

ASS. REC. BY:

REF:

Smo / 22011332/KV

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No:

at Workshop m/s

of

Insured: SE 9339M

Policy No.

Claims No. CMTD2204077/GPL

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:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLV 6509C Yr Regn: 01, 18

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

Truck / Trailer or

Make:

Kia Cerato K3 c.c. 1591

Colour:

N. Red

AC: Insured / Std / NI / NA

Sp. Reading

148971

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KNAI-8 411 M.T 5757659

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/40R18

R:

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

TOYO / YOKO or

Front

R/Bal.

4

mm

Rear

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

8/11/22

D.O.I.

11/11/2022

Survey held at

11:40am

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

2 PM

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

Date / Time

Action / Instruction

10/3/23 Kenneth confirmed LS \$5300 (Red 5168.40, 49%)

Date/Time, File Pass to?



: Prell. Report



: Final Report

1)

Date/Time, File Return to?

Days Of Repair: 6

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S - RS, SI

Fees

Others

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

TOTAL

Report Format: TP

Lump Sum / L.B.: (\$ 5300

Add Fee: Site Insp (\$

LTM LIM TAN MOTOR

VEHICLE NO. : SLV 6509 C
MAKE : KIA
MODEL : CERATO K3 1.6A SUNROOF
YEAR : 2018
CHASSIS NO : KNAFZ411MJ5757654

SURVEYOR NAME	:
DATE OF SURVEY	:
TIME OF SURVEY	:

DATE : 10-Nov-22
DATE OF ACCIDENT : 08-Nov-22
THIRD PARTY REF SE 9339 M
THIRD PARTY REF SOMPO INSURANCE (S) PTE LTD

Qty	Parts Description/ Labour	Type	Unit Price	Nett Item Amt	Amount
					\$ 639.00
1 pc	Rear bumper				\$ 313.00
1 pc	Rear bumper reinforcement				\$ 50.00
2 pcs	Rear bumper retainer		\$ 25.00		\$ 30.00
10 pc	Rear bumper clips		\$ 3.00		\$ 274.00
1 pc	Rear end panel				\$ 58.00
1 pc	Rear end panel garnish				\$ 639.00
1 pc	Front bumper				\$ 496.00
1 pc	Front bumper reinforcement				\$ 50.00
1 pc	Front bumper retainer		\$ 25.00		\$ 30.00
10 pc	Front bumper clips		\$ 3.00		\$ 328.00
1 pc	Front grille				\$ 4,418.00
2 pcs	Head lamp		\$ 2,209.00		\$ 7,325.00
	Less 10%				\$ 732.50
					\$ 6,592.50
1 set	Rear bumper sensor	S/N			\$ 200.00
1 pc	Front no plate	S/N			\$ 40.00
	To putty & spray paint				\$ 1,200.00
	Paint treatment				\$ 600.00
	To check front wiring & focus head lights				\$ 35.00
	To anti rust				\$ 80.00
	Labour charge				\$ 800.00
TG/ZX	TOTAL				\$ 9,547.50

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	09/11/2022 15:01 (SGT)
Reported by	Both
Date of Accident	08/11/2022 19:05 (SGT)
Exact Location of Accident	Near 3 Russels Rd, Singapore 118282
Additional Location Information	ALONG AYE NEAR ALEXANDRA HOSPITAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV6509C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEO KAIN THIONG
NRIC No	SXXXX446D
Email Address	KIANTHIONG88@HOTMAIL.COM
Mobile Phone No	(Phone) +65-82886239
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5114756834-02

DRIVER

Name of Driver	YEO KAIN THIONG
NRIC No	SXXXX446D
Date Of Birth	02/09/1988
Occupation	Outdoor

SKETCH PLAN

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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/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

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

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

Sketch Plan

