

ASS. REC. BY:

REF:

AG21 220061511K

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLD 8478P

Yr Regn:

06, 16

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

Truck / Trailer or

Make:

Volkswagen

Jetta C.C.

1390

Colour

M. Silver

A/C: Insured / Std / Nil / NA

Sp. Reading

04513

T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No:

WVW 777 1676 m 015832

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/55R16

R:

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.

23/6/22

D.O.I.

29/6/2022

Survey held at

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

C/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:

Survey Fee:

Transportation:

S + RS. SI

Fines

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

TOTAL

Report Format :

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

Date: 24/06/2022

Vehicle No: SLD8478P

Model: VOLKSWAGEN JETTA 1.4 TSI

Chassis: WVVZZZ16ZGM015832-2015

Reg. Year: 2016

Third Party Insurer: AGI

Third Party Veh No: SGW47235

Date of Accident: 23/06/2022

Estimator: TING AN

Surveyor:

## ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT HEADLAMP RH	1		Wt \$3,268.00
2	FRONT BUMPER	1	Dir Bur	\$1,147.00
3	FRONT BUMPER SIDE BRACKET RH	1	Dir	\$75.00
4	FRONT BUMPER REINFORCEMENT	1	n	\$680.00
5	FRONT BUMPER ABSORBER FOAM	1	in	\$99.00
6	FRONT FENDER RH	1	By	\$571.00
7	FRONT FENDER INNER SHIELD RH	1	in	\$176.00
8	FRONT ABSORBER RH	1		\$348.00
9	FRONT CONTROL ARM RH	1		\$378.00
10	FRONT KNUCKLE ARM RH	1		\$648.00
11	FRONT WHEEL BEARING RH	1		\$564.00
12	FRONT BONNET	1		REPAIR
SUB TOTAL				\$7,954.00
LESS 10%				-\$795.40
PARTS TOTAL				\$7,158.60

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	FRONT BUMPER CLIPS	1		in \$50.00
2	FRONT FENDER INNER SHIELD CLIPS RH	1		nn \$40.00
3	FRONT ALLOY RIM RH	1		nd \$1,200.00
S/N TOTAL				\$1,290.00

### LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX & READJUST FRONT ACCIDENT AREAS & ETC.

\$700.00 400

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT BONNET, FRONT BUMPER, FRONT FENDER RH & ETC.

\$700.00 400

LABOUR CHARGES TO REMOVE & REPLACE FRONT ABSORBER RH, FRONT KNUCKLE ARM RH, FRONT WHEEL BEARING RH, FRONT CONTROL ARM RH & ETC.

\$300.00 ?

#### Head office

6 Kung Chong Road Singapore 159143  
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

#### Branch

9A Serangoon North Ave 5 Singapore 554500  
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

#### Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047  
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011



Date: 24/06/2022  
Vehicle No: SLD8478P  
Model: VOLKSWAGEN JETTA 1.4 TSI  
Chassis: WVVZZZ16ZGM015832-2015  
Reg.Year: 2016

Third Party Insurer: AGI  
Third Party Veh No: SGW4723S  
Date of Accident: 23/06/2022  
Estimator: TING AN  
Surveyor:

TO WHEEL ALIGNMENT & BALANCING.	\$80.00	201
TO DIAGNOSIS FAULT CODE & RESET MEMORY.	\$120.00	7
TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.	\$100.00	201

LABOUR TOTAL	\$2,000.00
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TING AN	TOTAL	\$10,448.60
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**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 ..... 24/06/2022 16:35 (SGT)  
Reported by ..... Both  
Date of Accident ..... 23/06/2022 10:35 (SGT)  
Exact Location of Accident ..... 100 Jln Sultan, Singapore 199001  
Additional Location Information ..... SULTAN PLAZA MSCP TO DOWN UP SLOPE  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLD8478P

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEE GEK HWA  
NRIC No ..... S1121068F  
Email Address ..... TIMTRADE1995@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-93385437  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Volkswagen  
Model ..... Jetta  
Variant ..... VOLKSWAGEN / JETTA GP 1.4 TSI 90 A/T HL HID 1634G5  
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 ..... 1390

#### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... A300321336QMX

#### DRIVER

Name of Driver ..... LEE GEK HWA  
NRIC No ..... S1121068F  
Date Of Birth ..... 06/05/1955  
Occupation ..... Indoor

## 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 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. 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

