

ASS. REC. BY:

REF:

EGZ/ 22 007379/kv

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. _____

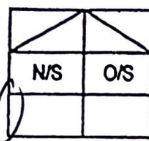
Claims No. _____

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: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 06 days Res.: Yes or NoLum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SNC 9359L Yr Regn: 07 18Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai Accen c.c. 1300Colour: M. Red A/C: Insured / Std / NI / NASp. Reading: 59017 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCU413TKU440156Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 175/75R14

R: _____

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

TOYO / YOKO or

Front

R/Bal. 9 mmL/Bal. 9 mmD.O.A. 31/7/22

Rear

R/Bal. 9 mmL/Bal. 9 mmD.O.I. 3/8/2022

Survey held at _____

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

N/S Rear

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. \$

P. & S.

Others

Report Format :

Lump Sum / I.B.I. (\$) _____

TOTAL

Date: 01/08/2022
Vehicle No: SMC9359L
Model: HYUNDAI ACCENT 1.4 CVT
Chassis: KMHCU41BTU440156-2018
Reg. Year: 2018

Third Party Insurer: ERGO
Third Party Veh No: SLM5621P
Date of Accident: 31/07/2022
Estimator: TING AN
Surveyor:

Not Insured
Returning B. & P. 4 days

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER	1		<i>Bu/R</i> \$265.00 ✓
2	REAR BUMPER SIDE BRACKET LH	1		<i>D.I</i> \$23.00 ✓
3	REAR BUMPER REFLECTOR LH	1		<i>Pen</i> \$35.00 ✓
4	REAR BUMPER REINFORCEMENT	1		<i>R</i> \$210.00 X
5	REAR TAIL LAMP LH	1		<i>L</i> \$210.00 X
6	REAR FENDER LH	1		<i>R</i> \$590.00 X
7	REAR FENDER AIR VENT LH	1		<i>L</i> \$24.00 X
8	REAR WINDSCREEN MOULDING	1		<i>na</i> \$45.00 X
SUB TOTAL				\$1,402.00
COST +10%				\$140.20
PARTS TOTAL				\$1,542.20

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER CLIPS	1		<i>na</i> \$50.00 ✓
2	REAR BUMPER REVERSE SENSOR	1		<i>Pen</i> \$300.00 X
3	REAR WINDSCREEN SEALANT	1		<i>na</i> \$80.00 X
S/N TOTAL				\$430.00

LABOUR CHARGES:

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

\$500.00 *400*

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR BUMPER, REAR FENDER LH & ETC.

\$500.00 *400*

LABOUR CHARGES TO REMOVE & REFIX REAR WINDSCREEN GLASS, REAR WINDSCREEN MOULDING, REAR WINDSCREEN SEALANT & ETC. TO EFFECT REPLACE OF REAR FENDER LH.

na \$150.00 X

LABOUR CHARGES TO REMOVE & REPLACE REAR BUMPER REVERSE SENSOR & ETC.

\$100.00 *50*

Head office

8 Kung Chong Road Singapore 169143
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: 01/08/2022
Vehicle No: SMC9359L
Model: HYUNDAI ACCENT 1.4 CVT
Chassis: KMHCU41BTKU440156-2018
Reg.Year: 2018

Third Party Insurer: ERGO
Third Party Veh No: SLM5621P
Date of Accident: 31/07/2022
Estimator: TING AN
Surveyor:

LABOUR CHARGES TO REMOVE & REFIX REAR FENDER INNER TRIM & UPHOLDSTERY CUSHION SET & ETC. TO EFFECT REPLACE OF REAR FENDER LH.

\$250.00 601

TO TUFF KOTE & UNDERSEAL MATERIALS & ETC.

na \$120.00 X

TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.

\$80.00 201

LABOUR TOTAL \$1,700.00

TING AN

TOTAL

\$3,672.20

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 Actual 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	01/08/2022 18:00 (SGT)
Reported by	Owner
Date of Accident	31/07/2022 14:40 (SGT)
Exact Location of Accident	Near 765A Bedok Reservoir View, Singapore 471765
Additional Location Information	PIE NEAR BEDOK NORTH AVE 3 EXIT, SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC9359L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEO TING MING
NRIC No	SXXXX648A
Email Address	YEOTINGMING@GMAIL.COM
Mobile Phone No	(Phone) +65-98961086
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Accent
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	1368

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V06482/VPC/R00

DRIVER

Name of Driver	YEO JING XIANG
NRIC No	SXXXX410F
Date Of Birth	26/04/1995
Occupation	Indoor

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

