

ASS. REC. BY:

REF:

ASM/ 21010494/KV

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. _____

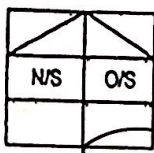
Claims No. _____

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: 511K

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 3-4 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLA 58600 Regn: 03, 16Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Vezel c.c. 1496Colour: Black A/C: Insured / Std / NI / NASp. Reading: 155289 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: BU1 1109341Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD A/Rlm orTyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 11/10/21

Survey held at

Rear

R/Bal. 8 mmL/Bal. 8 mmD.O.I. 15/10/2021

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

Data/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Data/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

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

Report Format :

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

AUTOWORX HOUSE

176 SIN MING DRIVE #02-01 SINGAPORE 575721
TEL: 64528211 FAX: 64517420

ESTIMATE

YANG YIANXIN

c/o 46 Lenton Plain
Singapore 786548

Not Authorised
11 Sep &
Resurvey After Painting
3-4 day

Date : 15/10/2021

QUANTITY	PARTICULARS	AMOUNT (\$)
	RE : HONDA VEZEL / SLA 5860 D	
1 pc	rear boot lid	1,264.90 X
1 pc	rear boot emblem "LOGO"	62.80
1 pc	rear bumper	895.70
1 pc	rear bumper side pad	456.20
1 pc	rear bumper side retainer	65.40
1 pc	rear bumper dust cover	130.10 X
1 pc	rear bumper lower dust cover	315.60 X
1 pc	rear bumper reflector	316.50
1 pc	rear end panel	577.60
1 pc	rear wheel arch protector	419.40
1 pc	rear end panel garnish	473.20 X
	<div> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 </div>	
	sub-total	4,977.40
	less 20%	995.48
	sub-total	3,981.92
1 pc	windscreen glass sealant	60.00 X
1 pc	reverse sensor	400.00 X
	To remove and replace all the parts mentioned above, knocking and straighten up the necessary affected areas.	800.00
	To check wiring system.	50.00
	To apply putty & spray painting on affected areas.	650.00
	To apply rust proofing on affected areas.	100.00
	To apply water proof sealant on affected areas.	100.00 X
	To replace rear windscreen glass.	140.00 X
	total	1,840.00

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 12/10/2021 10:23 (SGT)
Date of Accident 11/10/2021 09:40 (SGT)
Exact Location of Accident Near PIE, Singapore
Additional Location Information PIE (EXIT 35) TOWARDS TUAS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA5860D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner YANG TIANXIN
NRIC No SXXXX658A
Email Address tianxin11907@gmail.com
Mobile Phone No (Phone) +65-96452968
Alternative Phone No +65-96452968

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5116298951-01
Cover Note Number -

DRIVER

Name of Driver YANG TIANXIN
NRIC No SXXXX658A

SKETCH PLAN

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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

Witnessed by Reporting Centre Personnel

Sketch Plan

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
										DEF 1000045 TUBS (EX 11 35)																				(A) SLA 5860 D										(B) SKG 4513 L										(C) Unknown																																																	