

ASS. REC. BY:

REF:

AGY 23004544/Ky

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s Alan's

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

10:30am

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \$65k

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 06 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: PM 9214T Yr Regn: CA 19

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

Truck / Trailer or AJ

Make: Mit Attrage C.C. 1193

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

Sp. Reading: 42773 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NMBSTA13AKH 002773

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: _____

R: 185 155 R15

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

TOYO / YOKO or

Front

Rear

R/Bal. 3 mm

R/Bal. 3 mm

L/Bal. 3 mm

L/Bal. 3 mm

D.O.A. 3/5/23

D.O.I. 9/5/2023

Survey held at _____

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

o/s Rear

The UIC / 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?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transporter:

Add Fee: : Site Insp (\$ _____) S - RS - SI

: Interview (\$ _____) P - OS

: Tech Invs (\$ _____) Others

: Weekend (\$ _____)

TOTAL

Report Format :

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

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

No. : 06822

Date : 04-May-2023

PAGE : 1

Vehicle Insured : SLT5501R
Accident Date : 03-May-2023

Our Ref : 023094 (AUTO & GEN) / CHAN

KEANE TAN GUAN YU
BLK 54 MARINE TERRACE
#05-37
Singapore 440054

*NOT Authorised
L1 Survey &
Resurvey After Paint
6 days*

ESTIMATED COST OF REPAIR FOR MIT. ATTRAGE SMM9214T

- 1 pc Rear o/s fender
- 1 pc Rear w/s glass moulding
- 1 pc Rear bumper fascia
- 1 pc Rear o/s fender inner shield
- 1 pc O/s taillamp
- 1 pc O/s taillamp lower bracket
- 1 pc Rear o/s bumper side retainer

BH/BH 723.00 ✓
MC 78.00 ✓
WJ/CA 708.00 ✓
CM 38.00 ✓
MC 276.00 X
MC 39.00 X
1126.00 ✓

1,888.00

Less 10% : 188.80

- 1 pc Rear lower spoiler set
- 1 pc Rear w/s glass sealant
- 1 pc Rear o/s fender shield clip

1,699.20
CM 1,643.00 sn ✓
MC 400w 60.00 sn ✓
MC 30.00 sn ✓

To remove & refit rear windscreen glass and conduct water leak test.

150.00 *120l*

To remove roof lining, front and rear seats, trim board and carpet

120.00 *100l*

To apply undersealing

80.00 *30l*

To putty and spray replaced parts

800.00 *600l*

To remove, cut-out damaged parts, panel beating, welding, align, refix and to renew above parts

800.00 *700l*

Total : S\$ 5,382.20

Singapore Dollars Five Thousand Three Hundred and Eighty Two and Cents Twenty Only

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	03/05/2023 18:23 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/05/2023 14:34 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHANGI EXHIBITION CENTRE OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM9214T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KEANE TAN GUAN YU
NRIC No	SXXXX472J
Email Address	KEANE_TAN_97@HOTMAIL.COM
Mobile Phone No	(Phone) +65-83990375
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
Variants	-
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	1193

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG23000971

DRIVER

Name of Driver	KEANE TAN GUAN YU
NRIC No	SXXXX472J
Date Of Birth	15/11/1997
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.

Kanfan 15/1/2023

Policyholder's Signature / Date & Time

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

[Signature] 
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ND card)

Sketch Plan

