH4279C

C - SLZ7658C
PARKED

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH

Policyholder's Signature
Date & Time:

6/11/21

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: