

ASS. REC. BY:

REF: EQ/210114291KVf3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/IVY

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SLH 4279C

Policy No. _____

Claims No. DM21HO01647/JT

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: 02 days Res.: Yes or No

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

CA / REV / REP. 1, 24 HRS

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

Veh No: Smm 30004r Regn: 08, 10

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

Truck / Trailer or _____

Make: Audi TT S c.c. 1984

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

Sp. Reading: 167179 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: TRU 228 8J9A 7017525

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD / V/Rlm or

Tyre Size: F: _____

R: 225/50R17

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

TOYO / YOKO or Gallex

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: Fnt / Rear / O/S / N/S / U/C / Rooftop or

N/S Fnt

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

Date / Time	Action / Instruction
10/11/21	Kenneth confirmed LS \$750 (Red 525, 41%)

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

1) : Final Report

Date/Time, File Return to? 2) 10/11/21-typist

Report Format: TP
Lump Sum H.B.I: (\$ 750)

Days Of Repair: 2

Resurvey No. of Trip: _____

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

Survey Fee:	_____
Transportation:	_____
S + RS:	_____
Fees:	_____
Others:	_____
TOTAL	_____

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

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
- 1 PC FRONT RH FENDER BADGE
- 1 PC FRONT RH TYRE RIM

	S\$	By	420.00	—
		Mr	25.00	—
Sen	Permy		250.00	8000
	S\$		<u>695.00</u>	

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

	S\$	301
		2200
		1800
	S\$	<u>1,275.00</u>

SGD ONE THOUSAND TWO HUNDRED AND SEVENTY-FIVE ONLY.

YOURS FAITHFULLY,

KANG AUTO ENGINEERING PTE LTD

*Not Withheld
L1 Rep &
Permy After Paint
2 days*

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	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.hazalgoh@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

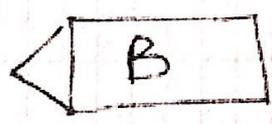
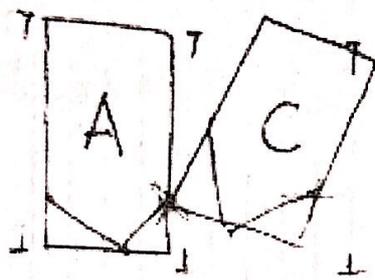
INSURANCE COMPANY

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

Policyholder's Signature
Date & Time

6/11/21

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

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

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