

ASS. REC. BY:

REF:

ASM/ 22003519/Kgc

C

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

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:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

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:

SLB 5518

Yr Regn:

03, 16

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

Truck / Trailer or

Make:

Mazda

c.c

2488

Colour

M. Gray

A/C:

Insured / Std / NI / NA

Sp. Reading

210245

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JMGJ10326 0231193

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:

225/45R19

R:

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

Front

Rear

R/Bal.

4

mm

R/Bal.

2

mm

L/Bal.

4

mm

L/Bal.

2

mm

D.O.A.

15/4/22

D.O.I.

19/4/2022

Survey held at

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

o/s body

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

Date / Time

Action / Instruction

12/5 6/10pm @ 74000 Cerkw 16/6/22 (Red 812096.72, 627.)

21/6/22 @ 4.29pm revised to Devick aug via Smart Claims.

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

10

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format:

Smart Claims - TP

Lump Sum / I.B.I. (\$

7400

KIEN CHEONG AUTOMOTIVE

BLK 9 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-26 SINGAPORE 575644

H/P : 8125 9406 FAX : 64550902

Not Authorized
11 Sep @ 7400h
Refusing After Paint
10 days

The Motor Claims Dept.

AXA Insurance
(LKK)

DATE : 19/04/2022
VEHICLE NO : SLB 551Z
MAKE/MODEL : Mazda 6
ACC DATE : 15/04/2022

ESTIMATE

S/N	PC	List Items	Page . 1 .	AMOUNT SS
1	1	Rear bumper		1,267.00 X
2	1	Rear bumper towing cover		25.00 ✓
3	1	Rear exhaust pipe (center)		1,258.00 X
4	1	Rear exhaust silencer 1582.		1,665.00 ✓
5	1	Rear exhaust heat plate		58.00 X
6	1	Rear exhaust gasket		36.00 ✓
7	4	Rear exhaust mounting @\$45.00		180.00 ✓
8	1	Rear RH shock absorber		239.00 ✓
9	1	Rear RH wheel bearing 231		481.00 ✓
10	1	Rear RH lower arm 233.60		279.00 ✓
11	1	Rear RH knuckle 482		632.00 ✓
12	1	Rear RH control arm 351.20		438.00 ✓
13	1	Rear RH door 1150		1,313.00 ✓
14	2	Rear RH door hinges @\$52.00		104.00 ✓
15	1	Rear RH door W/strip		169.00 84.50sn rd/wt 502sn
16	1	Rear RH door regulator motor		187.00 ✓
17	1	Rear RH door regulator gear		165.00 ✓
18	1	Rear RH door inner trim		790.00 X
19	1	Rear RH door glass w/strip		84.00 X
20	1	Rear RH door inner lock		385.00 X
21	1	Rear RH door outer handle		64.00 X
22	1	Front RH door		983.00 ✓
23	2	Front RH door hinges @\$52.00		104.00 X
24	1	Front RH door w/strip		91.00 X
25	1	Front RH door regulator motor		187.00 X
26	1	Front RH door regulator gear		134.00 X
27	1	Front RH door inner trim		1,217.00 X
28	1	Front RH door glass w/strip		108.50 54.25sn wt 502sn
29	1	Front RH door inner lock		385.00 X
30	1	Front RH door outer handle		224.00 X
31	1	RH door rocker panel cum center pillar 1280		1,523.00 ✓
				14,775.50
Less 15%				(2,216.33)
				12,559.17

208

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
(LKK)

DATE : 19/04/2022
VEHICLE NO : SLB 551Z
MAKE/MODEL : Mazda 6
ACC DATE : 15/04/2022

ESTIMATE

S/N PC Special Items Page . 2 . AMOUNT S\$

1	1	Rear bumper clip (1 set)	nn 30.00 X
2	1	Rear door inner trim clip (1 set)	nn 50.00 X
3	1	Front door inner trim clip (1 set)	nn 50.00 X
			<hr/> 130.00

Labour Charges

1	To check up electrical wiring	150.00 300
2	To dismantle and refix under carriage	250.00 760
3	To dismantle and refix door mechanisms	300.00 120
4	To apply anti rust	120.00 90
5	To dismantle and refix exhaust	280.00 80
6	To respray painting & etc	1,600.00 1000
7	Panel beat, remove and replacing above parts	1000 2,500.00 200
		<hr/> 5,200.00

Total Repair Cost

17,889.17

(S/DIs : Seventeen thousand Eight hundred eighty-nine and cents seventeen 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:

BLK 9 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-26 SINGAPORE 575644

H/P : 8125 9406 FAX : 64550902

The Motor Claims Dept.
AXA Insurance
(LKK)

DATE : 19/4/2022
VEHICLE NO : SLB 551Z
MAKE/MODEL : Mazda 6
ACC DATE : 15/4/2022

SUPPLEMENTARY ESTIMATE

S/N	PC	List Items	Page . 1.	AMOUNT S\$
1	1	Rear RH trailing <i>245</i>		<i>nit</i> \$259.00 ✓
2	1	Rear RH door rocker panel cover		<i>nit</i> \$46.00 —
3	1	Rear RH door rocker uner guard		<i>nit</i> \$198.00 ✓
				\$503.00
			Less 15% <i>20%</i>	-75.45
				427.55
		<u>Special items :</u>		
1	1	Rear RH rim		<i>nit</i> 400.00 <i>300.00</i>
2	1	Door sticket - chassis no and tyre detail		<i>nit</i> 280.00
		<u>Labour Charge</u>		
1		To dismantle and refix rear and front car seat		<i>100d</i> 300.00
2		Wheel alignment		120.00 <i>60d</i>
3		To remove and refix tyre rim		80.00 <i>20d</i>





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	16/04/2022 11:58 (SGT)
Date of Accident	15/04/2022 01:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YIO CHU KANG / ANG MO KIO AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB551Z
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIM TSE CHYE
NRIC No	S1533234D
Email Address	agnesyuen800@gmail.com
Mobile Phone No	(Phone) +65-98621842
Alternative Phone No	+65-98621842

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
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	2000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5126134339
Cover Note Number	-

DRIVER

Name of Driver	SIM TSE CHYE
NRIC No	S1533234D



Date Of Birth	03/01/1962
Occupation	Indoor
Date Of Driving Pass	09/07/1985
Driving experience	36 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98621842
Alt. Phone Number	+65-98621842
Email Address	agnesyuen800@gmail.com
Address	APT BLK 964 HOUGANG AVENUE 9 #15-670
Address complement	-
Postcode	530964
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MR. TAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO FOOTAGE WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8233G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
Name of Driver	CHUA KIAT SIONG
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT 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 lodgment 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:

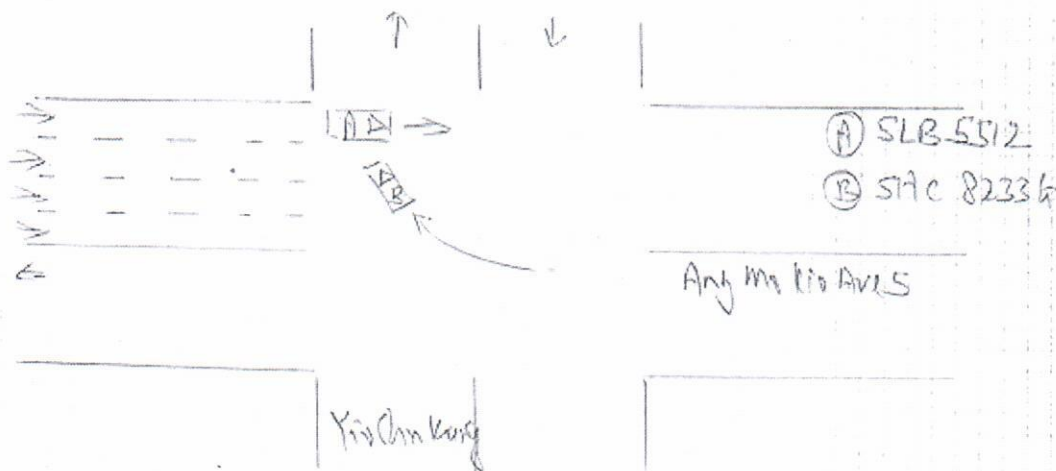
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

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
#01-58/60/61 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1236 Fax: 6453 7944
Reporting Centre (Claims Settlement)
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Yio Chu Kang with one passenger. Green traffic light in our favour, so I continue my journey. Suddenly the vehicle (B) dash out and hit into my vehicle (A). Due to the strong impact, my vehicle (A) spun and stopped at the opposite of the traffic.

(Note: I not sure any passengers in vehicle B)

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

CITY AUTO PTE LTD
814 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1285 Fax: 6453 7944
(Claims Section)