

ASS. REC. BY:

REF: HLA / 220075491Kc

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____ C/Amk

of _____

Insured: _____

Policy No. _____

Claims No. _____

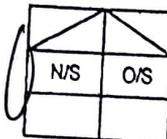
Sum Insured: _____ Excess: _____

(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 Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 05 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: SKJ 6013R Yr Regn: 04, 13

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

Truck / Traller or SA

Make: Jaguar XF c.c 2179

Colour: M. Beige AC: Insured / Std / NI / NA

Sp. Reading: 221803 TRadio: Insured / Std / NI / NA

Eng/No: _____

C/No: SATA C056600583982

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / SJRlm / STD / Rlm or

Tyre Size: F: 245/45R18

R: _____

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

TOYO / YOKO or Accelera

Front Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 3/8/22 D.O.I. 25/8/2022

Survey held at _____

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

N/S body

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

Table with columns: Date / Time, Action / Instruction

Date/Time, File Pass to?

Prell. Report

Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

\$ - RS. SI

Fixtures

Others

TOTAL

Add Fee: Site Insp (\$)

Interview (\$)

Tech Invs (\$)

Weekend (\$)

Report Format :

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

Vi Ve Ve

©

来發 (明記) 摩哆有限公司
LAI HUAT (MENG KEE) MOTOR PTE LTD

160 Sin Ming Drive #04-01, #04-02 & #07-03 Singapore 575722 Tel: 6453 8110 Fax: 6459 6267
 GST No: M2-0128609-3
 UEN: 199407592C

ESTIMATE

EST. No: EST0029985
 Sia Chong Lee (Xie Zhangli)

Page: 1 of 1
 Your ref.: TP-SKW 3185D HL
 Job No.: 72914
 Our ref: 22.08.06
 Payment
 Date: 5/8/2022

Attn

*NOT Authorised
 11/8/22
 Repair After Paint
 5 days*

Vehicle No: SKJ 6013R
 Vehicle Model : Jaguar XF
 Accident on ...: 5/8/2022

Quantity	Unit	Description	Unit price	Disc. pct.	Amount
Supply of Parts - Nett item:					
1.00	Pc	Front door LH	2,400.00		2,400.00 ✓
1.00	Pc	Front door weatherstrip LH	155.00		155.00 ✓
1.00	Pc	Rear door LH	2,380.00		2,380.00 ✓
1.00	Pc	Rear door weatherstrip LH	140.00		140.00 ✓
Labour & Misc:					
1.00		To check/erase fault codes after repair	120.00		120.00 ✓
1.00		To knock dents on rear fender LH and renew of parts	700.00		700.00 ✓
1.00		To spray paint (including rear sport rim LH, side skirt LH + blend roof panel LH)	1,500.00		1,500.00 ✓

Sub-Total 7,395.00
 GST 7.00% 517.65
 Total 7,912.65

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 subject to final approval from Insurance Company

Signature: _____
 Date: _____

本公司拥有最先进的 CAROLINER MARK IV 机械，可提供给多种款式的车身及给予快速与准确的测量方式和大铁修理。除外，还有先进的 SAICO Deluxe 喷漆烘炉。
 "Our services include the latest and reliable CAROLINER MARK IV repair bench, draw-aligner and the support dolly system to provide accurate re-alignment and speedy repairs. We also provide the new and advanced SAICO Deluxe oven heater for re-spraying all motor vehicles."

05/10/1972
 Indoor

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	05/08/2022 13:25 (SGT)
Reported by	Both
Date of Accident	05/08/2022 08:05 (SGT)
Exact Location of Accident	Olive Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ6013R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Sia Chong Lee
NRIC No	SXXXX331J
Email Address	siachonglee@hotmail.com
Mobile Phone No	(Phone) +65-96901357
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Jaguar
Model	Xf
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	2200

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100365620-08

DRIVER

Name of Driver	Sia Chong Lee
NRIC No	SXXXX331J
Date Of Birth	05/10/1972
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.

5. 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 be 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 insurers) 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 purposes 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, notices, 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 be 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 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 situated outside of Singapore, for one or more of the above Purposes.

[Signature]
5 Aug 2022

[Signature]

Policyholder's Signature (Date & Time)

Driver's Signature (If driver and the policyholder) (Date & Time)

Witnessed by Reporting Centre Person (Name as in NRIC/IC card) *BOH JUT HOON*

Sketch Plan

