

ASS. REC. BY:

REF: *ASN / 22003202**Kenneth*

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of *9* *01-26* *Kien Cheang*Insured: _____ *LFIB*

Policy No. _____

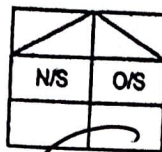
Claims No. _____

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: *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: *Vehicle: IN / OUT*Veh No: *SKU 8860R* Yr Regn: *10, 08*Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: *Hyundai* *130* C.C. *1591*Colour: *M. Grey* A/C: Insured / Std / NI / NASp. Reading: *163088* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *KM4DC51DR94187939*Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModl: *NII* / *5/Rlm* / STD A/Rlm orTyre Size: F: *175/65R17*R: *mic*

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. *3* mm R/Bal. *3* mmL/Bal. *3* mm L/Bal. *3* mmD.O.A. *5/4/22* D.O.I. *11/4/2022*

Survey held at _____

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee: _____

Transportation: _____

S + RS. SI _____

Fees _____

Others _____

TOTAL

Report Format :

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

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		<i>But not</i> 489.30 ✓
2	1	Rear bumper reinforcement		275.00 ?
3	2	Rear bumper retainer @\$27.80		<i>Ln</i> 55.60 X
4	2	Rear Bumper side garnish @\$35.20		<i>Ln</i> 181.60 X
5	1	Rear bumper below garnish		78.00 ?
6	1	Rear bumper towing cover		<i>Ln</i> 43.50 X
7	1	Rear Tailgate		<i>Ln</i> 2,045.70 X
8	1	Rear tailgate lock		<i>Ln</i> 166.80 X
9	1	Rear Tailgate inner garnish		<i>Ln</i> 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		<i>Ln</i> 84.40 X
				4,289.60
				Less 20% (852.82)
				3,411.28

Special Items

1	1	Rear bumper clip (1 set)	30.00	—
2	1	Rear number plate with casing	50.00	455n
3	1	Rear reverse sensor	200.00	?
3	1	Rear reverse camera	250.00	* ?
4	2	Rear number plate light	50.00	*
			<hr/>	
			580.00	

Labour Charges

1	To check up electrical wiring	<i>Ln</i> 100.00 <i>13L</i>
2	To remove and refix reverse camera	<i>Ln</i> 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 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

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.
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.
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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:

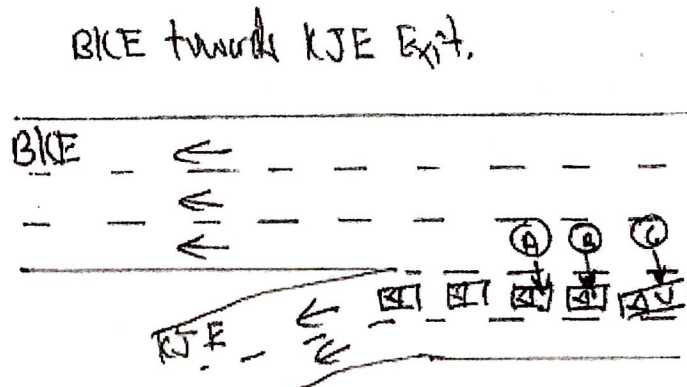
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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