

ASS. REC. BY:

REF:

IPC / 23 00 42781K4

Kenneth

ASSISTANT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s LIM TAN

of 7568

Insured: _____

Policy No. _____

Claims No. _____

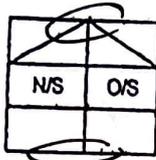
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: 8106K

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 68 days Res.: Yes or No

Lum Sum: 1.8.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

VIN: SNH454R Yr Regn: 07.20

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

Truck / Trailer or

Make: Mazda 3 c.c. 1496

Colour: M. Red A/C: Insured / Std / NI / NA

Sp. Reading: 48938 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6BP2 SAAK 1101784

Gen. Cond: Good / Fair / Poor / Burnt

Sleeping: Inc / Jammed / Leaked / Burnt or

Brakes: Inc / Jammed / Leaked / Burnt or

Modl: Nil / SR / STD A/R / m or

Tyre Size: F: 225/45R17

R: _____

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

Front: _____ Rear: _____

R/Bal: 7 mm R/Bal: 7 mm

L/Bal: 7 mm L/Bal: 7 mm

D.O.A: 18/4/23 D.O.I: 27/4/2023

Survey held at _____

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

& RT

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

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prell. Report

Days Of Repair: _____

1) _____

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

2) _____

Add Fee: : Site Insp (\$ _____)

Transportation: _____

: Interview (\$ _____)

Paints: _____

: Tech Invs (\$ _____)

Others: _____

: Weekend (\$ _____)

TOTAL

Report Format :

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

Empty box for stamp or signature.

Not Notified
 Re survey B4 paint
 6-8 days



ESTIMATE TO REPAIR

VEHICLE NO. : SNH 454 R
 MAKE : MAZDA
 MODEL : MAZDA 1.5 AT M-HYBRID CLASSIC
 YEAR : 2020
 CHASSIS NO : JM6BP2SAAK1101784

SURVEYOR NAME	:	
DATE OF SURVEY	:	
TIME OF SURVEY	:	

DATE : 20-Apr-23
 DATE OF ACCIDENT : 18-Apr-23
 THIRD PARTY REF : GBG 5984 S
 THIRD PARTY REF : LONPAC INSURANCE BHD

Qty	Parts Description/ Labour	Type	Unit Price	Nett Item Amt	Amount
1 pc	Rear bumper				\$ 1,143.51
1 pc	Rear bumper reinforcement				\$ 621.53
2 pc	Rear bumper retainer		\$ 23.52		\$ 47.04
2 pc	Rear bumper reflector		\$ 43.33		\$ 86.66
2 pc	Rear bumper sensor		\$ 217.88		\$ 435.76
2 pc	Rear bumper tow cover		\$ 39.62		\$ 79.24
10 pc	Rear bumper clips		\$ 4.00		\$ 40.00
1 pc	Rear end panel				\$ 793.05
1 pc	Rear end panel garnish				\$ 79.32
1 pc	Rear spare tyre top cover				\$ 671.34
1 pc	Rear boot lid				\$ 1,193.15
1 pc	Rear boot lock				\$ 193.78
1 pc	Rear boot rubber				\$ 167.23
1 pc	Rear boot centre emblem				\$ 374.15
1 pc	Rear boot Mazda 3 emblem				\$ 39.62
1 pc	M hybrid emblem				\$ 45.25
1 pc	Skyactivg emblem				\$ 48.72
2 pc	Rear boot lamp		\$ 561.85		\$ 1,123.70
2 pc	Tail lamp		\$ 864.10		\$ 1,728.20
1 pc	Front bumper				\$ 867.30
1 pc	Front bumper reinforcement				\$ 621.53
2 pc	Front retainer		\$ 23.52		\$ 47.04
1 pc	Front grille				\$ 187.03
2 pc	Headlamp		\$ 2,379.98		\$ 4,759.96
1 pc	Front support panel				\$ 1,171.32
	Less 20%				\$ 16,565.43
					\$ 3,313.09
					\$ 13,252.34
1 Set	Number plate	S/N			\$ 80.00
	To putty & spray paint				\$ 1,300.00
	To check front wiring & focus headlights				\$ 30.00
	To check rear wiring & water leakage				\$ 30.00
	To anti rust				\$ 80.00
	Labour charge				\$ 1,200.00
TG/ZX	TOTAL				\$ 15,972.34

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: _____

12-C6Z5
 1000Mbps
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 kernet
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 8/20
 7
 201
 6/01
 7

SN07234J000F / Income Insurance Limited
ENTRY DATE & TIME: 19/04/2023 12:16 (SGT)
SUBMITTED BY: Tang Chun Kiet
VERSION: 1 (19/04/2023 12:16 (SGT))

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	19/04/2023 12:16 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/04/2023 18:27 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MCE KPE BEFORE KPE ENTRANCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNH454R

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED ASYRAF BIN MOHAMED AKBAR
NRIC No	S9218756Z
Email Address	mohamed.asyraf@gmail.com
Mobile Phone No	(Phone) +65-97397946
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5133786923

DRIVER

Name of Driver	MOHAMED ASYRAF BIN MOHAMED AKBAR
NRIC No	S9218756Z
Date Of Birth	04/06/1992
Occupation	Indoor

SKETCH PLAN

INCOME MOTOR SERVICE CENTRE

Report No: 1277

Date: 18/04/2023
Time: 18:27 hrs

Report Date & Start Time: 18/04/2023 / 12:02

Vehicle No: SNH454R Reporting Type: _____

IMPORTANT NOTICE

SKETCH PLAN

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 willful misrepresentation or withholding of material facts may allow insurance companies to invalidate 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 CIA 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 if required.

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 be 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 be 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.

April

19/04/23 / 12:02

Policyholder's Signature / Date & Time

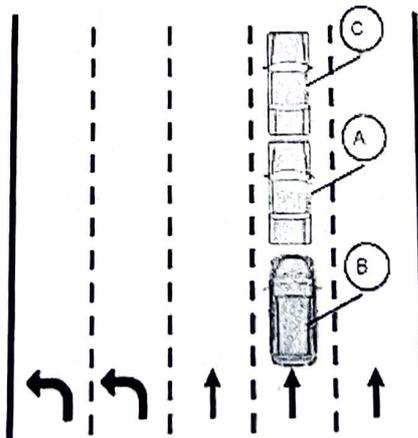
Sketch Plan

19/04/23 / 12:02

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

Tang Chun Kiet (S098825)
Customer Care Executive
Motor Service Centre

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



Vehicle A: SNH454R

Vehicle B: GBG5984S

Vehicle C: SLT8913R