

ASS. REC. BY:

REF:

INC/220087981K

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. _____

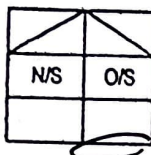
Sum Insured: _____ Excess: _____

(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: 02 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SIC 4876E Yr Regn: 05. 16Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Vezel C.C. 1496Colour: Black A/C: Insured / Std / Nil / NASp. Reading: 12838 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: RU3 1120517Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD ATM orTyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 7/8/22

Survey held at

Rear

R/Bal. 8 mmL/Bal. 8 mmD.O.I. 14/9/2022

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation

S - RS, SI

Fees

Others

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

TOTAL

Report Format :

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

AUTOWORX HOUSE

176 SIN MING DRIVE #02-01 SINGAPORE 575721
TEL: 64528211 FAX: 64517420

ESTIMATE

PATRICIA LOH HWEE PENG

c/o 46 Lentor Plain
Singapore 786548

Not Authorised
11 By @
Running After Paint
2 days

Date : 10/8/2022

QUANTITY	PARTICULARS	AMOUNT (\$)
	RE : HONDA VEZEL / SLC 4876 E	
1 pc	rear boot lid	N 1,264.90 X
1 pc	rear boot lock	N 316.20 X
1 pc	rear boot outer garnish	Pu 564.70 X
1 pc	rear boot emblem "VEZEL"	nn 67.50 X
1 pc	rear boot emblem "LOGO"	nn 62.80 X
1 pc	rear boot emblem "HYBRID"	nn 69.40 X
1 pc	rear boot lock catch	N 48.10 X
1 pc	rear bumper	Bu 895.70
1 pc	rear bumper side cover	Sn 473.60 X
1 pc	rear bumper side retainer	Sn 69.80 X
1 pc	rear bumper lower dust cover	Sn 315.60 X
1 pc	rear wheel arch protector	Pu 419.40 X
1 pc	rear bumper reflector	Sn 364.70 X
1 pc	rear end inner panel	N 577.60 X
1 pc	rear end panel garnish	Sn 473.20 X
1 pc	remote lock sensor	Sn 350.80 X
1 pc	remote lock buzzer	N 215.40 X
	sub-total	6,549.40
	less 20%	1,309.88
	sub-total	5,239.52
1 pc	windscreen glass sealant	nn 60.00 X
1 pc	reverse sensor	s.nett 400.00 7
	sub-total	5,699.52

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:

balance brought forward.

5,699.52

To remove and replace all the parts mentioned above, knocking and straighten up the necessary affected areas.

~~200~~
1,100.00

To check wiring system.

~ 60.00 X

To apply putty & spray painting on affected areas.

~~220~~ 1,100.00

To apply rust proofing on affected areas.

~ 150.00 X

To apply water proof sealant on affected areas.

~ 100.00 X

To remove rear windscreen glass to enable repair.

~ 140.00 X

total

8,349.52

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	08/08/2022 17:06 (SGT)
Reported by	Both
Date of Accident	07/08/2022 20:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OUTSIDE 51 CHANDER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC4876E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOH HWEE PENG PATRICIA
NRIC No	SXXXX485J
Email Address	iampolarbears@hotmail.com
Mobile Phone No	(Phone) +65-90017294
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2000628963

DRIVER

Name of Driver	LOH HWEE PENG PATRICIA
NRIC No	SXXXX485J
Date Of Birth	25/10/1978
Occupation	Outdoor

SKETCH PLAN

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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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Florence
6/2

