touchpad

ASS. REC. BY: Kenneth

REF: SMO/220021701kg

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Massive

of _____

Insured: _____

Policy No. _____

Claims No. _____

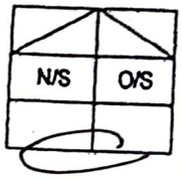
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: A 95/c

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 05 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: SNL 8671 T Yr Regn: 06 / 19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A) : Wagon

Make: Honda Fit c.c 1496

Colour M. Red A/C: Insured / Std / NI / NA

Sp.Reading 194796 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GB7 - 1087044

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 215/45ZR17

R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	6 mm
L/Bal.	8 mm	L/Bal.	6 mm
D.O.A.	5/3/22	D.O.I.	8/3/2022 12.35pm

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?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: $ + RS. SI

Parking

Others

TOTAL

Report Format :

Lump Sum / I.B.I: ($ _____)

Massive Trading & Auto

Blk 5038 #01-405 Ang Mo Kio Industrial PK 2 Singapore 569541
H/P 91082728 Fax : 64816131

Not Authorised L/Lug & Bearing After Paint 5 days

G LIMO
Blk 633A Punggol Dr
#02-675
Singapore 821633

Vehicle No : SML 8671 T
Make/Model : Honda Freed
Year : 2018

Qty	Description	Unit Price	Amount
	Estimate Cost Of Repair		
1 pc	Rear tail-gate assy		$1,311.70
1 pc	Rear tail-gate glass moulding		$118.20
1 pc	Rear tail-gate emblem " H "		$45.10
1 pc	Rear tail-gate emblem : Freed "		$50.20
1 pc	Rear tail-gate emblem " Hybrid "		$55.10
1 pc	Rear tail-gate outer chrome handle		$265.10
1 pc	Rear tail-gate inner lock		$285.60
1 pc	Rear tail-gate inner trim board		$485.90
2 pcs	Rear tail-gate lamp	$408.10	$816.20
2 pcs	Rear tail-lamp assy	$575.60	$1,151.20
2 pcs	Rear tail-lamp panel	$283.10	$566.20
1 pc	Rear windscreen wiper motor		$325.60
2 pcs	Rear fender inner trim board	$485.70	$971.40
2 pcs	Rear fender air vent	$175.10	$350.20
1 pc	Rear boot rubber		$265.70
1 pc	Rear end panel		$655.30
1 pc	Rear end panel inner garnish		$185.90
1 pc	Rear bumper		$1,196.30
2 pcs	Rear bumper top retainer	$45.10	$90.20
2 pcs	Rear bumper side retainer	$38.20	$76.40
2 pcs	Rear bumper reflector	$155.70	$311.40
1 pc	Rear o/s bumper reflector garnish		$135.80
1 pc	Rear bumper tow cover		$45.70
1 pc	Rear boot floor panel top cover board		$405.10
1 pc	Rear exhaust silencer		$687.10
			$10,852.60
		Less 20 %	$2,170.52
		balance c/f	$8,682.08

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:

touchpad wireless

A16-1

SML 8671 T

		balance b/f	$8,682.08

S Nett

1 pc	Rear tail-gate glass sealant		$40.00
1 pc	Rear reverse sensor		$200.00
20 pcs	Rear bumper clip	$3.00	$60.00
1 pc	Rear no plate		$45.00
			$345.00

1 pc Rear tail-gate edge lining - 80.00
1 pc Rear bumper lower garnish - 200.00

Labour Charges

Remove/renew the above parts including knocking, welding & cutting.		$1,200.00
To putty and spray paint		$1,200.00
Check & reconnect wiring.		$45.00
To respray anti-rust proofing treatment		$120.00
Remove/refit rear windscreen to facilitate repair		$100.00
Remove/refit rear tail-gate mechanism to new door.		$150.00
Remove/renew rear exhaust silencer.		$120.00
Remove/refit rear boot upholstery to facilitate repair.		$100.00
	Total	$12,062.08

Your NCD will be affected due to late reporting

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 witholding 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	08/03/2022 09:10 (SGT)
Date of Accident	05/03/2022 22:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	IRWELL BANK RD TWDS KIM SENG RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML8671T

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	G.LIMO
Company Reg No	5XXXX563K
Email Address	razirossi46@gmail.com
Mobile Phone No	(Phone) +65-94998561
Alternative Phone No	+65-94998561

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210111217
Cover Note Number	-

DRIVER

Name of Driver	GHAZI AMIN
NRIC No	SXXXX559G

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' 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
		08/03/22

Sketch Plan