

ASS. REC. BY:

REF: C721

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.

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

Bal. or Market Value: _____

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

03 days

Res.: Yes or No

Lum Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

01/25

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: STV 6737J

Yr Regn: 02, 10

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

Truck / Trailer or _____

Make: BMW 520i

C.C. 1995

Colour: Black

A/C: Insured / Std / NI / NA

Sp. Reading: 121472

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA NT12000CX 30485

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: 225/50R17

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 14/12/21

D.O.I. 18/5/2022

Survey held at _____

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

FR O/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

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: (\$

: Prell. Report

金興(龔)汽車私人有限公司

160 Sin Ming Drive, #02-20,
Sin Ming AutoCity, Singapore 575722
Tel: 6452 7018 Fax: 6458 3895
Email: service@kkimhin.com.sg

Vehicle Insured : GBF 5530 Z
Accident Date : 14-Dec-2021

Not Ashwin

No. : 32363

U/Pay & Paying After Pay

Date : 17-May-2022

Our Ref : 021588 (CHINA) / SANDRA

3days

PAGE : 1

JEONG MYOUNG SEOK (MR)
Singapore

ESTIMATED COST OF REPAIR FOR BMW 520I AUTO 1995cc (2010) SJV6737J

1 pc front bumper	<i>Bu/ra</i>	1,451.35	✓
2 pcs front bumper side retainer -LH/RH	@ S\$ 36.35	<i>in</i> 72.70	✓
2 pcs front bumper sponge	@ S\$ 80.70	<i>in</i> 161.40	✓
2 pcs headlamp assy-LH/RH <i>ol/mg/em</i>	@ \$2779.80	5,559.60	✓
		7,245.05	
	Less 10% :	-724.51	
		6,520.54	

To remove, cut out damaged parts, panel beating, welding, align, refix and to renew affected parts.

550.00 *2501*

To putty and respray on affected portions.

650.00 *4501*

To focus headlamps. To check front wiring and lighting operation.

60.00 *201*

Total : S\$ 7,780.54

Singapore Dollars SEVEN THOUSAND SEVEN HUNDRED EIGHTY AND CENTS FIFTY FOUR Only

Note: Amount quoted above is subject to prevailing GST at time of tax invoice.

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:

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	16/01/2022 21:08 (SGT)
Date of Accident	14/12/2021 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	25 OXLEY WALK CARPARK (BASEMENT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJV6737J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JEONG MYOUNG SEOK
NRIC No	SXXXX099D
Email Address	JEONGMS68@GMAIL.COM
Mobile Phone No	(Phone) +65-91699135
Alternative Phone No	+65-91699135

VEHICLE PARTICULARS

Manufacturer	BMW
Model	520i
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	0

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA016940
Cover Note Number	-

DRIVER

Name of Driver	JEONG MYOUNG SEOK
NRIC No	SXXXX099D

Date Of Birth	12/12/1968
Occupation	Indoor
Date Of Driving Pass	14/04/2012
Driving experience	9 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91699135
Alt. Phone Number	+65-91699135
Email Address	JEONGMS68@GMAIL.COM
Address	25 OXLEY WALK #03-21
Address complement	-
Postcode	238595
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	Dry

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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF5530Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SOFIA ZOYA KHAN
Contact Number	(Phone) +65-64811300
Address	-
Address complement	-

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.
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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' law yers/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

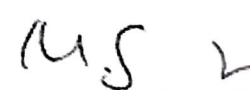
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

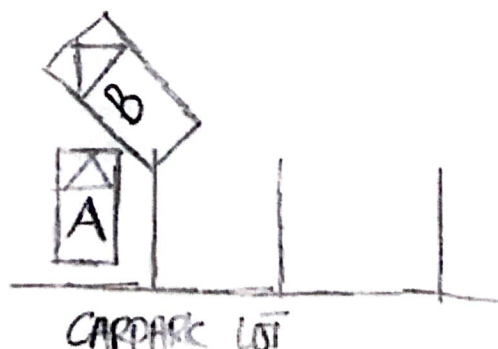
MS 
Policyholder's Signature / Date & Time

MS  19/01/22 1130HRS
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



A = SJV 6737 J

B = GBF 5530 Z

Describe Circumstances of the Accident

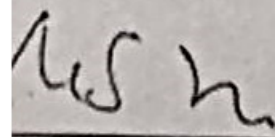
My Car (SV 6735T) was parked at basement carpark. While the family was on vacation, delivery truck hit the bumper and leave a scratch. Nobody was hurt.

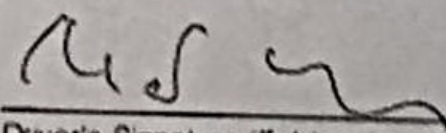
After the incident, management office called me and send details of the vehicle and driver. I exchanged e-mail with the manager of the driver. He asked me to file insurance claim.

After vacation, I came back to Singapore and following up the claim.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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



Witnessed by Reporting Centre Personnel