ASS. REC. BY: Kenneth

REF: MSIG / 220041581K VC

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Autoworx

of _____

Insured: S 999T

Policy No. 1001778311

Claims No. 273609

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: $60k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 04 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: SLF 7038P Yr Regn: 09, 16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or CA

Make: Mazda 3 c.c 1496

Colour M. Grey A/C: Insured / Std / NI / NA

Sp.Reading 371408 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6BM42A8G0346707

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: KPatos 205/60R16

R: Turnado

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	6 mm
L/Bal.	8 mm	L/Bal.	6 mm
D.O.A.	28/4/22	D.O.I.	18/5/2022

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
8/9/22	LS $3100 (Red 5411.63, 63%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 8/9/22-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ - RS. _____ St

Parking _____

Others _____

TOTAL _____

Report Format : Merimen

Lump Sum / ~~I.B.I~~: ($ 3100

AUTOWORX HOUSE

176 SIN MING DRIVE #02-01 SINGAPORE 575721
TEL: 6452 8211 FAX: 6451 7420

NOT authorise
L/Sup &
Rearview After Paint
6 days

ESTIMATE

MCQUEEN RENTALS PTE LTD
c/o 46 Lentor Plain
Singapore 786548

Date: 17/5/2022

QUANTITY	PARTICULARS		AMOUNT ($)
	RE: MAZDA 3 / SLF 7058 P		
1 pc	rear boot lid		Rn 986.30
1 pc	rear boot ' LOGO "		Rn 82.60
1 pc	rear boot emblem " MAZDA 3 "		Rn 63.80
1 pc	rear boot emblem "SKYACTIVE TECHNOLOGY"		Rn 75.60
1 pc	rear boot lock		Rn 291.30
1 pc	rear boot weatherstrip		Sn 326.80
2 pcs	rear boot lamp	@ 496.80	Sn 993.60
2 pcs	rear tail lamp assy	@ 568.40	Sn 1,136.80
1 pc	rear bumper reinforcement		583.20
1 pc	rear bumper		Rn 1,178.50
1 pc	rear bumper tow cover		Sn 63.70
2 pcs	rear bumper reflector	@ 213.90	Sn 427.80
1 pc	end panel garnish		CM 328.60
1 pc	end panel		R 769.20
		Sub-total	7,307.80
		Less 15%	1,096.17
		Sub-total	6,211.63
			2 coats
set	reverse sensor	s.nett	Rel 250.00
		Sub-total	6,461.63

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:

	balance brought forwards.		6,461.63
	To remove and replace all the parts mentioned above, knocking and straighten up the necessary affected areas.	500/	850.00
	To install reverse sensor.	5a/	100.00
	To check wiring system.	15/	50.00
	To apply putty and spray painting on affected areas.	60a/	850.00
	To apply waterproof sealant on affected areas.	nn	100.00 X
	To apply rust proofing on affected areas.	3a/	100.00
		Total	8,511.63

SF0F224S0006 / FALCON-AIR AUTO SERVICES PTE LTD [575721]
ENTRY DATE & TIME: 28/04/2022 17:27 (SGT)
SUBMITTED BY: Florence Loh
VERSION: 1 (28/04/2022 17:27 (SGT))

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 witholding 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	28/04/2022 17:27 (SGT)
Date of Accident	28/04/2022 10:17 (SGT)
Exact Location of Accident	Shelford Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF7058P

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MCQUEEN RENTALS PTE LTD
Company Reg No	2XXXXX605G
Email Address	ask@mcqueenrentals.com
Mobile Phone No	(Phone) +65-88585551
Alternative Phone No	+65-88585551

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3 4-DOOR SEDAN 1.5L SP.6EAT
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 hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5115168776-02
Cover Note Number	-

DRIVER

Name of Driver	XIAO LIANGHAI
NRIC No	SXXXX508H

PL

SKETCH PLAN

IMPORTANT NOTICE

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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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan