ASS. REC. BY: Kenneth

REF: CT21

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s ICIC HIN

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: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 1-B1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SJY 6877Y Yr Regn: 10 / 21

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Jeep

Make: Suz Jimny c.c 1460

Colour Green A/C: Insured / Std / NI / NA

Sp.Reading 9932 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JB74W - 117536

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/80R15

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.	19/2/23	D.O.I.	28/2/2023

Survey held at ✓

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____ Survey Fee

Transportation

Add Fee: ☐ : Site Insp ($) S - RS SI

☐ : Interview ($)

☐ Tech Invs ($)

☐ Weekend ($)

Report Format :

Lump Sum / I.B.I: ($

Not Authorised
Resurvey B4 paint
5 days

金興(巢)汽車私人有限公司
K. KIM HIN AUTO PTE LTD
160 Sin Ming Drive #02-18/19/20
Sin Ming AutoCity
Singapore 575722
Tel: 6452 7018 (5 Lines) Fax: 6458 3895

No. : 32781

Vehicle Insured : SLM 8304 K
Accident Date : 19-Feb-2023

Date : 23-Feb-2023

Our Ref : 023080 (CHINA) / THERESA

PAGE : 1

JENNIFER LEE BEE KIM (MS)
Singapore

ESTIMATED COST OF REPAIR FOR SUZUKI JIMNY SIERRA 1.5JC AUTO-2021 SJY6877Y

1 pc	front number plate base garnish	Rel	60.00
1 pc	front bumper	Rel/Rs	595.00
1 pc	front bumper centre grille	Rs	65.00 X
1 pc	LH front bumper foglamp		470.00 ?
1 pc	LH front bumper foglamp bracket		55.00 ?
1 pc	front bumper reinforcement		80.00 ?
1 pc	LH headlamp	Rep	1,560.00
1 pc	LH signallamp		110.00 ?
1 pc	front grille	Rm	395.00
1 pc	front grille panel	Rp	640.00
1 pc	LH front grille panel side protector-lower	Rn	40.00
1 pc	bonnet	Rr	830.00 X
1 pc	LH front fender	Rp	180.00
1 pc	LH front fender wheel arch garnish	Rn	175.00
1 pc	LH front fender wheel arch garnish seal	Rn	65.00
1 pc	LH headlamp nozzle	Rnj	65.00
			5,385.00
		Less 10% :	-538.50
			4,846.50

1 pc front number plate Rm 40.00 sn

To remove, cut out damaged parts, panel beating, welding, align, refix and to renew affected parts. 550 750.00

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:

con't Page 2 ...

Vehicle Insured : SLM 8304 K
Our Ref : 023080

To focus headlamps. To check front wiring and lighting operation.	20 50.00
To putty and respray on affected portions.	600 950.00
Total :	S$ 6.636.50

Singapore Dollars Six Thousand Six Hundred and Thirty Six and Cents Fifty Only

Note: Amount quoted above is subject to prevailing GST at time of tax invoice.

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 witholding 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	20/02/2023 20:53 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/02/2023 21:49 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CORONATION ROAD WEST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY6877Y

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JENNIFER LEE BEE KIM
NRIC No	SXXXX461D
Email Address	JENNIFER.CCONNECT@GMAIL.COM
Mobile Phone No	(Phone) +65-93856531
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Jimny
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	1460

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ22-007292

DRIVER

Name of Driver	JENNIFER LEE BEE KIM
NRIC No	SXXXX461D
Date Of Birth	07/11/1960
Occupation	Indoor

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 hard 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, 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