

ASS. REC. BY:

REF:

C72/ 23002704/Knp3

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:

IDAC Accident Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

02

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

04/23

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

15/3 7/12y @ 1000/

Kenneth confirmed lump sum: \$1000 and 2 days
(red, \$1851.44, 65%)

Veh No:

PTE 3782U

Yr Regn:

04, 08

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

Truck / Trailer or

Make:

Honda Stream

c.c

MPV 1799

Colour

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

261096

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

RN6

1058916

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:

R:

215/55R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal.

4

mm

Rear

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

8/3/23

D.O.I.

15/3/2023

Survey held at

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

Rear N/S

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

Date/Time, File Pass to?

1) 20/03/23

Date/Time, File Return to?

☐

Prell. Report

☐

Final Report

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee:

Transportation

\$ - RS. \$

Fees

Others

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format:

tp

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

1000

TOTAL



KGC WORKSHOP PTE LTD

Sincere • Secure • Satisfaction

Since 1987

Chan Ling Kok
14 Ang Mo Kio St 63
Block B
Singapore 569116

NOT Withheld
11Rm @1000hr
Resurvey After Repair
2 days
Date 10/3/2022
No of Page : 1/1

Registration No : SJE 3762U
Accident Date : 8-Mar-23
Our Ref : TP

Model : Honda Stream 1.8 RSZ
Chassis No: RN61056916
Engine Capacity 1.8

S/No	Qty	Items	Unit Price	Amount
1	1	Rear bumper	\$ 675.80	\$ 675.80 ✓
2	2	Rear bumper retainer RHS/LHS	\$ 38.40	\$ 76.80 X
3	1	Rear bumper reinforcement	\$ 485.50	\$ 485.50 X
4	1	Rear Bumper towing cover	\$ 38.70	\$ 38.70 ✓
				\$ 1,276.80
			-20%	\$ 255.36
Total for spare parts				\$ 1,021.44

Special Nett

1	1 set	Rear Bumper Clips	\$ 50.00	\$ 50.00 ✓
2	1 set	Rear Bumper reverse sensor	\$ 280.00	\$ 280.00 2000n
Total for SP				\$ 330.00
Sub-Total for Parts :				\$ 1,351.44

S/No	Qty	Items	Unit Price	Amount
1		To dismantle, replace, cut, weld, knock out dents to straighten accident parts as-mention repair parts, inclusive of replacement parts.		2000 600.00
2		To putty and spray paint on all accident damage parts and other accident affected areas (special paint, pearl effect)		2000 600.00
3		To remove and refit rear parking sensor and conduct safe distance setting		100.00 500
4		To check wiring system to facilitate repair and refit the same		100.00 150
5		Apply rust proofing on the adjacent panels		nn 100.00 X

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:

TOTAL AMOUNT : 1,500.00
OVERALL COST : 2,851.44

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 08/03/2023 16:48 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 08/03/2023 08:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG ANG MO KIO AVE 5
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJE3762U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHAN LING KOK
NRIC No S7660057J
Email Address lkchan76@hotmail.com
Mobile Phone No (Phone) +65-90665616
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model STREAMLINE RS 1.8
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 1799

INSURANCE COMPANY

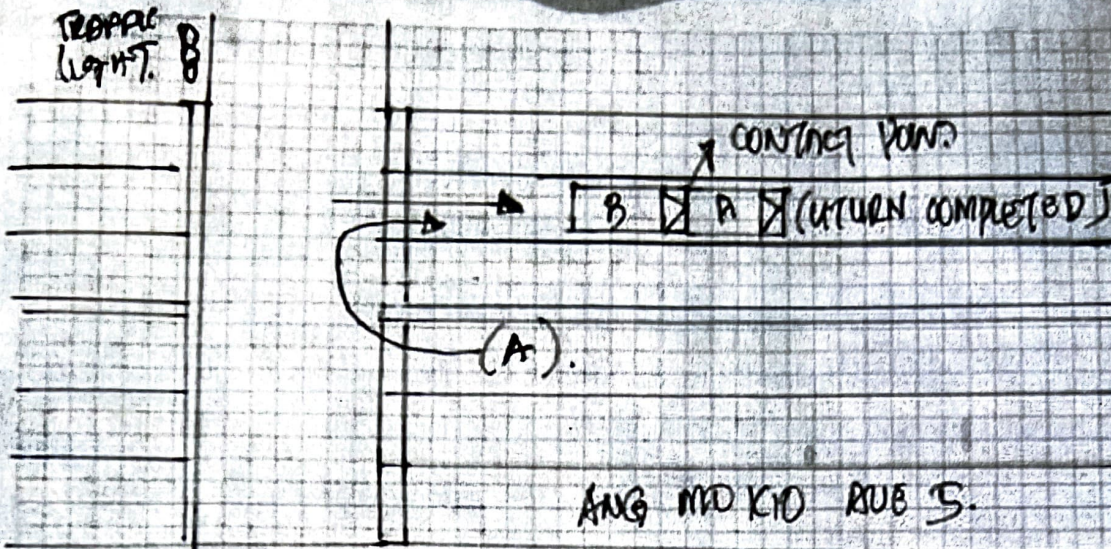
Name of Insurance Company Singapore Life Ltd
Policy Number / Cover Note Number 11041252

DRIVER

Name of Driver CHAN LING KOK
NRIC No S7660057J
Date Of Birth 06/05/1976
Occupation Indoor

ACCIDENT DIAGRAM

Ver. 30042021



A: SUE 37624

B: GBL 2668Z

[Signature]

X

VERIFIED BY AJAX MARS (ARC)

REPORTING OFFICER

HASHIM BIN KAMARI

Policyholder's Signature

Date & Time: 9/6/03 11:03am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No: