



*Not within  
1/1 Day &  
Resurvey After Paint  
4 days*



**ESTIMATE TO REPAIR**

VEHICLE NO. : SKK 4652 D  
 MAKE : AUDI  
 MODEL : Q5 2.0 TFSI  
 YEAR : 2013  
 CHASSIS NO : WAUZZZ8R8DA101370

SURVEYOR NAME	:	
DATE OF SURVEY	:	
TIME OF SURVEY	:	

DATE : 14-Oct-22  
 DATE OF ACCIDENT : 12-Oct-22  
 THIRD PARTY REF : SBS 6468 X  
 THIRD PARTY REF : SBS TRANSIT LTD

Qty	Parts Description/ Labour	Type	Unit Price	Nett Item Amt	Amount
1pc	rear bumper			\$ 1,135.90	✓
1pc	rear bumper reinforcement			\$ 458.65	X
1pc	tail gate			\$ 3,270.15	X
1pc	tail gate lamp			\$ 1,109.30	✓
1pc	Q5 emblem			\$ 72.30	✓
1pc	2.of emblem			\$ 72.30	✓
1pc	centre emblem			\$ 93.65	✓
				\$ 6,212.25	
	Less 10%			\$ 621.23	
				\$ 5,591.03	
1pc	rear windscreen sealant	S.Nett		\$ 40.00	X
	To putty & spray paint			\$ 600.00	4901
	To remove & transfer rear windscreen glass			\$ 120.00	X
	To transfer tail gate fitting.			\$ 80.00	X
	Labour Charges			\$ 450.00	4901
TG/VL	TOTAL			\$ 6,881.03	

**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	14/10/2022 09:48 (SGT)
Reported by	Both
Date of Accident	12/10/2022 11:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Boundary Road slip road into Upper Serangoon Road
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK4652D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	JASON TAN TIAN ANN
NRIC No	S1592003C
Email Address	jasonpac63@gmail.com
Mobile Phone No	(Phone) +65-91000608
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q5
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	2000

## INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5128551221

## DRIVER

Name of Driver	JASON TAN TIAN ANN
NRIC No	S1592003C
Date Of Birth	25/09/1963
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 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 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 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

*[Signature]*  
14/10/2022 0940HK

Sketch Plan

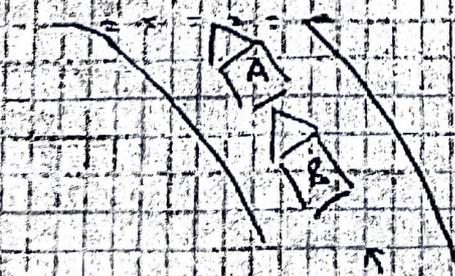
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

*[Signature]*  
Kee Chong Chiam

Upper Serangoon Road



Boundary Road

A: SKK46520

B: SBS6466X