

ASS. REC. BY:

REF: *ASN / 22003202* / Kvy3*Kenneth*

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s _____ *Kien Cheung*of 9 01-26Insured: SH 9251R *LF1B*

Policy No. _____

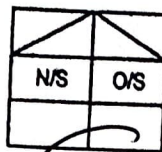
Claims No. S2M03XWE

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: 820K

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 2-4 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 09/24 Person Contacted: *Kelly* Vehicle: IN / OUTVeh No: *SKU 8860R* Yr Regn: 10, 08Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or A1Make: *Hyundai* i30 C.C. 1591Colour: M. Grey A/C: Insured / Std / NI / NASp. Reading: 163088 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *KMHDC51DR94187939*Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / B/Rlm / STD A/Rlm orTyre Size: F: 195/55R17R: mic

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

TOYO / YOKO or

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 5/4/22

Survey held at

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

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

Date / Time

Action / Instruction

25/4/22

Kenneth informed LS \$1500 (Red 4688.85, 75%)

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 25/4/22-typist

Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation

S + RS. SI

Fines

Others

TOTAL

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Report Format: TP

Lump Sum /+B.I: (\$ 1500

KIEN CHEONG AUTOMOTIVE

BLK 9 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-26 SINGAPORE 575644

H/P : 8125 9406 FAX : 64550902

The Motor Claims Dept.

AXA Insurance

(~~Insurance~~) *Ukk*

Not Notarised

11/10/22

Sherry Ate Tan

DATE : 11/04/2022

VEHICLE NO : SKU 8860R

MAKE/MODEL : Hyundai I30

ACC DATE : 05/04/2022

ESTIMATE

S/N	PC	List Items	Page . 1 .	AMOUNT S\$	
1	1	Rear bumper		489.30	✓
2	1	Rear bumper reinforcement		275.00	?
3	2	Rear bumper retainer @\$27.80		55.60	x
4	2	Rear Bumper side garnish @\$35.20		181.60	x
5	1	Rear bumper below garnish		78.00	?
6	1	Rear bumper towing cover		43.50	x
7	1	Rear Tailgate		2,045.70	x
8	1	Rear tailgate lock		166.80	x
9	1	Rear Tailgate inner garnish		240.20	x
10	1	Rear end panel		599.30	?
11	1	Rear end panel top garnish		30.20	?
12	1	Rear tail gate w/strip		84.40	x
				4,289.60	
				(852.82)	
				3,411.28	

Less 20%

Special Items

1	1	Rear bumper clip (1 set)	30.00	—
2	1	Rear number plate with casing	50.00	455m
3	1	Rear reverse sensor	200.00	?
3	1	Rear reverse camera	250.00	*. ?
4	2	Rear number plate light	50.00	*
			580.00	

Labour Charges

1	To check up electrical wiring	100.00	15L
2	To remove and refix reverse camera	120.00	x
4	To respray painting & etc	800.00	?
5	Panel beat, remove and replacing above parts	1,000.00	?
		2,020.00	

6,011.25

(S/DIs : Six thousand Eleven and cents twenty-eight only)



LKK Auto Consumers 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:

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	05/04/2022 16:36 (SGT)
Date of Accident	05/04/2022 06:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE TOWARDS KJE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU8860R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RAMALINGAM VINAYAGAM
NRIC No	S7568171B
Email Address	GRVINA76@GMAIL.COM
Mobile Phone No	(Phone) +65-83423790
Alternative Phone No	+65-83423790

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I30
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	1600

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA561200/1
Cover Note Number	-

DRIVER

Name of Driver	RAMALINGAM VINAYAGAM
NRIC No	S7568171B

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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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:

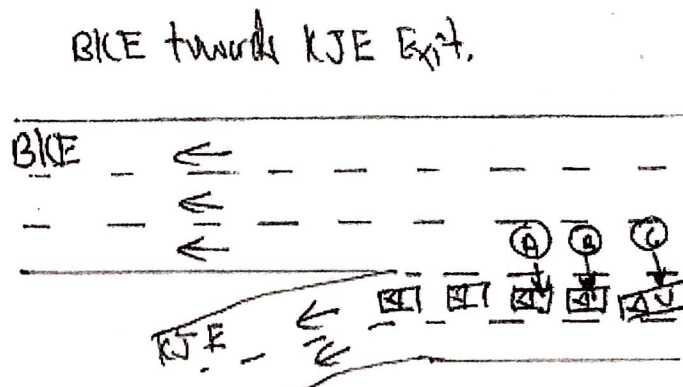
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

CR Vigning / 05/04/22
Policyholder's Signature / Date & Time

CR Vigning / 05/04/22
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



- ① SKU 886DR
- ② SH9251R
- ③ YQ751E