

ASS. REC. BY:

Asny 22003138/Ke

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s Autowork

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.

N/S	O/S

Bal. or Market Value: \$106k

IDAC Accident Rport: _____ Consistent?: Yes or No

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

Est. Repairs: 09 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SIX 4641E Yr Regn: 03, 18

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

Truck / Trailer or CA Wagen

Make: Toy Rev 4 c.c. 1987

Colour: M. Gray A/C: Insured / Std / Nil / NA

Sp. Reading: 79535 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: JTMOE REV 500120235

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: _____ R: _____

225/65R17

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

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 4/14/22 D.O.I. 7/4/2022

Survey held at _____ 11.25am

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

N/S/N

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

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prell. Report

Days Of Repair: _____

1) _____
Date/Time, File Return to?

: Final Report

Resurvey No. of Trip: _____

2) _____

Add Fee: : Site Insp (\$ _____)

Survey Fee:

Transportation:

S - RS. \$ _____ SI

Fees

Others

Report Format :

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

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

TOTAL

AUTOWORX HOUSE

176 SIN MING DRIVE #02-01 SINGAPORE 575721

TEL: 6452 8211 FAX: 6451 7420

Not Authorised
Penny Blyden
4 days

ESTIMATE

WINNIE PANG SENG KHENG

c/o 46 Lentor Plain
Singapore 786548

Date: 07/04/2022

QUANTITY	PARTICULARS	AMOUNT (\$)
	RE : TOYOTA RAV 4 / SLX 4641 E	
1 pc	front head lamp	Sum 2,967.10 X
1 pc	front bumper	Sum 1,363.23 ✓
1 pc	front bumper side retainer (LH)	101 86.70 ✓
1 pc	front bumper lower pad	60 477.30 ✓
1 pc	front fender (LH)	49 978.40 ✓
1 pc	front fender arch protector (LH)	100 294.70 ✓
1 pc	front knuckle arm	577.60 ?
1 pc	front lower arm	476.40 ?
1 pc	front steering tied rod	Sum 227.10 X
1 pc	front steering tied rod end	Sum 239.00 X
1 pc	front wheel bearing	341.50 ?
		Sub-total 5,061.93
		Less 25% 1,265.48
		Sub-total 3,796.45
1 pc	alloy rim P.?	100 680.00 ✓
	To remove and replace all the parts mentioned above, knocking and straighten up the necessary affected areas.	400 2,400.00
	To check wiring system.	20 50.00
	To spray painting on affected areas.	400 600.00
	To change alloy rim and balance wheel.	20 40.00
	To check wheel alignment.(4 wheel)	60 85.00
	To replace undercarriage parts and machine press wheel bearing.	260.00 ?
	Total	7,911.45

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:

Sub-total
Less 25%
Sub-total

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 willful 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 05/04/2022 11:36 (SGT)
Date of Accident 04/04/2022 12:15 (SGT)
Exact Location of Accident Anson Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLX4641E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WINNIE PANG SENG KHENG
NRIC No SXXXX454B
Email Address allankks@yahoo.com
Mobile Phone No (Phone) +65-96406486
Alternative Phone No +65-96275170

VEHICLE PARTICULARS

Manufacturer Toyota
Model RAV4 PREMIUM CVT
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 1987

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number A 300548690 AT2
Cover Note Number -

DRIVER

Name of Driver KOH KIM SENG
NRIC No SXXXX883B

IMPORTANT NOTICE

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.
- (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.



[Signature] 4/4/22 4:10pm

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Anson Road

Keppel Road

