

ASS. REC. BY:

REF:

105/ 23004119/Kn

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s HC

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: 871k

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 05 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SUP 71025 Yr Regn: 06.17Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAMake: Audi A1 TFSI cc 999Colour: M. Blue AC: Insured / Std / NI / NASp. Reading: 64729 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: W A U 8888 X 2113 078229Gen. Cond: Good Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: NI / S/Rim / STD / ATRim orTyre Size: F: 205/55R16

R: _____

BS / DUN / EXNOVA / GY / FS / LZA / MIC / OHTSU / PRT / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal: 7 mmR/Bal: 7 mmL/Bal: 7 mmL/Bal: 7 mmD.O.A. 17/4/23D.O.I. 21/4/2023

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop oro/s body

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transporter: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)

S - RS. SI

P. & S.

Others

Report Format :

Lump Sum / LB.I: (\$ _____)

TOTAL

H C AUTO PTE LTD

160 Sin Ming Drive #05-09 Sin Ming Auto City Singapore 575722

Tel : 6457 0678 Fax : 6457 8287

Co. and GST Reg. No. : 200820153N

Date : 18 / 04 / 2023

ESTIMATE COSTS OF REPAIR

Ms Lau Yan Lin, Sabrina

C/o 160 Sin Ming Drive

#05-09 Sin Ming Auto City

Singapore 575722

*Not Withheld
1/18/23
Permy After Repair
5 days*

Dear Sir / Madam ,

Vehicle no. : SLP 7102 S - Audi A1 SB 1.0 TFSI (PI)

Accident date : 17 / 04 / 2023

Quantity	Descriptions	Amount (S\$)
1	1 pc front bumper	\$ K 2,400.00 X
2	1 pc o/s front bumper side retainer	\$ S 180.00 X
3	1 pc o/s side mirror	\$ S 900.00 ✓
4	1 pc o/s front door	\$ M 2,100.00 ✓
5	2 pcs front door hinge	\$ K 180.00 X
6	1 pc o/s front door weather-strip	\$ S 300.00 X
7	1 pc o/s front door inner trim	\$ S 1,800.00 X
8	1 pc o/s front door inner lock	\$ K 600.00 X
9	1 pc o/s front door channel rail	\$ S 400.00 X
10	1 pc o/s front door regulator gear	\$ S 800.00 X
11	1 pc o/s front door regulator motor	\$ S 1,200.00 X
12	1 pc o/s front door glass outer molding	\$ S 380.00 X
13	1 pc o/s front fender	\$ B 920.00 ✓
14	1 pc o/s front fender inner garnish	\$ S 270.00 X
15	1 pc o/s rear door	\$ K 2,200.00 X
16	2 pcs rear door hinge	\$ K 180.00 X
17	1 pc o/s front shock absorber	\$ 520.00 7
18	1 pc o/s front kunckle arm	\$ 950.00 7
19	1 pc o/s front kunckle arm bearing	\$ 570.00 7
20	1 pc o/s front lower arm	\$ 480.00 7
21	1 pc steering rack & pinion	\$ S 4,800.00 X
		\$ 22,130.00
22	1 pc o/s front wheel tyre	\$ S 780.00 sn X
23	1 pc o/s front wheel rim	\$ 1,400.00 sn
Balance C/FD		\$ 24,310.00

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Balance B/FD (SLP 7102 S)

\$ 24,310.00

Labour charges
To putty and spray painting
Re-seal anti rust
To check, replace, repair wiring, reset fault code
To check wheel alignment
To transfer door
Remove and refix cushion seat, garnish, carpet, roof top, etc

\$ 4,800.00 8001
\$ 2,500.00 8001
\$ 200.00 301
\$ 280.00 7
\$ 120.00 601
\$ 250.00 601
\$ 2,800.00 X

\$ 35,260.00

\$ 2,820.80

Add : 8% GST

Grand total

\$ 38,080.80

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 18/04/2023 13:31 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 17/04/2023 17:25 (SGT)
Exact Location of Accident Braddell Rd, Singapore
Additional Location Information filter lane to CTE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLP7102S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Lau Yan Lin Sabrina
NRIC No SXXXX073C
Email Address sabrinalau83@yahoo.com.sg
Mobile Phone No (Phone) +65-90056043
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Audi
Model A1
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 1000

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSNW00166402200

DRIVER

Name of Driver Lau Yan Lin Sabrina
NRIC No SXXXX073C
Date Of Birth 03/08/1983
Occupation Indoor

IMPORTANT NOTICE

SKETCH PLAN

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- 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 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

18 APR 2023

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

18 APR 2023

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Jenny Lim

Sketch Plan

