

ASS. REC. BY:

REF:

EQ / 23602552/kw

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP INVS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No:

at Workshop no:

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Vch:

(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

GA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lump Sum:

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SLA 6993E

Yr Regn:

03, 16

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

Truck / Trailer or

Make:

Honda

cc

1997

Colour:

White

AC

Insured / Std / NI / NA

Sr. Reading:

129829

TR

Insured / Std / NI / NA

Eng No:

C/Nr:

TAMGK 58506 X 202024

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NI / SR / STP / SR or

Tyre Size:

F:

185/55R16

R:

SS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUNN / TOYO / YOKO or

Front

R/Sal:

6

mm

Rear

R/Sal:

6

mm

L/Sal:

6

mm

L/Sal:

6

mm

D.O.A:

25/2/23

D.O.I:

13/3/2023

Survey held at

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

N/S body

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

Date/Time, File Pass to?

☐

Preli. Report

☐

Final Report

R

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS - SI

P - M

Others

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format:

Lump Sum / LB.I (\$

AUTOWORX HOUSE

176 SIN MING DRIVE #02-01 SINGAPORE 575721
TEL: 6452 8211 FAX: 6451 7420

ESTIMATE

TEH YI JUN
c/o 46 Lenton Plain
Singapore 786548

Date: 10/05/2018

*Not Withheld
6/1 Rmp &
Resurvey After Paint
4 days*

QUANTITY	PARTICULARS	AMOUNT (\$)
RE: HONDA JAZZ / SLA 6493 Z		
1 pc	front door	Rs 963.50
1 pc	front door lock	Rs 379.30
1 pc	front door lock catch	Rs 98.00
1 pc	front door side mirror cover	Rs 378.00
1 pc	front door outer moulding	Rs 253.90
1 pc	front door rubber lower	Rs 92.80
1 pc	front door regulator gear	Rs 356.30
1 pc	front door regulator motor	Rs 386.80
1 pc	front door side mirror	Rs 386.20
2 pcs	front door frame stickers @ 63.10	Rs 126.20
1 pc	side rocker panel trim	Rs 689.90
1 pc	rear door	Rs 863.90
1 pc	rear door hinge upper	Rs 159.30
1 pc	rear door hinge lower	Rs 150.90
1 pc	rear door regulator gear	Rs 308.60
1 pc	rear door regulator motor	Rs 360.90
1 pc	rear door weatherstrip	Rs 273.50
1 pc	rear door weatherstrip side	Rs 108.20
1 pc	rear door weatherstrip lower	Rs 81.50
1 pc	rear door checker	Rs 120.80
2 pcs	rear door frame sticker @ 68.40	Rs 136.80
sub total		6,675.30
Less 20%		1,335.06
sub total		5,340.24

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:

balance brought forward.

5,340.24

To remove replace the parts mentioned above, panel beat and realign the necessary affected areas.

~~400~~
1,000.00

To check wiring system.

~~152~~ 30.00

To apply putty & spray painting on affected areas.

~~600~~ 1,100.00

To remove carpet, trimming and seats to enable repair.

~~nn~~ 150.00

To transfer front/rear door(s) accessories.

~~nn~~ 200.00

Total

7,820.24

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	09/03/2023 17:06 (SGT)
Reported by	Driver
Date of Accident	25/02/2023 21:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA6493Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEH YI JUN
NRIC No	SXXXX796I
Email Address	jynnteh@gmail.com
Mobile Phone No	(Phone) +65-91251161
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD
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	1498

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300539234 QMY

DRIVER

Name of Driver	TEH SOON HON
NRIC No	SXXXX462C
Date Of Birth	22/09/1954
Occupation	Indoor

SKETCH PLAN

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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

Sketch Plan



Yeh A: SLA 6493Z

Yeh B: SKH 7616P