

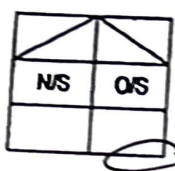
Kenneth

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To inspect Vehicle No: _____
at Workshop m/s: Motex Edk
of 03-06 375F
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.



Bal. or Market Value: \$42k
IDAC Accident Report: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 03 days Res.: Yes or No
Lum Sum: 1.61 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SGD1632R Yr Reg: 11.13
Type: McCar M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or (A)
Make: Audi A6 cc 1984
Colour: A.P. White AC: Insured / Std / NI / NA
Sp. Reading: 119086 T/Radio: Insured / Std / NI / NA
Eng No: _____
C/Nr: WAUZZZ4G8EN025289
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Mod: NI / S/Rim / STD A/Rim or
Tyre Size: F: 225/55R17
R: _____

BS / DUN / EXNOVA / GY / FS / LZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front		Rear	
R/Bal	<u>5</u> mm	R/Bal	<u>5</u> mm
L/Bal	<u>5</u> mm	L/Bal	<u>5</u> mm
D.O.A	<u>25/12/22</u>	D.O.L	<u>29/12/202</u>

Survey held at _____
Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
Rear o/s

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

Kenneth confirmed final fig: \$4366.11 and 3 days
(red, \$2795.89, 39%)

Date/Time, File Pass to? ☐ : Prell. Report
1) 16/01/23 ☐ : Final Report
Date/Time, File Return to?

Days Of Repair: 3
Resurvey No. of Trip: 1

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

Survey Fee:
Transportation
S - RS \$
F - RS \$
Others

Report Format : tp
Lump Sum / I.B.I: (\$ 4366.11)

TOTAL

MOTOR EDGEVANTAGE PTE LTD

160 Sin Ming Drive, Sin Ming AutoCity #03-01/02, Singapore 575722 & GST 201534758N
+65 6453 7683 clientservices@edgevantage.com www.edgevantage.com

To:

Mr Charles Loh

SGD1632R, AUDI , A6 2.0 TFSI MU
1003 Bukit Timah Road
The Sterling
Singapore 596289

Attn: Charles Loh (91058999)

NOT Authorized
Repair B4 pain
3 days

Work Order

Job No. : WJ2212321

Date : 27/12/2022

Time in : 27/12/2022 13:00

Time out :

T	Job Description	Operation	Quantity	UOM	Unit Price	Amt
Essential Works						
S	Audi rear boot lid lamp RH (outer) A6	CM	1.00	PCS	600.00	600.00 ✓
S	Audi rear boot lid lamp RH (inner) A6	CM	1.00	PCS	600.00	600.00 ✓
S	Audi rear bumper assembly A6	Bul / Cr	1.00	PCS	2,100.00	2,100.00 ✓
S	Audi rear bumper lower diffuser A6	Cr	1.00	PCS	422.00	422.00 ✓
S	Audi rear bumper side bracket RH A6	in	1.00	PCS	70.00	70.00 X
S	Audi boot lid emblem (2.0T)	in	1.00	PCS	110.00	110.00 ✓
S	Audi rear bumper tow cover A6	in	1.00	PCS	80.00	80.00 X
S	Audi rear bumper reinforcement bar A6	58	1.00	PCS	1,180.00	1,180.00 ?
S	Audi rear bumper parking sensor A6		1.00	PCS	280.00	280.00 ?
S	To remove/install & replacement of rear bumper, rear bumper lower diffuser , rear bumper side bracket, rear bumper reinforcement bar , To transfer bumper components parts		1.00		800.00	800.00 300
S	To putty , spray painting rear bumper & boot lid assembly		1.00		800.00	800.00 440
S	To check wiring including electrical for fault code & reset		1.00		120.00	120.00 60

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:

is a computer generated Work Order . No Signature is required.

Subtotal

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	26/12/2022 09:30 (SGT)
Reported by	Driver
Date of Accident	25/12/2022 10:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI AIRPORT BEFORE THOMSON ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD1632R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHAY LENG
NRIC No	S1584375F
Email Address	LOHCHAYLENG@GMAIL.COM
Mobile Phone No	(Phone) +65-97103573
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A6
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	5063910408-09

DRIVER

Name of Driver	LOH JOON YONG ELWIN
NRIC No	S9604883A
Date Of Birth	03/02/1996

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 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 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

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

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

Sketch Plan

VEH A:SGD1632R
VEH B:GBC5749B
VEH C:SMW1209J