

ASS. REQ. BY:

REF:

Smo/ 22000488/KV

Kenneth

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:

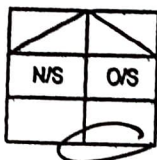
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

8108k

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

06 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:

STF 7530R

Yr Regn:

06.08

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

Truck / Trailer or

Make:

Honda

Civic

1998

Colour

M. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

336111

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

1502 - 1401286

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

235/40R18

R:

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

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

12/1/12

D.O.I.

14/1/2022

Survey held at

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

Rear O/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. 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: (\$

A T AUTO CONSULTANT

Blk 113 Tec Whse Lane #05-650 Singapore 680113
HP: 8386 8519 E/AIL: atautoconsultant@gmail.com
Co. Reg. No.: S3368526E

Date of Estimate: 13.01.2022
Vehicle No: SJF7530R
Owner: LEE KUN CHUNG
Date of Accident: 12.01.2022
Make & Model: HONDA CIVIC TYPE R FD2
Chassis No: FD2-1401286

Not with out
LPR &
Penny After Pain
6 days

ESTIMATE FOR ACCIDENT VEHICLE NOS SJF7530R

PARTS

1	2	Bootlid reflector RH/LH	@	\$378.00	ols kn	\$756.00	LT
2	1	Bootlid weatherstrip			oil kn	\$236.60	sol kn
3	2	Bootlid hinges RH/LH	@	\$78.40	n	\$156.80	X
4	2	Bootlid hinges cover	@	\$65.30	n	\$130.60	X
5	1	Bootlid lock			n	\$198.10	X
6	1	Rear bumper			R	\$1,089.00	✓
7	2	Rear bumper side brackets RH/LH	@	\$65.20	oil kn	\$130.40	LT
8	2	Tail lamp RH/LH	@	\$651.00	ols kn	\$1,302.00	LT
9	1	Rear end panel			R	\$563.00	✓
10	1	Rear end panel top garnish			n	\$178.00	✓
11	2	Rear chassis extender X 4 pcs LH/RH	@	\$198.20	n	\$396.40	X
12	1	Rear exhaust hook				\$56.20	?
13	1	Rear exhaust hook rubber				\$35.40	?
14	1	Exhaust heat shield rear				\$89.50	?
15	1	Rear fender RH(repair)				\$0.00	
SUB TOTAL						\$5,318.00	
LESS 20%						\$1,063.60	
DISCOUNTED SUB TOTAL						\$4,254.40	

S. NETT ITEM

1	1set	Rear bumper clips			n	\$60.00	✓
2	1set	rear reverse sensor			n	\$320.00	2000
3	1set	Bootlid spoiler mugen X 3 pcs			GMA	\$1,002.00	✓
4	1set	Rear bumper lower diffuser mugen X 3 pcs			n	\$968.00	✓
5	1	Bootlid carbon fiber Japan			CM	\$3,896.00	✓
6	1	Exhaust system(JC RACING)				\$3,985.00	?
SUB TOTAL						\$10,231.00	
LESS 0 %						\$0.00	
DISCOUNTED SUB TOTAL						\$10,231.00	

LABOUR

1	Panel beating for replace and repair affected parts					\$1,200.00	600
2	Spray painting on accident areas					\$900.00	800
3	Wiring charges					\$100.00	200
4	Re-alignment of rear chassis				n	\$300.00	X
5	Apply undercoating to above affected areas					\$300.00	300
6	Water leakage test after repair					\$120.00	200
SUB TOTAL (LABOUR)						\$2,920.00	

SUB TOTAL (LABOUR)

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- To be 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 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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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	13/01/2022 18:09 (SGT)
Date of Accident	12/01/2022 17:40 (SGT)
Exact Location of Accident	MacPherson Rd, Singapore
Additional Location Information	MACPHERSON ROAD TOWARDS CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJF7530R

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE KUN CHUNG
NRIC No	SXXXX634C
Email Address	ALVIN_LEE81@HOTMAIL.COM
Mobile Phone No	(Phone) +65-94358781
Alternative Phone No	(Home) +65-94358781

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	0

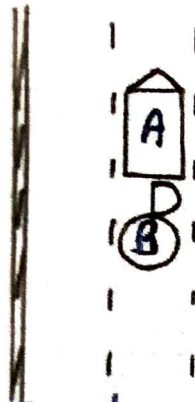
INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA355953/1
Cover Note Number	-

DRIVER

Name of Driver	LEE KUN CHUNG
NRIC No	SXXXX634C

SKETCH PLAN



Macpherson Road
Towards CTE

A-SJF753DR

B-FBM7206K

Date 12/01/2022

Time 1740

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time, I was driving Macpherson Road towards CTE.

As there was stationary vehicle in front, I followed to slow down and stopped.

Suddenly I felt an impact from the rear. It was a motor cycle that collided directly onto my rear.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

MAG