

ASS. REC. BY:

REF: 002/ 22 00 8677/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: _____

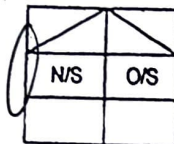
Excess: _____

(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 Report: _____ Consistent?: Yes or No

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

Est. Repairs: 06 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLK 3900HYr Regn: 01, 17Type: M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Mazda 2c.c. 1496Colour: M.P. White

A/C: Insured / Std / NI / NA

Sp. Reading: 122480

T/Radio: Insured / Std / NI / NA

Eng No: _____

C/No: MM 602 2SAA GW191121Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rim / STD / RIM or

Tyre Size: F: _____

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 3/9/22D.O.I. 6/9/2022

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.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech Invs (\$ _____)

☐

: Weekend (\$ _____)

S - RS. \$ _____

Fees _____

Others _____

TOTAL

Report Format :

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

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

No. : 06648

Vehicle Insured : SFZ2000D
Accident Date : 03-Sep-2022

Date : 05-Sep-2022

Our Ref : 022140 (UOI) / CHAN

PAGE : 1

LOO, ZHONGYI JAVIER
50 CANBERRA DRIVE
#06-20
Singapore 768438

*Not withen
61 Pp B
Running After Party
6 day*

ESTIMATED COST OF REPAIR FOR MAZDA 2 SLK3900H

1 pc	Front n/s fender	359.00	✓
1 pc	Front n/s fender inner shield	69.00	X
1 pc	Front n/s door	1,164.00	✓
1 pc	Front n/s door glass regulator gear	178.00	?
1 pc	Front n/s door glass regulator motor	169.00	?
1 pc	Front n/s door frame tape	45.00	✓
1 pc	Front n/s door lower hinge	56.00	✓
1 pc	Front n/s door checker	38.00	?
1 pc	Front n/s door rubber	141.00	?
1 pc	Rear n/s door	1,216.00	✓
1 pc	Rear n/s door lower hinge	57.00	X
1 pc	Rear n/s door frame tape	48.00	✓
1 pc	Rear n/s door rubber	139.00	?
1 pc	N/s centre pillar	751.00	X
		4,430.00	
Less 20% :		886.00	

1 pc Rear n/s sport rim *P?*

3,544.00 ✓
W 1,020.00 sn

To remove roof lining, front and rear seats, trim board and carpet

120.00 *P*

To apply undersealing

60.00 ✓

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:

Con't Page 2 ...

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

Vehicle Insured : SFZ2000D

Page : 2

To check and adjust wheel alignment	65.00	601
To putty and spray replaced parts	1,300.00	10001
To remove, cut-out damaged parts, panel beating, welding, align, refix and to renew above parts	900.00	6001
To transfer rim	50.00	201

Total :	S\$ 7,059.00	
	=====	

Singapore Dollars Seven Thousand and Fifty Nine
Only

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 05/09/2022 09:34 (SGT)
Reported by Both
Date of Accident 03/09/2022 14:45 (SGT)
Exact Location of Accident 6 Raffles Blvd, Marina Square, Singapore 039594
Additional Location Information MARINA SQUARE BASEMENT CARPARK SERVICE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK3900H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOO, ZHONGYI JAVIER
NRIC No SXXXX651H
Email Address j_zhongyi@yahoo.com.sg
Mobile Phone No (Phone) +65-96359353
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mazda
Model 3
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 HL Assurance Pte Ltd
Policy Number / Cover Note Number MP319509

DRIVER

Name of Driver LOO, ZHONGYI JAVIER
NRIC No SXXXX651H
Date Of Birth 10/10/1984
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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
- (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 (Name as in NRIC/ID card) **CHAN Yew Seng**

Sketch Plan

Marina Square CarPark

A - SLK3900H

B - SFZ 2000D