

ASS. REC. BY:

REF: FC71

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Coldwell

of Amk

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

10.30am

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 01 days Res.: Yes or No

Lum Sum: 1.21 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: GAK1070J Yr Regn: 121 19

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

Truck / Traller or _____

Make: Opel Vivaro c.c 1598

Colour M. Green A/C: Insured / Std / NI / NA

Sp.Reading 74619 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WOUF7GG08 JV 808176

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/60R15

R: _____

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

TOYO / YOKO or

Toyoda

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 02/11/22

Rear

R/Bal. 9 mm

L/Bal. 9 mm

D.O.I. 17/11/2022

Survey held at _____

Des. of Damages: Frt / 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?

: Prell. Report

1)

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee:

Transportation

S - RS - SI

Fixturs

Others

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Report Format :

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

TOTAL



ESTIMATE

Date :	16/11/2022	Reg No :	GBK1070J
To :	MS FIRST CAPITAL INSURANCE LIMITED	Model :	OPEL VIVARO
Attn. :		Chassis No :	W0VF7G608JV606176
Office / Mobile :		Engine No :	R9MH413C097372
Email Address :		Quotation No. :	168507
		Ref. No. :	
From :	GOLDBELL ENGINEERING PTE LTD	D.O.A. :	02/11/2022
Attn. :	KONYINSIEW	Policy No. :	DMCVSNW00155392100
Office / Mobile :	+65 6861 0007	Claim Type :	
Email / Fax No. :	KonYinSiew@goldbell.com.sg	Workshop :	ANG MO KIO

S/N	Part No	Description	Qty	U/Price	%	Net Price	Ext Price
1		LH SIDE MIRROR	1	350.00	0	350.00	350.00
2		LH SIDE MIRROR COVER	1	185.00	0	185.00	185.00
108 PARTS TOTAL :							535.00

LABOUR CHARGES

1	TO REMOVE AND INTSALL LH SIDE MIRROR	350.00
2	TO CHECK AND RECONNECT ALL NECESSARY WIRING	100.00
3	TO SPRAY PAINT LH SIDE MIRROR	150.00

LABOUR TOTAL : 600.00
 SUB-TOTAL : 1,135.00
 GST @ 7% for \$ 1,135.00 79.45
GRAND TOTAL (S\$) : 1,214.45

*Not Notified
Return by repair
1 day*

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 04/11/2022 18:49 (SGT)
Reported by Both
Date of Accident 02/11/2022 15:15 (SGT)
Exact Location of Accident Jln Kayu, Jalan Kayu Park, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK1070J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SITI FADILAH BINTE JALI
NRIC No SXXXX315E
Email Address SFKUNIK@YAHOO.COM
Mobile Phone No (Phone) +65-94245192
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Opel
Model Vivaro
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 Goods vehicle
Transmission Manual
CC 1600

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNW00155392100

DRIVER

Name of Driver MORGANI BIN HASSAN
NRIC No SXXXX142F
Date Of Birth 30/12/1973
Occupation Outdoor

SKETCH PLAN

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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.

(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.

 4/11/2022
1600 hrs
Policyholder's Signature / Date & Time

 4/11/2022
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

