

ASS. REC. BY:

REF:

SMO/ 22006027/Kt

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:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.I.

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS, SI

Fines

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

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-A0

Not Notified
11/12/22
Recovery After Pain
Today

To: Sompo Insurance Singapore Pte Ltd

Policy No: Third Party

Date: 23.06.2022

Accident Date : 01.06.2022

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 3" Reg. No. SND1473A Claiming Against Your Insured Veh. No. SLU5458C			
1pc	Front Bumper	3.50	1,035.00 X
14pcs	Front Bumper Clips		49.00 X
1pc	Headlamp RH		873.00 X
1pc	Front Fender RH		382.00
1pc	Front Fender Shield		141.00
8pcs	Front Fender Shield Clips	4.00	32.00
1pc	Front Fender Inner Vertical Shield (Sponge)		189.00
1pc	Front Door RH		1,295.00
1pc	Front Door Lower Hinge		46.00
1pc	Front Door Arrester		157.00
1pc	Front Door Weatherstrip		125.00
1pc	Front Door Sticker		136.00
12pcs	Front Door Inner Trim Board Clips	5.50	66.00 X
1pc	Front Door Wing Mirror RH		690.00 X
1pc	Rear Door RH		1,100.00
1pc	Rear Door Lower Hinge		46.00 X
1pc	Rear Door Arrester		157.00 X
1pc	Rear Door Sticker		136.00
12pcs	Rear Door Inner Trim Board Clips	5.50	66.00 X
1pc	Rear Door Weatherstrip		125.00 X
1pc	Rocker Panel		924.00
1pc	Rocker Panel Chip Resistant Sticker		85.00
1pc	Rear Fender Splash Sticker		45.00 X
1pc	Rear Bumper	3.50	1,128.60 X
14pcs	Rear Bumper Clips		49.00 X
			9,077.60
	Less 20%		1,815.52
			7,262.08
	To Conduct Electrical Check		30.00 201
	To Dismantle / Transfer Door Fittings / Ancillary Accessories		240.00 1201
	To Supply End Panel Body Sealant		60.00 301
	To Conduct Computerize Wheel Alignment Test		80.00 X
	To Conduct High Speed Balancing		80.00 X
		C/F	7,752.08

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	Estimate Cost of Repair to "Mazda 3" Reg. No. SND1473A Claiming Against Your Insured Veh. No. SLU5458C		
		B/F	7,752.08
	To Apply Rust Proofing / Reseal Tuff Coating Treatment to Respray / Replaced / Repair Panel		150.00 <i>9cl</i>
	To Repair / Respray Wheel Rim x2	150.00	<i>na</i> 300.00 <i>X</i>
	Labour Charge - Panel Beating, Repairing Of Rocker Inner Panel, Floor Panel, Door "B" Pillar, Rear Fender, Bumper.Cnt, Weld Rocker Panel & Part Replacement		800.00 <i>Foot</i>
	To Spray Painting Affected Areas (Large Veh) (Front Bumper, Rear Bumper, Door x2 (Inner / Outer), Wing Mirror, Front Fender, Rear Fender, Pillar, Rocker Panel)		<i>120cl</i> 2,200.00
	To Reseal Paint Protection (Diamond rite) to Spray Paint Areas		<i>(Bill)</i> 1,200.00 <i>?</i>
	Total :		<u>12,402.08</u>

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:



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 01/06/2022 15:52 (SGT)
Date of Accident 01/06/2022 11:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information PAYA LEBAR ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SND1473A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHEW SOUK YEE
NRIC No SXXXX987D
Email Address cass.aleksandrs@gmail.com
Mobile Phone No (Phone) +65-92996138
Alternative Phone No +65-83989432

VEHICLE PARTICULARS

Manufacturer Mazda
Model 3
Variant MAZDA / MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5125444916
Cover Note Number -

DRIVER

Name of Driver MOHAMED FAIZAL BIN MAHAMED AMIN
NRIC No SXXXX953B



SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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' 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

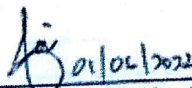
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.


(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

