

ASS. REC. BY:

REF:

LPC/ 220001321K

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

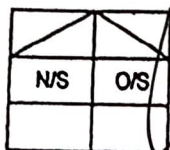
Excess:

(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:

04 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLQ 8098J Yr Regn: 04, 12

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

Truck / Trailer or

Make:

BMW 335i c.c.

Colour:

M. Red

A/C: Insured / Std / NI / NA

Sp. Reading

137053

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WBA 3A92030F 09557Z

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:

245/35R19

R:

275/30R19

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

19/12/21

D.O.I.

6/1/2022

Survey held at

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

o/s body

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

S + RS \$

Fees

Others

TOTAL

Report Format :

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

**H C AUTO PTE. LTD.**

160 Sin Ming Drive #05-09 Sin Ming Auto City Singapore 575722  
 TEL: 6457 0678 FAX: 6457 8287 Email: hcauto@singnet.com.sg  
 GST:200820153N RCB NO:200820153N

M/S : CASH SALE

*Not Ashamed*  
*11 Rp 8 ?*  
*Resurvey After Repair*  
*4 days*

Estimate No: ES2101368

Date: 21 Dec 2021

Policy No:

Veh Reg No: SLQ8098J

Make/Model: B.M.W. 335I AT 4DR SR  
ABS HID DSC NAV HUD

Chassis No: WBA3A92030F095577

Engine No: 06748016N55B30A

Reg. Date: 30/04/2012

Payment Term: NORMD

ATTN:

Your Ref No: -

Claim Type:

Accident Date:

**QUOTATION**

Description	U/Price	Quantity	List Price	Amount
			<u>S\$</u>	<u>S\$</u>
<b>Others</b>				
1 FRONT BUMPER	1,642.20	1 PC	<i>CM</i> 1,642.20	<i>✓</i>
2 FRONT BUMPER NOZZLE RH	161.45	1 PC	<i>my</i> 161.45	<i>✓</i>
3 FRONT BUMPER NOZZLE COVER	51.95	1 PC	<i>my</i> 51.95	<i>✓</i>
4 FRONT BUMPER SENSOR RH	371.20	1 PC	371.20	<i>✓</i>
5 HEAD LAMP RH	2,501.00	1 PC	<i>per</i> 2,501.00	<i>✓</i>
6 FRONT SIDE MIRROR RH	<i>per</i> 1,069.40	1 PC	<i>n</i> 1,069.40	<i>x</i>
7 LABOUR CHARGES FOR EXCHANGE PARTS AS ABOVE	980.00	1 JOB	980.00	<i>3000</i>
8 RE-SPRAY PAINTING FOR FRONT BUMPER, REAR DOOR RH, REAR FENDER RH & REAR BUMPER	980.00	1 JOB	980.00	<i>6600</i>
9 LABOUR CHARGE TO RESET FAULT CODE AND REPROGRAMMING FOR THE HEADLAMP	480.00	1 JOB	480.00	<i>1200</i>
			8,237.20	8,237.20
			Total	S\$ 8,237.20
			Add GST @ 7%	528.29
			Total Amount Payable	S\$ 8,765.49

TOTAL: SINGAPORE DOLLAR EIGHT THOUSAND SEVEN HUNDRED SIXTY FIVE AND CENTS FORTY NINE ONLY

For H C AUTO 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

AUTHORISED SIGNATURE

Acknowledged by Repairer

Signature:

Date:



## 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*[Signature]*

*[Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan

