

## 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: 7 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SKM886L Yr Regn: 73/6/17  
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Porsche 911 c.c. 2981  
 Colour: Blue A/C: Insured / Std / Nil / NA  
 Sp. Reading: 26975 T/Radio: Insured / Std / Nil / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WPO222992HS/16484  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Modl: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 245/35ZR20  
 R: 17

BS / DUN / EXNOVA / GY / FS / LIZA / MOTOHOTSU / PIR / SUMI /  
 TOYO / YOKO or .

Front Rear  
 R/Bal. 5 mm R/Bal. 5 mm  
 L/Bal. 5 mm L/Bal. 5 mm  
 D.O.A. 24/7/22 D.O.I. 10/8/22  
 Survey held at Trans E-wikars

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

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MR-403K</u>
	Submit Preli. report.

Date/Time, File Pass to?

☒ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: \_\_\_\_\_

Lump Sum / L.B.J. (\$) \_\_\_\_\_

Days Of Repair: 7

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

<b>MSIG Insurance (Singapore) Pte Ltd</b> 4 SHENTON WAY #21-01 SGX CENTRE 2 SINGAPORE 068807 ATTN.: MOTOR CLAIMS FAX:		NAME:		WIP:		33903	
		ADDRESS:		EXCESS:			
		TEL:		DATE:		3-Aug-22	
		VEH NO:		SKM886L		DATE IN:	
CHASSIS NO:		WP0ZZZ99ZHS116484		MILEAGE:			
MODEL:		911 Carrera GTS		DATE REG.:		23-Jun-17	
				POLICY NO.:			
				CONTACT PERSON:			
				DEREK		63310684	
				TYPE OF CLAIM:		THIRD PARTY	

NATURE OF WORKS							
S/NO	Parts Description			1ST	SUPP	REVISED	PRICES
	QTY						
1	REAR FENDER RH	1	P991-503-962-02-GRV				\$ 4,324.40
2	BLIND RIVET SCREW	4	P999-080-057-01-				\$ 23.20
3	STONEGUARD FILM (RH)	1	P991-504-836-05-				\$ 130.00
4	REAR WINDSCREEN GLASS	1	P991-545-911-05-				\$ 1,754.60
5	RIVET	8	PN -907-878-02-				\$ 16.80
6	CLIP	8	P991-537-671-00-				\$ 52.00
7		0	0				\$ -
<b>TOTAL PARTS</b>							\$ 6,301.00
							\$ -
<b>TOTAL PARTS COST</b>							\$ 6,301.00

SUPPLEMENTARY							
NO	DESCRIPTION	QTY	PARTS NO	1st	Supp	REVISED	PRICES
1							
2							
3							
<b>Labour Description</b>							
1	TO REMOVE/REPLACE REAR FENDER RH & ALL ACCIDENT DAMAGED BODY PARTS. TO REPAIR ALL AREAS AFFECTED BY THE ACCIDENT.	1560 x 35	1/2 Repair Rec Bp			5460	\$ 6,240.00
2	TO RESPRAY REAR FENDER RH.					1100	\$ 1,500.00
3	TO SUPPLY SPRAY TEROSTAT SEALANT ON THE CUTTING AREAS.					250	\$ 350.00
4	TO CARRY-OUT BODY CAVITY PRESERVATION.					150	\$ 250.00
5	TO REMOVE & REFIT CARPET & TRIMS ON THE REAR SECTION TO GIVE WAY TO THE REPAIR ON THE REAR SECTION.					250	\$ 500.00
6	TO SUPPLY 1 PC BODY CHASSIS STICKER & 1 PC TIRE PLATE STICKER					NETT	\$ 300.00
7	TO REMOVE & REPLACE THE REAR WINDSCREEN GLASS.					NETT	\$ 560.00

8	TO SUPPLY SEALER ON THE REAR WINDSCREEN GLASS.		NETT	\$ 195.00
9	TO SUPPLY SOLAR FLIM ON THE REAR WINDSCREEN GLASS.		NETT	\$ 300.00
10	TO SUPPLY / INSTALL THE PAINT PROTECTION FILM STICKER. (PRICE TO BE ADVISE) (Involve)		NETT	7
11	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.			\$ 250.00 150
12	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.		NETT	\$ 600.00
13	SUNDRIES.		NETT	\$ 50.00 20

REMARKS:

THIS IS ONLY AN ESTIMATE FROM VISUAL INSPECTION AND SHOULD THERE BE MORE DAMAGES FOUND DURING THE PROCESS OF REPAIRING, YOU WILL BE INFORMED BEFORE THE REPAIRS ARE BEING CARRIED OUT.

TAKE NOTE THAT SHOULD YOU DECIDE NOT TO PROCEED WITH THE REPAIRS, A QUOTATION FEE OF \$400.00 WILL BE APPLY AS ACCORDINGLY FOR MAN-HOURS INVOLVED IN SOURCING FOR PARTS PRICE AS WELL AS LABOUR CHARGES.

TOTAL LABOUR	\$ -	\$ 11,095.00
TOTAL PARTS	\$ -	\$ 6,301.00
TOTAL	\$ -	\$ 17,396.00
LESS EXCESS	\$ -	\$ -
TOTAL AFTER EXCESS	\$ -	\$ 17,396.00
GST 7%	\$ -	\$ 1,217.72
GRAND TOTAL	\$ -	\$ 18,613.72

EUROKARS AUTO PTE LTD

Authorised Signature

Steve (LKK)  
10/8/22 5:30p  
M R  
7 dgr  
PIR  
L M Y

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	31/07/2022 00:56 (SGT)
Reported by	Both
Date of Accident	24/07/2022 13:31 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MARINA SQUARE BASEMENT 2
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM886L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GAVIN KANAN NARAYANAN
-	SXXXX308E
Email Address	Gavinkanan@gmail.com
Mobile Phone No	(Phone) +65-97555882
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Porsche
Model	911
Variant	CARRERA GTS (991-II)
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	2981

### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA552897/1

### DRIVER

Name of Driver	GAVIN KANAN NARAYANAN
-	SXXXX308E
Date Of Birth	14/01/1980
Occupation	Indoor

Date Of Driving Pass	22/12/2009
Driving experience	12 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97555882
Alt. Phone Number	-
Email Address	Gavinkanan@gmail.com
Address	59 Ceylon Road
Address complement	-
Postcode	429643
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

I WAS NOT IN THE CAR AND WAS NOT THE DRIVER. HAD ENTRUSTED CAR TO THE CAR WASH OPERATOR AT APPROXIMATELY 1215PM. RECEIVED PHONE CALL FROM THE CAR WASH OPERATOR MANAGER ( DAVID) AT 131PM, TELLING ME THAT THEY HAD AN ACCIDENT WITH MY CAR. I RUSHED DOWN AND SAW THE DAMAGED CAR PARKED AT THE SIDE OF THE WASHING LOTS. WAS TOLD THAT THEY DAMAGED MY CAR WHOLST PARKING, BY REVERSING INTO A FIRE EXTINGUISHER BOX MOUNTED ON A COLUMN.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-



Accident report SA1D227T000D

Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	Fire Extinguisher
No. Of Passenger (Including Driver)	-

SKETCH PLAN

## 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 willful 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 Officer  
Aizam Bin Atan

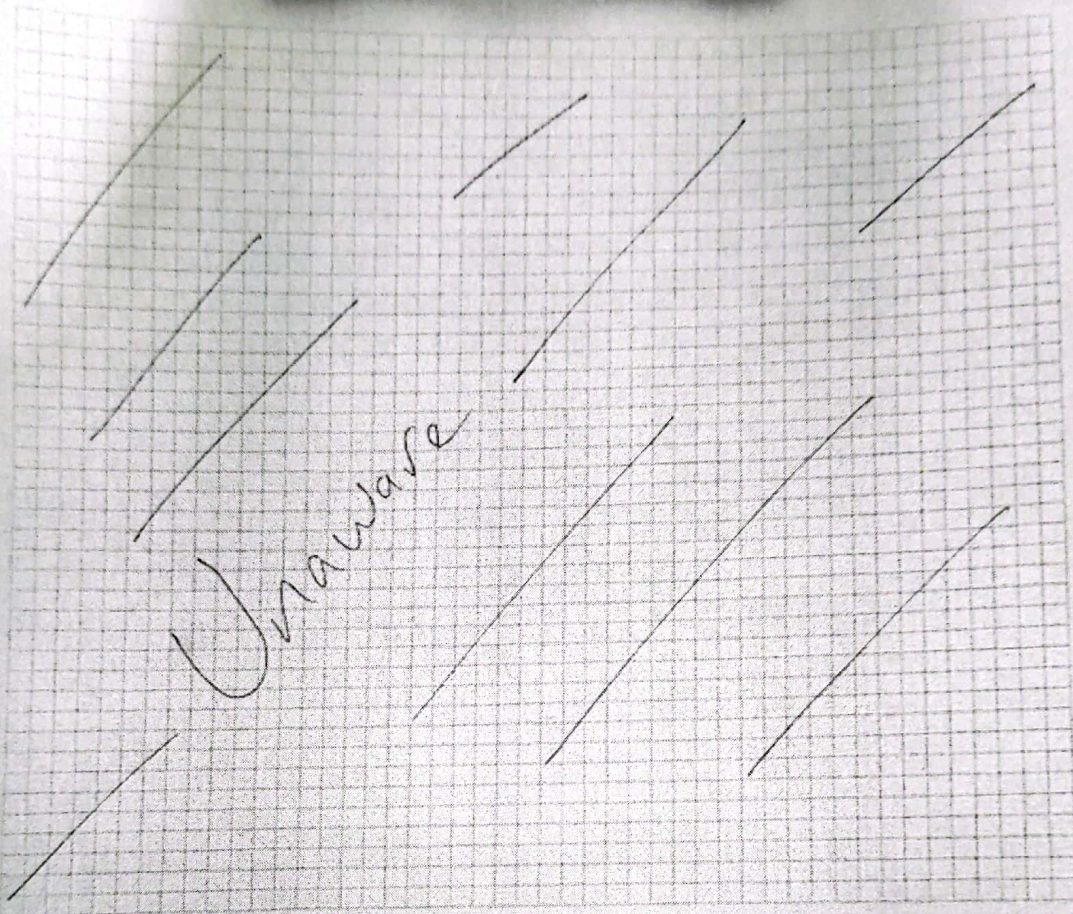
Witnessed by Reporting Centre  
Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

# ACCIDENT DIAGRAM

Ver. Jun2022



*[Signature]*  
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed By Reporting Officer  
Aizam Bin Atan

Witnessed by Reporting Centre  
Personnel

ALYAH MARSUTAH

## Describe Circumstances of the Accident

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## Declaration

We declare the foregoing particulars are true in every respect.

\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

\_\_\_\_\_  
Witnessed By Reporting Officer  
Aizam Bin Alan

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel