

ASS. REC. BY:

REF:

C72/ 220010761kg

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:

IDAC Accident Report:

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:

SK 89025C

Yr Regn:

02, 16

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

Truck / Trailer or

Make:

Mit ASPX

c.c

1998

Colour

M. Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

73864

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JMFXTGA2WFEC09102

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

Tyre Size:

F:

225/55R18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

d

mm

R/Bal.

d

mm

L/Bal.

d

mm

L/Bal.

d

mm

D.O.A.

24/1/22

D.O.I.

8/2/2022

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

/ Est not ready

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

TOTAL

Thiam Heng Huat Pte Ltd

176 Sin Ming Drive #05-14 Sin Ming Autocare Singapore 575721

Mobile: 82636295 Email: thiamhenghuat@gmail.com

Make/Model: MITSUBISHI ASX

Engine/Chassis No.: JMFXTGA2WFZC09102

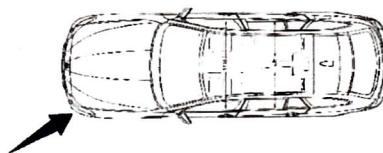
Date of accident:

Damaged area: N/S Front

Date: 07/02/2022

Claim Type: TP

VRN: SKZ9025C



List items				
S/N	Parts description	QTY	UNIT PRICE	AMOUNT
1	Bonnet	1	\$ 1,789.00	\$ 1,789.00
2	Bonnet lock	1	\$ 233.00	\$ 233.00
3	Bonnet hinge	2	\$ 84.00	\$ 168.00
4	Front bumper	1	\$ 1,139.00	\$ 1,139.00
5	Front bumper bracket	2	\$ 75.00	\$ 150.00
6	Front bumper side retainer	2	\$ 68.00	\$ 136.00
7	Front grille	1	\$ 634.00	\$ 634.00
8	Front grille "MITSUBISHI" logo	1	\$ 66.00	\$ 66.00
9	Front bumper lower grille	1	\$ 346.00	\$ 346.00
10	Front bumper reinforcement	1	\$ 598.00	\$ 598.00
11	Front bumper impact absorber	1	\$ 199.00	\$ 199.00
12	Front bumper beam	1	\$ 378.00	\$ 378.00
13	Front support panel top garnish	1	\$ 206.00	\$ 206.00
14	Front fender n/s	1	\$ 923.00	\$ 923.00
15	Front fender cowling n/s	1	\$ 288.00	\$ 288.00
16	Headlamp n/s	1	\$ 1,950.00	\$ 1,950.00
17	Headlamp lower bracket n/s	1	\$ 68.00	\$ 68.00
18	Front foglamp n/s	1	\$ 286.00	\$ 286.00
19	Front foglamp garnish n/s	1	\$ 128.00	\$ 128.00
20	Front DRL n/s	1	\$ 367.00	\$ 367.00
21	Front grille chrome garnish	2	\$ 98.00	\$ 196.00
22	Front fender arch garnish n/s	1	\$ 405.00	\$ 405.00
23	Front bumper upper weatherstrip	1	\$ 185.00	\$ 185.00
Subtotal				\$ 10,838.00
List discount				10.00%
Total				\$ 9,754.20

LKK Auto Consultants hereby notifies 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:

Repair Estimate

Special nett items				
No.	Parts description	QTY	UNIT PRICE	AMOUNT
1	Front bumper clips <i>nn</i>	12	\$ 4.50	\$ 54.00
2	Bonnet insulator clips <i>nn</i>	8	\$ 4.50	\$ 36.00
3	Front grille clips <i>nn</i>	6	\$ 4.50	\$ 27.00
4	Support panel top garnish clips <i>nn</i>	6	\$ 4.50	\$ 27.00
5	Front fender cowling n/s clips <i>nn</i>	8	\$ 4.50	\$ 36.00
6	Front fender arch garnish n/s clips <i>nn</i>	8	\$ 4.50	\$ 36.00
7	Sundries <i>nn</i>	1	\$ 50.00	\$ 50.00
Total				\$ 266.00

✓
X
X
X
X
✓
X

Labour			
No.	Description	Work unit	Amount
1	To dismantle / renew accident damaged portions. To panel beat, reshape, straighten, orientate and align repair / replacement parts.	6	\$ 1,200.00
2	To disconnect front wire harness of electrical component to facilitate repairs, reconnect and check functions including focusing headlamps.	0.25	\$ 50.00
3	Supply spray paint material and necessary items to respray affected area / panel.	5	\$ 1,000.00
4	To rust proof all affected portions after repair.	0.5	\$ 100.00
Total labour			\$ 2,350.00

400/-
200/-
600/-
300/-

Estimate Grand Total	\$ 12,370.20
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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	24/01/2022 21:51 (SGT)
Date of Accident	24/01/2022 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES AVE 10 TOWARDS BARTLEY RD EAST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ9025C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AW CHEE YONG (HU ZHIRONG)
NRIC No	S7808190B
Email Address	claimsbethlehemauto@gmail.com
Mobile Phone No	(Phone) +65-82229112
Alternative Phone No	+65-82229112

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Asx
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	2000

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPG21015259
Cover Note Number	31/12/2021 - 30/12/2022

DRIVER

Name of Driver	AW CHEE YONG (HU ZHIRONG)
NRIC No	S7808190B

SKETCH PLAN

SKETCH PLAN

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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.
- (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.

[Signature] 24/01/22

Policyholder's Signature / Date & Time

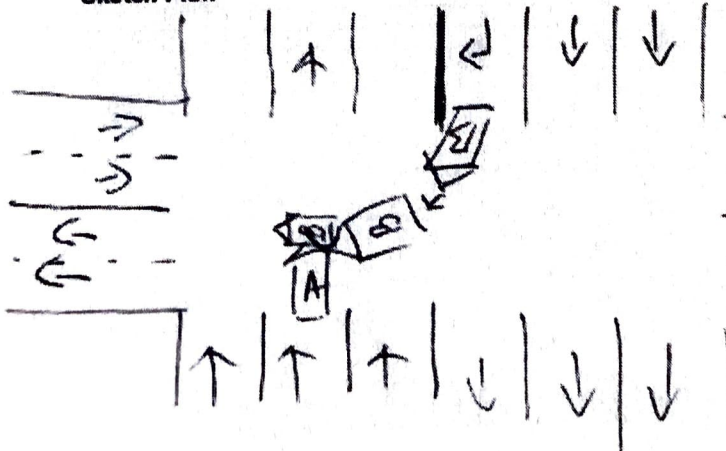
[Signature] 24/01/22

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

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) SK29025C

(B) SMU13728A

[Signature] 24/01/22