

ASS. REC. BY: Taufik

REF: CS/CT1 22004423/Tgy3.

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. SNM22D203180/C02
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

(Policy Condition)

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: 7104K
IDAC Accident Rpt: _____ Consistent?: Yes or No
GIA / PR Seen: _____ Consistent?: Yes or No
Est. Repairs: 3 days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS wp
Date: _____ Person Contacted: Paul Vehicle: IN / OUT

Veh No: SLF8836D Yr Regn: 2018 July
Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Infiniti Q50 C.C. 1991
Colour: Black A/C: Insured / Std / NI / NA
Sp. Reading: 47237 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JW1BCA V37 2057 0085
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or _____
Brake: Inorder / Jammed / Leaked / Burnt or _____
Modi: Nil / SRim / STD A/Rim or _____
Tyre Size: F: 255/40R19
R: 255/40R19
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____
Front R/Bal. 6 mm Rear R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.I. 4/7/22
Survey held at Weavers
Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or _____

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

Date / Time	Action / Instruction
	Taufikh finalised final fig \$3003.94, 3 days. (Red \$3592.26, 54%)

Date/Time, File Pass to? ☐ : Prell. Report
1) 18/07 Typist ☐ : Final Report

Date/Time, File Return to?
2) _____

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

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

Survey Fee: _____
Transportation: _____
S + RS. SI. _____
Photos _____
Others _____
TOTAL _____

Report Format: MER-TP
3003.94

SERVICE ESTIMATE

- C00001 SL: SERVICE SALES - PC

Mr Ng Han Hien Dennis
88 Hillview Ave
#07-03

Singapore 669590

Closed by : Paul Ong Qing Yong
Svc Consultant :
Remarks : Mr Ng Han Hien Denni

GST Reg.No:M28920628X
Inv.No. . : I 0 Page 1
Inv.date. : 09/05/2022
WIP No. . : 24257 79034
Veh.In/Out:
*Tel.No. . : Mobile: 96940203
Reg.No. . : SLF8836D
Reg.date . : 30/07/2018
Mileage . : 0
Chassis No: JN1BCAV37Z0570085

Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE FRT BUMPER, RADIATOR GRILLE, ETC		0	1600.00	0	for	1,600.00	S
800	TO SPRAYPAINT ON FRT BUMPER, ETC		0	1600.00	0	for	1,600.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES		0	498.00	0	✓	498.00	S
	BUMPER SET FR	1.0	EA	1213.10		Rx	1,213.10	S
	CLIP RH	1.0	EA	105.30		X	105.30	S
	CLIP LH	1.0	EA	105.30		X	105.30	S
	BUMPER FRT RETAINER	1.0	EA	117.10		X	117.10	S
	BUMPER FRT RETAINER	1.0	EA	117.10		X	117.10	S
	BUMPER CLIP FX50	10.0	EA	2.70		net	27.00	S
	BUMPER FRT BASE SPOI	1.0	EA	233.70		X	233.70	S
	GRILLE-RADIATOR-Q50	1.0	EA	979.60		ma	979.60	S

Gross Total. 6,596.20
Net..... 6,596.20
GST @ 7.0% 461.73
Total..... 7,057.95
Paid..... 0.00
Please Pay.. 7,057.95

Labour Total 3,698.00
Parts Total 2,898.20
Package Total 0.00

GST: S=StdRated; 0=Out of Scope; 7=ZeroRated

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: _____

Tanferi 97415749
up 4/17/22 @ 230pm
RP Army num parts
03days
Tanferi@lkkhant.com

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	09/05/2022 17:16 (SGT)
Date of Accident	08/05/2022 10:15 (SGT)
Exact Location of Accident	Makeway Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF8836D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Ng Han Hien Dennis
NRIC No	SXXXX791B
Email Address	dennis.ng.han.hien@gmail.com
Mobile Phone No	(Phone) +65-96940203
Alternative Phone No	+65-96940203

VEHICLE PARTICULARS

Manufacturer	Infiniti
Model	Q50
Variant	Infiniti Q50 2.0 ProActive R18 E6
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	1991

INSURANCE COMPANY

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

DRIVER

Name of Driver	Ng Han Hien Dennis
NRIC No	SXXXX791B

Date Of Birth	25/12/1980
Occupation	Indoor
Date Of Driving Pass	28/05/2001
Driving experience	21 YEARS
Gender	Male
Mobile Number	(Phone) +65-96940203
Alt. Phone Number	+65-96940203
Email Address	dennis.ng.han.hien@gmail.com
Address	88 Hillview Ave #07-03
Address complement	-
Postcode	669590
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	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Wet

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	Janice
Gender	Female

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 ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX1229G
Vehicle Manufacturer	Volvo
Vehicle Model	Xc90
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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

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 reputate 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:

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

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was parked stationary along
Maberway Avenue. The car in front
(SJX 1229G) reversed and hit the front
end of my vehicle (SLF 3336D).

DECLARATION

I/We declare the foregoing particulars are true in every respect.

x 
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.: