

ASS. REC. BY:

REF:

AG/ 21012793/kp

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. _____

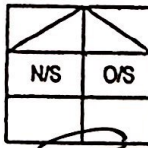
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 4-5 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKU 715E Yr Regn: 06, 15

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

Truck / Trailer or

Make: Mazda CX5 c.c. 1998Colour: M. Black A/C: Insured / Std / NI / NASp. Reading: 98723 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM 6KE1072G 0318833Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rlm / STD A/Rlm orTyre Size: F: 225/85R17

R: _____

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 16/12/21D.O.I. 20/12/2021

Survey held at _____

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

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 Trlp: _____

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

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

Report Format :

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

Not Notwork
 11 Rep &
 Recovery After Paint
 4-5 days



Ng Yong Li France
 25 Seraya Lane Seraya Ville
 Singapore 437292

File No : SH/2021/108/12/011/TP
 Date : 17-December-2021

Estimated cost of repair for vehicle no : SKU715E Mazda CX-5
 Accident involving vehicle no: SKU715E & GBH7835X on 16.12.2021

Description	Quantity	Cost Price
Tailgate <i>By ✓</i>		
Tailgate emblem <i>new</i>		
Tailgate badge "CX-5" <i>new</i>		
Tailgate badge "Skyactiv Technology" <i>new ✓</i>		
Tailgate wiper arm <i>new</i>		
Tailgate wiper motor <i>?</i>		
Tailgate centre moulding <i>way ✓</i>		
Tailgate inner lock <i>R X</i>		
Tailgate weatherstrip <i>new</i>		
Tailgate inner trim board <i>new</i>		
LH Tailgate inner tail lamp <i>new</i>		
Rear bumper <i>new ✓</i>		
Rear bumper reinforcement <i>?</i>		
RH Rear bumper parking sensors inner <i>?</i>		
LH Rear bumper parking sensors inner <i>?</i>		
Rear bumper lower moulding <i>new</i>		
Rear windscreen <i>cracked ✓</i>		
Rear windscreen moulding <i>new ✓</i>		
Rear end panel <i>R ?</i>		
Rear end panel top garnish <i>new</i>		
Rear windscreen sealant	1	S. nett \$ <i>new 80.00 40.00</i>
Rear windscreen inner rubber seal	1	S. nett \$ <i>new 28.00 ✓</i>
Rear number plate	1	S. nett \$ <i>By 45.00 ✓</i>
Rear windscreen solar film	1	S. nett \$ <i>new 280.00 120.00</i>
To remove and reinstall rear windscreen and conduct water leak test.		\$ 120.00 ✓
To remove rear damaged parts, to jack out rear end panel and rear floor panel and cut out body panel, to reshape and repair rear end panel, rear floor panel, rear body panel, to straighten out rear chassis member, to replace tailgate and adjust rear body and tailgate alignment		\$ 750.00 ?
To spray paint affected rear and inner damaged portion inclusive of preparatory works and material		\$ 750.00 <i>600</i>

To apply anti-corrosion Tuff-Kote

\$ 100.00 1

To disconnect wire harness to facilitate repairs and check for damage and reconnect wiring system and check for full functionality

\$ 25.00 2d

To perform computer diagnostic on drivetrain, ABS systems, parking system, headlamp systems, and clear fault codes.

\$ 150.00 1

\$ -

T/Party: AIG Asia Pacific Insurance 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 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 17/12/2021 16:08 (SGT)
Date of Accident 16/12/2021 18:10 (SGT)
Exact Location of Accident BKE, Singapore
Additional Location Information BKE to SLE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKU715E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Ng Yong Li France
NRIC No SXXXX370E
Email Address france74@gmail.com
Mobile Phone No (Phone) +65-96156397
Alternative Phone No (Home) +65-96156397

VEHICLE PARTICULARS

Manufacturer Mazda
Model Cx-5
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 AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA369136/1
Cover Note Number -

DRIVER

Name of Driver Vesonadan Vasu
NRIC No SXXXX784Z

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SKU 715 E

B - G8H 7835X