

ASS. REG. BY:

REF:

FCC/22004700K4

Kny3

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

Date / Time

Action / Instruction

15/08/22 lump sum: \$3750 and 4 days
(red, \$2139.12/ 36%)

Date/Time, File Pass to?

1) 15/08/22

Date/Time, File Return to?

2)

☐

: Prell. Report

☐

: Final Report

Days Of Repair: 4

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: (\$ 3750

N/S	O/S

Veh No:

SFC 93832

Yr Regn:

08, 17

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

Truck / Trailer or

Make:

Mazda

c.c.

1998

Colour

M. D Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

97069

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JMBGL107140126880

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD/Rim or

Tyre Size:

F:

225/55R17

R:

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

TOYO / YOKO or

Front

R/Bal.

8

mm

Rear

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

11/5/2

D.O.I.

19/5/2022

Survey held at

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

015 154

The UIC / Chassis frame / Body Structure affected due to collision.

趙源摩哆 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5
#01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047
Tel: 6484 1626 (24Hrs) Fax: 6484 0465
Business Reg. No: 221880/00C GST Reg. No: MX-0486007-AO

Not Notwithstanding
11/12/22
Resurvey After Paint
4 days

To: First Capital Insurance Limited

Policy No: Third Party

Date: 18.05.2022

Accident Date : 11.05.2022

Specialised in Car Painting, Welding,
Panel-Beating and Insurance Claim.

ESTIMATE

承接汽车烧焊喷漆及
代理各种车辆赔偿

数量 Quantity	货名 DESCRIPTION	单价 Unit Price	银 Amount 额 \$ cts.
Estimate Cost of Repair to "Mazda 6" Reg. No. SFC9383Z Claiming Against Your Insured Veh. No. GBB8876C			
1pc	Front Bumper		CM 1,396.00 ✓
14pcs	Front Bumper Clips	4.50	nn 63.00 ✓
1pc	Front Bumper Bracket RH		nn 145.00 X
1pc	Front Bumper Corner Retainer RH		CM 95.00 ✓
6pcs	Front Bumper Top Rivets	6.00	nn 36.00 X
1pc	Headlamp RH (HID)		my CM 2,970.00 ✓
1pc	Wiper Tank		nn 185.00 X
1pc	Wiper Tank Motor		nn 146.00 X
1pc	Front Fender RH		nn 462.00 ✓
1pc	Front Fender Shield RH		CM 250.00 ✓
8pcs	Front Fender Shield Clips	4.80	nn 38.40 ✓
	Less 20%		5,786.40
			1,157.28
			4,629.12
	To Conduct Electrical Check, Focus Headlamp		30.00 201
	To Apply Rust Proofing / Reseal Tuff Coating Treatment to Respray / Replaced / Repair Panel		50.00 301
	Labour Charge - Panel Beating, Repairing of Front Fender Inner Panel & Part Replacement		600.00 4001
	To Respray Affected Areas		580.00 4001
Total :			5,889.12

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:

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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 12/05/2022 09:36 (SGT)
Date of Accident 11/05/2022 19:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information 532 SERANGOON AVE 4 CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFC9383Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG YONG HONG
NRIC No SXXXX521H
Email Address roger9383ng@yahoo.com.sg
Mobile Phone No (Phone) +65-96887446
Alternative Phone No +65-96887446

VEHICLE PARTICULARS

Manufacturer Mazda
Model 6
Variant MAZDA / MAZDA6 SEDAN 2.0 AT STANDARD EU6
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 1998

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5118326387-01
Cover Note Number -

DRIVER

Name of Driver NG YONG HONG
NRIC No SXXXX521H

SKETCH PLAN

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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

