

ASS. REC. BY:

REF:

EQ / 22011988 / Kn

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.

	
N/S	O/S

Bal. or Market Value:

875k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SLB 4822R

Yr Regn:

04, 16

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

Truck / Trailer or

Make:

Jaguar XE

c.c.

1999

Colour

White

A/C:

Insured / Std / NI / NA

Sp. Reading

139931

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

SAJAB 4AG4 GA 914405

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

235/40ZR19

R:

265/35ZR19

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

TOYO / YOKO or

Falken

Front

Rear

R/Bal.

8

mm

R/Bal.

7

mm

L/Bal.

8

mm

L/Bal.

7

mm

D.O.A.

28/11/22

D.O.I.

28/12/2022

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, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

TOTAL

Not Authored
Penny B4pam
3 days



ESTIMATE TO REPAIR

VEHICLE NO. : SLB 4822 R
MAKE : JAGUAR
MODEL : XE 2.0 14P TSS
YEAR : 2015
CHASSIS NO : SAJAB4AG4GA914405

SURVEYOR NAME :
DATE OF SURVEY : 28-Nov-22
TIME OF SURVEY : 12:41:13 PM

DATE : 29-Nov-22
DATE OF ACCIDENT : 28-Nov-22
THIRD PARTY REF : GBD 8605 H
THIRD PARTY REF : EQ INSURANCE CO LTD

Qty	Parts Description/ Labour	Type	Unit Price	Nett Item Amt	Amount
1pc	front bumper				\$ 5,300.00
1pc	front bumper reinforcement				\$ 1,200.00
1pc	front no plate garnish				\$ Sn 105.00
1pc	front grille				\$ 535.00
1pc	n/s head lamp				\$ CM 4,990.00
1pc	front support panel				\$ 1,850.00
					\$ 13,980.00
					\$ 1,398.00
					\$ 12,582.00
1pc	front no plate	S.Nett			\$ Nu 40.00
	To putty & spray paint				\$ 1,200.00
	To check front wiring & focus head lights				\$ 30.00
	Labour charges				\$ 800.00
TG/VL	TOTAL				\$ 14,652.00
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:					

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	29/11/2022 12:16 (SGT)
Reported by	Both
Date of Accident	28/11/2022 16:00 (SGT)
Exact Location of Accident	11 Rosewood Dr, Singapore 737939
Additional Location Information	11 ROSEWOOD DRIVE CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB4822R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG GIM NAM
NRIC No	S7207911F
Email Address	ANGGNE@GMAIL.COM
Mobile Phone No	(Phone) +65-91813972
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Jaguar
Model	Xe
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	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01005723

DRIVER

Name of Driver	ANG GIM NAM
NRIC No	S7207911F
Date Of Birth	04/03/1972
Occupation	Indoor

29/11/2022

RESULTS

- [illegible]

Handed by Reading Centre Pascendi.
(Name as in NRIC card) **QUEK ZIXUANG**

28/10/01 2. 1 on pm
H Rosewood Driv
Car park
H Sub 1834
H GPO 2655-1
GPO 2655-1