

ASS. REC. BY:

REF:

HSB/23001562/kn

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:

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:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05

days

Res.:

Yes or No

Lum Sum:

20

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

84490911

Veh No:

SLG 351E

Yr Regn:

06.17

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

Truck / Trailer or

Make:

His Cerato K3 c.c. 1591

Colour:

White

A/C: Insured / Std / NI / NA

Sp. Reading

85825

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KNAFX 411M35724978

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/55R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

10/2/23

D.O.I.

23/2/2023

Survey held at

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

015TH

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

Prel. Report

☐

Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

) S - RS. SI

) P. 1/2

) Others

Report Format :

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

TOTAL

Our Ref: SLQ351E

Your Ref: SHC7798A

S/NO	QTY	DESCRIPTIONS	ASSESSED CONDITION	EST. BY WORKSHOP
<b>PARTS REPLACEMENT - LIST ITEMS</b>				
1	1	FRONT FENDER RH		\$ <i>Ry</i> 585.89 ✓
2	1	FRONT FENDER INNER SHIELD RH		\$ <i>DIY Ry</i> 270.98 ✓
3	1	FRONT DOOR RH		\$ <i>Ry</i> 1,748.98 ✓
4	1	SILL PANEL RH		REPAIR
5	1	TAILGATE		REPAIR
			SUB TOTAL	\$ 2,605.85
			LESS 10%	\$ 260.59
			TOTAL AMOUNT	\$ 2,345.27

Our Ref: SLQ351E

Your Ref: SHC7798A

S/NO	QTY	SPECIAL NETT ITEMS	ASSESSED CONDITION	EST. BY WORKSHOP
1	1	FENDER INNER SHIELD CLIPS		\$ <i>Ry</i> 35.00 ✓
2	1	FRONT WHEEL TYRE RH		\$ <i>Ry</i> 250.00 X
3	1	FRONT WHEEL RIM RH		\$ <i>Ry</i> 350.00 250.00
			SUB TOTAL	\$ 635.00
			TOTAL PARTS COST	\$ 2,980.27

*Not Authorized  
L/Ring &  
Mechanic After Paint  
5 days*

**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:



Our Ref: **SLQ351E**

Your Ref: **SHC7798A**

S/NO	DESCRIPTION	EST. BY WORKSHOP		
<u>LABOUR &amp; PAINTWORK</u>				
1	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; PANEL BEAT & RESHAPE THE AFFECTED AREAS AND REPLACED THE DAMAGED PARTS AND COMPONENTS	\$	800.00	600
2	TO REMOVE & REFIT DOOR MECHANISM	\$	100.00	60
3	TO RESPRAY AND SUPPLY EXPANDABLE ITEMS & PUFFY ON PARTS REPLACED	\$	800.00	600
4	TO PERFORM ANTI-RUST TREATMENT ON AFFECTED AREAS	\$	100.00	80
5	SUNDRIES (SAND PAPER, WELDING WIRE ETC.)	\$	na 60.00	x
6	TO VACUUM, WAXING & CLEAN	\$	na 60.00	x
7	TO PERFORM WATER SEEPAGE TEST ON REPAIRED PORTIONS	\$	50.00	20
		TOTAL BEFORE GST	\$	4,950.27
		GST 8%	\$	396.02
		TOTAL (PARTS & LABOUR):	\$	5,346.29

**Adjustments / Recommendations**

Our estimator have thoroughly inspected each and every item on the estimate against physical damage found on the vehicle and have listed the breakdown of our finding and recommendation.

Our Workshop has agreed to undertake the job at a sum of \$ 5,346.29 for lump sum with the third party insurance.

Yours Faithfully,

Ck Loh  
Claims Estimator

## 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	11/02/2023 12:33 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/02/2023 23:30 (SGT)
Exact Location of Accident	Yishun Ring Rd, Singapore
Additional Location Information	APT BLK 118 YISHUN RING ROAD #08-675
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ351E
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	OH AH KIN
NRIC No	SXXXX133H
Email Address	janice0323@gmail.com
Mobile Phone No	(Phone) +65-97892321
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1591

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1700018136-05

#### DRIVER

Name of Driver	OH AH KIN
NRIC No	SXXXX133H
Date Of Birth	23/03/1967
Occupation	Indoor



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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)

Sketch Plan

