

ASS. REC. BY:

REF:

GRB / 23 003413/K

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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4.5

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLA 5208M

Yr Regn:

03/16

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

Truck / Trailer or

Make:

Honda

(A)

Jazz

c.c

1498

Colour

M. Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

57764

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JHMGK 58506X 201781

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:

185/55R16

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

Continental

Front

Rear

R/Bal.

9

mm

R/Bal.

7

mm

L/Bal.

9

mm

L/Bal.

7

mm

D.O.A.

24/3/23

D.O.I.

3/4/2023

Survey held at

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

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

Date / Time

Action / Instruction

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:

S - RS - SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

# 趙源摩哆 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5  
#01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047  
Tel: 6484 1626 (24Hrs) Fax: 6484 0465  
Business Reg. No: 221880/00C GST Reg. No: MX-0486007-A0

To: India International Insurance Pte Ltd

Accident Date : 24.03.2023

Not Notarised  
11 Png &  
Manny Adu Paim  
4-5 days

Policy No: \_\_\_\_\_

Date: 01.04.2023

Specialised in Car Painting, Welding,  
Panel-Beating and Insurance Claim.

## ESTIMATE

承接汽车烧焊喷漆及  
代理各种车辆赔偿

数量 Quantity	货名 DESCRIPTION	单价 Unit Price	银 Amount 额 \$ cts.
	Estimate Cost of Repair to "Honda Jazz" Reg. No. SLA5208M Claiming Against Your Insured Veh. No. SLJ3379T		
1pc	Tailgate		1,233.00 ✓
1pc	Tailgate Emblem		76.00 X
1pc	Tailgate Badge Jazz		61.00 ✓
1pc	Tailgate Glass Top Moulding		105.00 ✓
2pcs	Tailgate Glass Side Mouldings	50.00	100.00 ✓
1pc	Tailgate Glass Lower Moulding		85.00 X
1pc	Tailgate Lock		194.00 ✓
1pc	Tailgate Trim Board Clips	4.50	45.00 X
1pc	Tailgate Weatherstrip		135.00 306.00
1pc	Rear Bumper		632.00 ✓
12pc	Rear Bumper Clips	4.50	54.00 ✓
1pc	Rear Bumper Brackets	105.00	210.00 X
2pcs	Rear Bumper Retainers	35.00	70.00 X
1pc	Rear Bumper Sensor Buzzer		115.00 ?
1pc	Rear Bumper Inner Auto Boot Sensor		245.00 ?
1pc	End Panel		598.00 ?
1pc	End Panel Garnish		185.00 ?
	Less 20%		4,143.00
			828.60
			3,314.40
	Rear Bumper Reverse Sensor		280.00 SN
	To Transfer Tailgate Fittings / Ancillary Accessories		150.00 601
	To Dismantle / Refit Tailgate Glass		120.00 ✓
	To Dismantle / Transfer Rear Spare Tyre Panel Inner Trims Boards / Garnish and Rear Fenders Inner Trims Boards / Garnish to Facilitate Repair		110.00 ?
	To Apply Rust Proofing / Reseal Tuff Coating Treatment to Respray / Replaced / Repair Panel		50.00 ?
	To Conduct Rear Electrical Check, Replace Reverse Sensors, Module, Rewiring etc		100.00 601
	Labour Charge - Panel Beating, Repairing Of Rear Chassis, End Panel, Floor Panel & Part Replacement		950.00 ?
	To Respray Affected Areas		850.00 601
	Total :		5,924.40

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:



# 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 ..... 25/03/2023 12:09 (SGT)  
Reported by ..... Both Policyholder and Actual Driver  
Date of Accident ..... 24/03/2023 18:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BASEMENT 2 CARPARK, WATERWAY POINT, 83 PUNGGOL  
Country/State of Loss ..... CENTRAL, S(828761)  
Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLA5208M

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... GABRIEL TAN SHYONG-FEY  
NRIC No ..... SXXXX032F  
Email Address ..... GABRIELTANSF@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-98488460  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Jazz  
Variant ..... HONDA / JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD  
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 ..... 1498

### INSURANCE COMPANY

Name of Insurance Company ..... HL Assurance Pte Ltd  
Policy Number / Cover Note Number ..... MP309393

### DRIVER

Name of Driver ..... GABRIEL TAN SHYONG-FEY  
NRIC No ..... SXXXX032F  
Date Of Birth ..... 01/12/1976

# 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 Authorised 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. The 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.

### 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

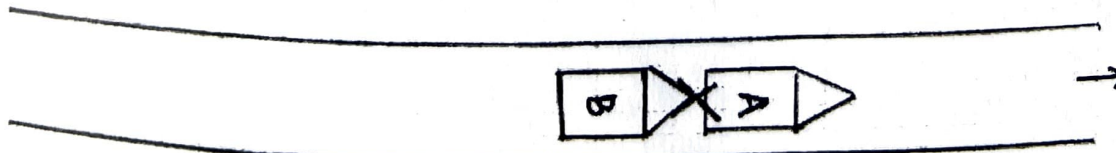
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



LOCATION: BASEMENT 2 CARPARK, WINTERWAY POINT, 83 PUNGGOL CENTRAL, S(828761)  
VEH A: SLA 5208W  
VEH B: SLJ 8379T