

ASS. REC. BY:

REF:

C721

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: _____

IDAC Accident Report: _____

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

Date / Time

Action / Instruction

Veh No: _____

S7Y 6877Y

Yr Regn: _____

10, 21

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

Truck / Trailer or

Make: _____

Puz

Tina

cc

1460

Colour: _____

Green

A/C: _____

Insured / Std / NI / NA

Sp. Reading: _____

9932

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

JB 74W

117536

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModl: ☒ 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: ☒ Fnt / ☒ Rear / ☐ O/S / ☐ N/S / ☐ UIC / ☐ Rooftop or

Fnt N/S

The UIC / Chassis frame / Body Structure affected due to collision.

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 - SI

Fees

Others

Report Format :

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

金興(興)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

Not Authorized
McKenney B4paim
5day

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

No. : 32781

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	<i>Nd</i> 60.00 ✓
1 pc front bumper	<i>Nd/Ln</i> 595.00 ✓
1 pc front bumper centre grille	<i>Ln</i> 65.00 X
1 pc LH front bumper foglamp	470.00 7
1 pc LH front bumper foglamp bracket	55.00 7
1 pc front bumper reinforcement	80.00 7
1 pc LH headlamp	<i>Ln</i> 1,560.00 ✓
1 pc LH signallamp	110.00 7
1 pc front grille	<i>CM</i> 395.00 ✓
1 pc front grille panel	<i>B</i> 640.00 ✓
1 pc LH front grille panel side protector-lower	<i>Ln</i> 40.00 ✓
1 pc bonnet	<i>N</i> 830.00 X
1 pc LH front fender	<i>R</i> 180.00 ✓
1 pc LH front fender wheel arch garnish	<i>Ln</i> 175.00 ✓
1 pc LH front fender wheel arch garnish seal	<i>Ln</i> 65.00 ✓
1 pc LH headlamp nozzle	<i>Ln</i> 65.00 ✓

	5,385.00
Less 10% :	-538.50

	4,846.50

1 pc front number plate

CM 40.00 *snL*

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

55d
 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:

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No. : 32781

201
50.00

600
950.00

Total : S\$ 6.636.50

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 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	20/02/2023 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

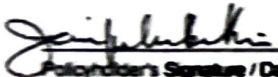
SKETCH PLAN

IMPORTANT NOTICE

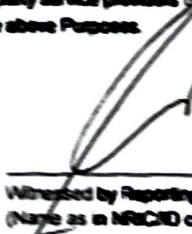
1. Please report promptly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow 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 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 lodging 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/authorities (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 correspondence 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 situated 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

