

ASS. REC. BY:

REF:

EQ / 23000867 / kv

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.

Bal. or Market Value: \$50k

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 04 days

Res.: Yes or No

Lum Sum: 1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: 504 5800X

Yr Regn: 02, 17

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

Truck / Trailer or _____

Make: Mazda 2

c.c. 1496

Colour: M. P. Red

A/C: Insured / Std / NI / NA

Sp. Reading 39110

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MM 60L 2 PAAG W 192065

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD / Rlm or

Tyre Size: F: 185/60R16

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 8 mm

R/Bal. 8 mm

L/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 19/1/23

D.O.I. 30/1/2023

Survey held at _____

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech Invs (\$)

☐

: Weekend (\$)

S - RS. \$

: Parts

: Others

TOTAL

Report Format :

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

源摩哆廠 GUAN MOTOR WORKS

Business Regn. No: 081026001

176 Sin Ming Drive #02-03 Sin Ming Autocare Singapore 575721 Tel: 6453 6111 Fax: 6453 8292 I/P: 9742 6103

REPAIR ESTIMATE SDY5800X

No.	Qty	List Items			
1	1	Rear bumper	\$	954.50	7
2	1	Rear bumper LH reflector	\$	53.00	X
3	1	Rear bumper LH side retainer	\$	25.80	X
4	1 set	Rear bumper clips	\$	30.00	7
5	1	LH taillamp	\$	395.30	✓
6	1	Rear LH fender	\$	996.60	X
7	1	Rear windscreen moulding	\$	59.50	X
			\$	2,514.70	
			Less 10%	\$	251.47
			Total :	\$	2,263.23

<u>Special Nett Items</u>				
8	1 set	Rear windscreen sealant	\$	60.00 X

<u>Labour</u>				
1	Labour Charges for remove/refit, cutting/welding and replacement of damages.	\$	1,000.00	500
2	To putty and spray Spray Paintings charges.	\$	800.00	440
3	To remove, refit rear windscreen glass.	\$	140.00	X
4	To check wirings and lightings.	\$	40.00	20
5	To remove, refit reverses sensors.	\$	80.00	?
6	To remove, refit rear seats assy, roof lining, rear upholstery & etc..., to facilitate repair.	\$	180.00	60
7	To supply and apply anti rust treatment	\$	80.00	X
		Total :	\$	2,320.00

Total Parts and Labour : \$ 4,643.23

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:

NOT Notified
Penny B4 pain
4 days

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	20/01/2023 10:25 (SGT)
Reported by	Both
Date of Accident	19/01/2023 15:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GREENRIDGE SHOPPING CENTRE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDY5800X
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAU HWAI KEONG MICHAEL
NRIC No	S1440176H
Email Address	MICHAEL.LAUHK@GMAIL.COM
Mobile Phone No	(Phone) +65-98809088
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	2
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	1500

INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Policy Number / Cover Note Number	MP319829

DRIVER

Name of Driver	LIM BOON GOEN LYDIA
NRIC No	S1401562J
Date Of Birth	17/03/1960
Occupation	Indoor

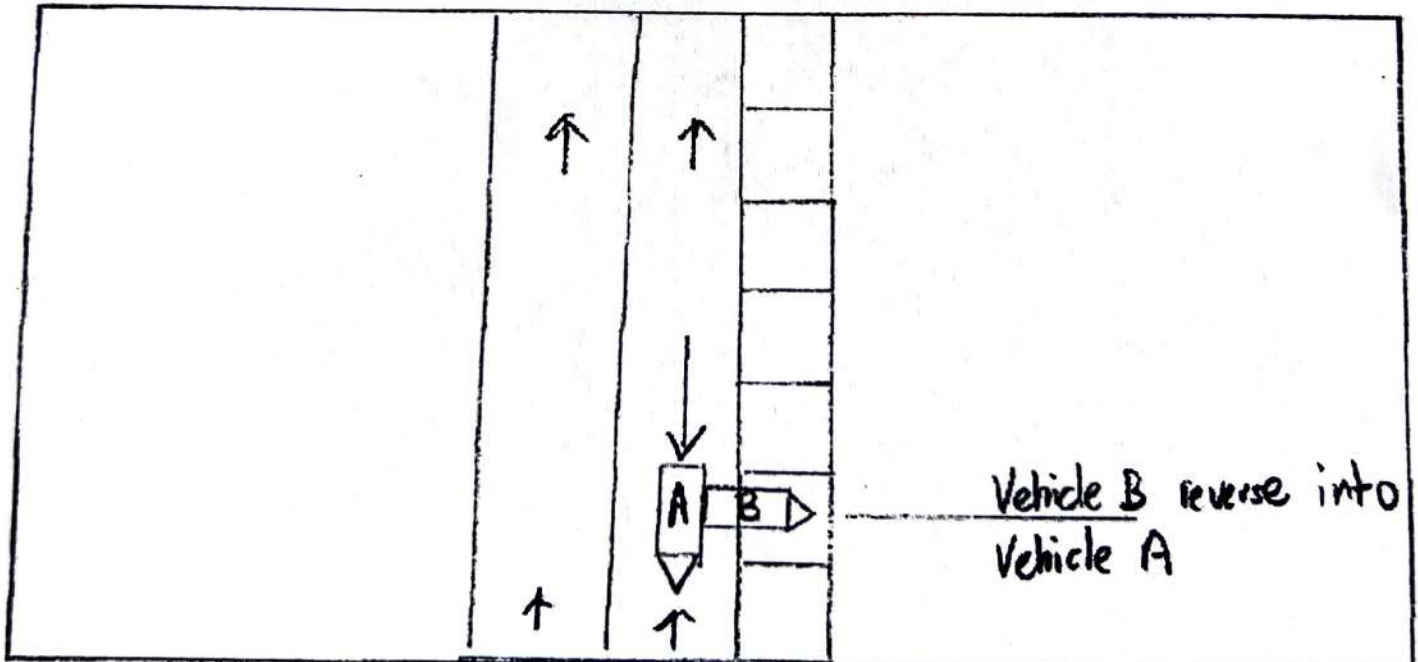
SKETCH PLAN

IMPORTANT NOTICE

HL
Vehicle: SDY5800X
20/01/2023

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 Authorised 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 Police for investigation.
6. The 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 final 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 be 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 be 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/ may not 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.

Sketch Plan



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



ALL INFORMATION COMPANY