

ASS. REC. BY:

REF:

C14220069701Kc

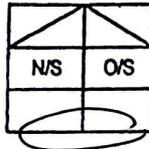
Kenneth

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MY  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop n/s My Car  
 of 05-68  
 Insured: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SMM1743K Yr Regn: 06.19  
 Type: M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Honda CRIDE C.C. 1496  
 Colour: White A/C: Insured / Std / NI / NA  
 Sp. Reading: 47402 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: GM 4 . 1207782  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Mod: Nil / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 185/60R13  
 R: \_\_\_\_\_

(Policy Condition)  
 Remark: The veh had commenced its  
 repair at the time of inspection.



Bal. or Market Value: 8.85k  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 12 days Res.: Yes or No  
 Lum Sum: 1.8.1 % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Inter trac  
 Front R/Bal. 7 mm Rear R/Bal. 8 mm  
 L/Bal. 7 mm L/Bal. 8 mm  
 D.O.A. 19/7/22 D.O.I. 22/7/2022  
 Survey held at \_\_\_\_\_  
 Des. of Damages: Frt / Rear O/S / N/S / UIC / Rooftop or  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?  : Prell. Report  
 : Final Report

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee:	
Transportation:	
\$ - RS. SI	
Printers	
Others	
TOTAL	

Report Format : \_\_\_\_\_  
 Lump Sum / I.B.I: (\$ )



		Less 20%	\$ 5,718.52
		Total	\$ 22,874.08

S/Nett items:				
1	REAR REVERSE SENSOR	Yed	1 \$ 250.00 \$ 250.00	200cl
2	RERA REVERSE CAMERA		1 \$ 400.00 \$ 400.00	?
3	REAR BUMPER CLIP	na	1 \$ 80.00 \$ 80.00	50cl
4	REAR END PANEL GARNISH CLIP	na	1 \$ 30.00 \$ 30.00	✓
5	FLOOR PANEL SEALANT		1 \$ 80.00 \$ 80.00	?
6	END PANEL SEALANT	na	1 \$ 80.00 \$ 80.00	30cl
7	TOWING	(Bill)	1 \$ 160.00 \$ 160.00	?
8	REAR WINDSCREEN GLASS SEALANT	na	1 \$ 60.00 \$ 60.00	X
9	REAR FENDER INNER TRIM CLIPS	na	2 \$ 50.00 \$ 100.00	✓
10	BOOTLID CLIPS	na	1 \$ 50.00 \$ 50.00	✓
			\$ 1,290.00	
Labour to:				
1	TO CHECK ELECTRICAL WIRING		1 \$ 80.00 \$ 80.00	2cl
2	TO REMOVE AND REFIT REVERSE SENSOR/CAMERA		1 \$ 150.00 \$ 150.00	8cl
3	REMOVE AND REFIX REAR UPHOLSTERY		1 \$ 150.00 \$ 150.00	12cl
4	REMOVE AND RENEW RH REAR UNDERCARRIAGE		1 \$ 200.00 \$ 200.00	?
6	REPAIR AND STRAIGHTEN REAR CHASSIS FRAME		1 \$ 300.00 \$ 30.00	2 (Photo)
7	RENEW / REPAIR AND STRAIGHTEN EXHUAST PIPE		1 \$ 250.00 \$ 250.00	6cl
8	RESET HYBRID BATTERY CODE		1 \$ 500.00 \$ 500.00	?
9	REMOVE AND TRANSFER REAR BOOTLID FITTING		1 \$ 150.00 \$ 150.00	5cl
10	REMOVE AND REFIX REAR WINDSCREEN GLASS	na	1 \$ 150.00 \$ 150.00	X
11	CHECK AND RESET FAULT CODE LIGHT ON		1 \$ 150.00 \$ 15.00	?
12	TO RESPRAY UNDERCOATING		1 \$ 150.00 \$ 150.00	9cl
13	APPLY ANTI RUST ON AFFECTED AREAS		1 \$ 200.00 \$ 200.00	
14	SPRAY PAINTING ON AFFECTED AREAS		1 \$ 2,200.00 \$ 2,200.00	120cl
15	PANEL BEATING ON AFFECTED AREAS		1 \$ 2,400.00 \$ 2,400.00	140cl
			\$ 6,625.00	
			Parts Replacement Amount	\$ 24,164.08
			Total Amount for Labour	\$ 6,625.00
			<b>Total Amount</b>	<b>\$ 30,789.08</b>

**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 ..... 19/07/2022 16:23 (SGT)  
Reported by ..... Both  
Date of Accident ..... 19/07/2022 07:45 (SGT)  
Exact Location of Accident ..... Joo Koon Way, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMM1743K  
  
INSURED/POLICYHOLDER  
  
Is company? ..... No  
Name Of Registered Owner ..... WANG YINZHI  
NRIC No ..... SXXXX874E  
Email Address ..... yinzhi1229@gmail.com  
Mobile Phone No ..... (Phone) +65-91165217  
Alternative Phone No ..... -

## VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Grace  
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 ..... 1496

## INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Policy Number / Cover Note Number ..... 7220066427

## DRIVER

Name of Driver ..... WANG YINZHI  
NRIC No ..... SXXXX874E  
Date Of Birth ..... 29/12/1987  
Occupation ..... Outdoor

**SKETCH PLAN**

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7. By the lodgement of the 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

 19/07/2022  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

Sketch Plan

Joe Koon WANG



A : 2MM1743K  
B : SKF 1632U