ASS. REC. BY: Kenneth

REF: LPC/ 22003102/kq

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Kien Cheng

of 9 S/M

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.

N/S	O/S

Bal. or Market Value: _____

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: 04/24 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJQ 5125H Yr Regn: 05, 09

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

Make: Hyundai Avante c.c 1591

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

Sp.Reading 373023 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHDU41BR9U761850

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: GY 195/65R15

R: Yoko

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

Front		Rear	
R/Bal.	3 mm	R/Bal.	6 mm
L/Bal.	3 mm	L/Bal.	6 mm
D.O.A.	8/3/22	D.O.I.	25/4/2022

Survey held at _____

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

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: ___S + RS. ___SI

Others

TOTAL

Report Format :

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

Kc

KIEN CHEONG AUTOMOTIVE

BLK 9 SIN MING INDUSTRIAL ESTATE SECTOR C
#01-26 SINGAPORE 575644
H/P : 8125 9406 FAX : 64550902

Not Workshop
C/Exp &
Recovery after Paint
5days

The Motor Claims Dept.
Lonpac Insurance Bhd
(LKK)

DATE : 25/4/2022
VEHICLE NO : SLQ 5125H
MAKE/MODEL : Hyundai Avante
ACC DATE : 8/3/2022

ESTIMATE

Page . 1 .

S/N	PC	List Items	AMOUNT S$
1	1	Rear LH Door	1,837.70
2	1	Rear LH door frame sticker	24.00
3	1	Rear LH door outer handle	57.30
4	1	Rear LH door glass w/strip	127.10
5	1	Rear LH door w/strip	183.70
6	1	Rear RH door requlator motor	246.10
7	1	Rear RH door glass gear	253.60
8	1	Rear LH fender	1,806.70
9	1	Rear LH fender inner shield	31.00
10	1	Front LH door	1,616.10
11	1	Front LH door mirror	309.30
12	1	Front LH door glass w/strp	125.70
13	1	Front LH door outer handle	57.30
14	1	Front LH door frame sticker	24.00
15	1	LH rocker panel	700.90
16	1	LH side skirt	530.20
17	1	Front LH fender	521.20
18	1	Front LH windscreen pillar	1,496.40
			9,948.30
		Lrss20%	(1,989.66)
			7,958.64
		Special Items	
1	1	Rear LH fender inner shield clips (1set)	20.00
2	1	Front LH fender inner shield clips (1set)	20.00
3	1	Rear LH tyre rim	350.00
			390.00
		Labour Charges	
1		Wheel Alignment	100.00
2		To check up electrical wiring	80.00
3		Anti rust	150.00
4		To remove , refix door mechanisms	200.00
5		To respray painting & etc	1,200.00
6		Panel beat, remove and replacing above parts	1,800.00
			3,530.00
		Total amount	**11,878.64**

(S/D/s : Eleven Thousand Eight Hundred seventy-eight and cents Sixty-four only)

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:

KIEN CHEONG AUTOMOTIVE

SC1R22390003 / City Auto Pte Ltd
ENTRY DATE & TIME: 09/03/2022 15:19 (SGT)
SUBMITTED BY: Jason Quak
VERSION: 1 (09/03/2022 15:19 (SGT))

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	09/03/2022 15:19 (SGT)
Date of Accident	08/03/2022 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LORNIE HIGHWAY TOWARD PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ5125H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MAH SINGH S/O IND SINGH
NRIC No	SXXXX622F
Email Address	MAHSUROPADDA@GMAIL.COM
Mobile Phone No	(Phone) +65-91011286
Alternative Phone No	+65-91011286

VEHICLE PARTICULARS

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

INSURANCE COMPANY

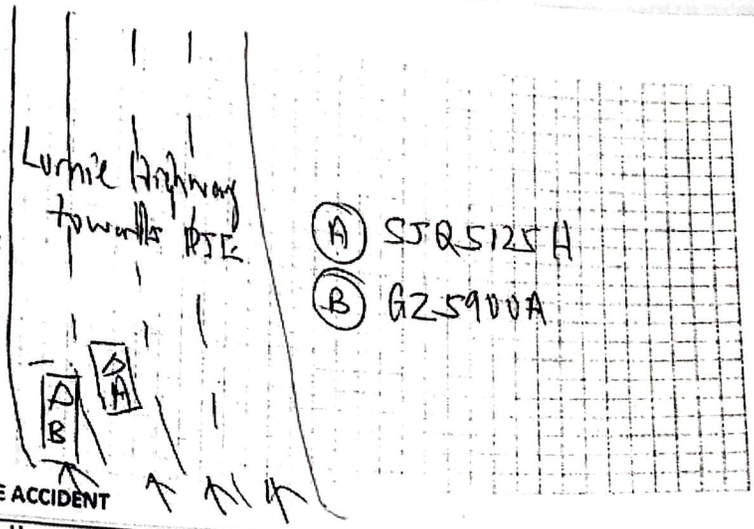
Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117349153-01
Cover Note Number	-

DRIVER

Name of Driver	MAH SINGH S/O IND SINGH
NRIC No	SXXXX622F

PLAN #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle (A) was travelling along Lornie Highway towards PIE direction with one lucky passenger. Suddenly, vehicle (B) hit into my left and we exchange our particular while we stopped at the road side.

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) Date & Time:	CITY AUTO PTE LTD Blk 8 Sin Ming Road #01-58/60/62 Sin Ming Ind Est Singapore 575643 Tel: 6453 1235 Fax: 6453 7944 (Claims Section) Reporting Centre Personnel's Signature Name: NRIC/FIN No.: