

ASS. REC. BY:

REF:

C72/22003704/kg

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:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.I.

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

Report Format :

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



# CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE #01-60/62, SIN MING ROAD, SINGAPORE 575643  
TEL: 6453 1235, 6452 0850 FAX: 6453 7944  
24hrs Towing Services Tel 9823 9898  
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

CHINA TAIPING INSURANCE (S) PTE LTD

NO. 3  
ANSON RD  
SPRINGLEAF TOWER  
SINGAPORE 079909

Contact : -

Fax No. : 62247175

Estimate : QUOT202204-000725(00)

Date : 21/04/2022

Vehicle No. : SGR2968S

Make/Model : MAZDA MAZDA3 4DR 1.5 AT  
M-HYBRID CLASSIC

Mileage (km) : 0

Chassis No. : JM6BP2SAAM1107326

Accident Date : 18/04/2022 00:00:00

Claim No. : SLF9162H

Reference : JO202204-0947

Policy No. : 5126405299

S/No	Particular	Quantity	Unit Price	Amount S\$
<b>LIST ITEMS :</b>				
1	RH front fender	1.0	416.00	416.00
2	RH front fender inner shield	1.0	74.00	74.00
3	RH front headlamp	1.0	2,076.00	2,076.00
4	RH front headlamp chrome	1.0	298.00	298.00
5	Front bumper	1.0	867.00	867.00
6	Front bumper retainer	1.0	28.00	28.00
7	Wiper spare tank	1.0	82.00	82.00
8	Radiator spare tank	1.0	86.00	86.00
9	Radiator spare tank bracket	1.0	21.00	21.00
10	Support panel	1.0	1,021.00	1,021.00
List Total :				4,969.00
20% Discount S\$				993.80
				3,975.20

## LABOUR :

-To knock jackout damaged parts, panel beating, welding, align, refix and to renew accident parts

- Spray painting on affected & replace parts

1.0 450.00 450.00

1.0 650.00 650.00

1,100.00

**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:

Total S\$: 5,075.20

GST 7% S\$: 355.26

Amount Due S\$: 5,430.46



## 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	18/04/2022 16:20 (SGT)
Date of Accident	18/04/2022 06:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	23 COCO PALMS CONDO EXIT NEAR SECURITY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SGR2968S

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN LYE PENG (CHEN LAIPING)
NRIC No	SXXXX872E
Email Address	alberthanlp@yahoo.com.sg
Mobile Phone No	(Phone) +65-90693387
Alternative Phone No	+65-90693387

#### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1496

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5126405299
Cover Note Number	-

#### DRIVER

Name of Driver	TAN LYE PENG (CHEN LAIPING)
NRIC No	SXXXX872E

## 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 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. 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 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.

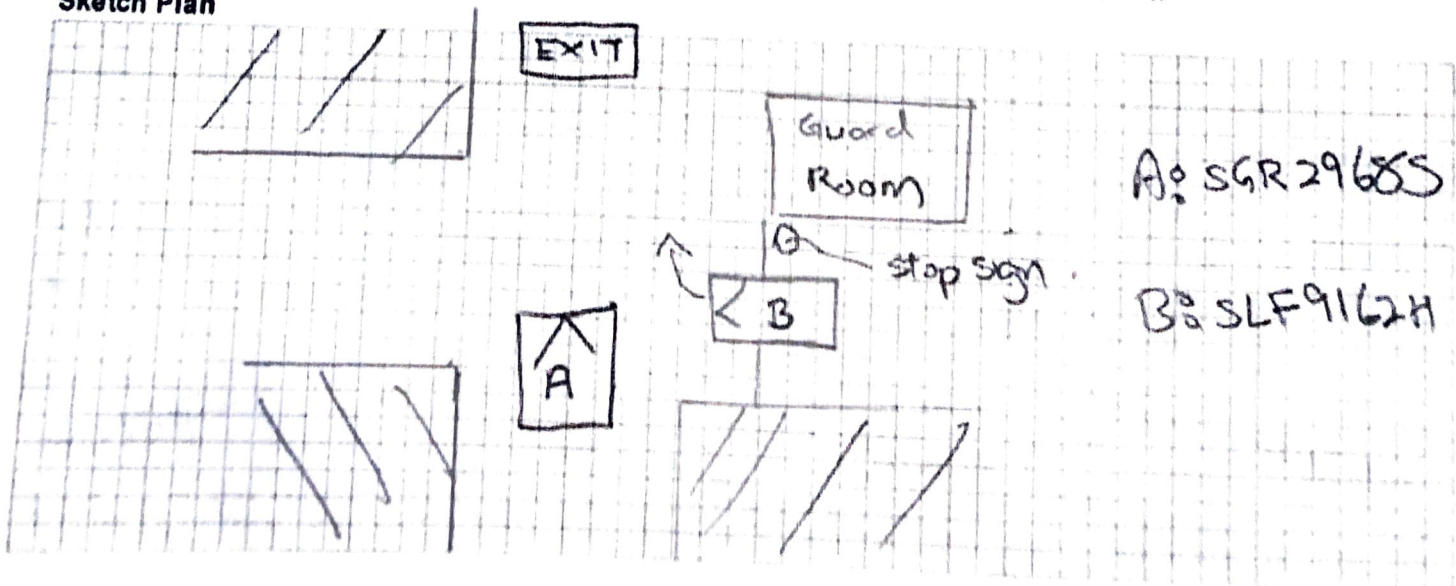
Policyholder's Signature / Date & Time

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 1233 Fax: 6453 7944  
(Claims Section)

Witnessed by Reporting Centre Personnel

### Sketch Plan



A: SGR 29685

B: SLF 9162H