

ASS. REC. BY:

REF: CT21

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

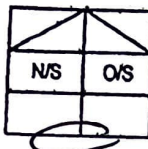
Excess:

(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:

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: STL 9085P Yr Regn: 12, 08

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

Truck / Trailer or

Wagon

Make:

Mercedes

C.C.

1999

Colour

M. Red

A/C:

Insured / Std / NI / NA

Sp. Reading

163033

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JM 6CR10F290308951

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:

205/55R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

8 mm

R/Bal.

8 mm

L/Bal.

8 mm

L/Bal.

8 mm

D.O.A.

2/5/23

D.O.I.

3/5/2023

Survey held at

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1 / GIA not ready

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS - SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

TOTAL

金興(興)汽車私人有限公司

K. KIM HIN AUTO PTE LTD

160 Sin Ming Drive #02-18/19/20

Sin Ming AutoCity

Singapore 575722

Tel: 6452 7018 (5 Lines) Fax: 6458 3895

Not within

11 Day &

Repair After Paint  
4 days

Vehicle Insured : GBL 5312 E  
Accident Date : 02-May-2023

No. : 32908

Date : 03-May-2023

Our Ref : 023240 (CHINA) / THERESA

PAGE : 1

NG KOK HENG (MR)  
Singapore

ESTIMATED COST OF REPAIR FOR MAZDA 5 (1999CC) (2008) SJL9085P  
=====

1 pc rear bumper		Bu 994.30 ✓
2 pcs rear bumper side skirting (LH/RH)	@ S\$420.00	Bu 840.00 X
2 pcs rear bumper side retainer (LH/RH)	@ S\$ 51.00	also 102.00 ✓
2 pcs rear bumper side bracket (LH/RH)	@ S\$ 43.00	also 86.00 ✓
10 pcs rear bumper clips	@ S\$ 4.80	Bu 48.00 ✓
2 pcs rear bumper reflector (LH/RH)	@ S\$ 53.00	Bu 106.00 X
1 pc rear bumper sponge		150.00 ?
1 pc rear bumper reinforcement		227.00 ?
1 pc rear end panel		R 510.70 X
1 pc rear end panel top garnish		Bu 138.00 X
1 pc tailgate		Bu 3,197.30 X
2 pcs tailgate hinges (LH/RH)	@ S\$ 89.00	R 178.00 X
2 pcs tailgate damper	@ S\$186.60	Bu 373.20 X
1 pc tailgate lock		356.80 ?
1 pc tailgate lock catch		R 48.00 X
1 pc tailgate outer handle		Bu 79.00 X
1 pc tailgate inner trim		Bu 161.20 X
1 pc tailgate weatherstrip		Bu 187.40 X
1 pc tailgate logo		Bu 71.90 ✓
1 pc tailgate 'MAZDA 5' emblem		Bu 42.00 ✓
1 pc tailgate windscreen glass		Shottland 696.00 ✓
1 pc tailgate windscreen glass moulding		Bu 135.00 X
2 pcs rear number plate lamp (LH/RH)	@ S\$ 72.00	Bu 144.00 X
2 pcs taillamp assy (LH/RH)	@ \$1429.00	Bu 2,858.00 X
1 pc tailgate third brake lamp		Bu 432.00 X
1 pc rear wiper blade		Bu 49.00 X

LKK Auto Consultants hence notify  
the Repairer of the following:

- To resurvey before/after spray painting Con't Page 2 ...
- 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:



Vehicle Insured : GBL 5312 E  
Our Ref : 023240

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No. : 32908

1 pc rear wiper arm  
1 pc rear wiper motor  
1 pc rear wiper screw cover

105.00 X  
463.90 X  
29.00 X

12,808.70

Less 20% : -2,561.74

10,246.96

1 pc reverse sensor  
1 pc tailgate windscreen glass  
sealant  
1 pc tailgate windscreen glass  
damping seal  
1 pc rear number plate  
1 pc record camera  
1 pc rear windscreen glass solar  
film

220.00 sn

40.00 sn

20.00 sn

40.00 sn X

580.00 sn ?

1201 220.00 sn ?

To remove, cut out damaged parts,  
panel beating, welding, align,  
refix and to renew affected parts.

4001  
850.00

To focus taillamps. To check rear  
wiring and lighting operation.

50.00 201

To remove and renew rear windscreen  
glass and conduct water leak test.

120.00

To remove and refit rear upholstery  
trimming, roof lining, seats,  
speaker board in order to  
facilitate repairing works

120.00 X

To apply undersealing

120.00 X

To transfer tailgate's fittings

100.00 601

興(興)汽車私人有限公司

K. KIM HIN AUTO PTE LTD

160 Sin Ming Road #02-18/19/20

Sin Ming AutoCity

Singapore 575722

Tel: 6452 7018 (5 Lines) Fax: 6458 3895

Vehicle Insured : GBL 5312 E  
Our Ref : 023240

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No. : 32908

To remove and refit reverse sensor  
assy.

501  
80.00

To putty and respray on affected  
portions.

5001  
1,100.00

Total : S\$13,906.96  
=====

Singapore Dollars Thirteen Thousand Nine Hundred  
and Six and Cents Ninety Six Only

Note: Amount quoted above is subject to prevailing GST at time of tax invoice.



# ACCIDENT STATEMENT

✓ Video: WA  
✓ Scene Pic: WA

☒ Scene Pic  
☐ Auth Letter

☒ Owner  
☐ Driver

Date of Accident 02 May 2023	Time (24 HRS) 7:50 am	Location of Accident Tea Payoh Lor 2 going into PIE (towards Changi).
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Vehicle Registration Number SIL9085P	Name of Policyholder NG IOK HENG
Full NRIC/ FIN/ Passport/ ROC (if owner is company) SXX572G	Address
Address	Contact Number
Tel: Hp: 96253935	
(MUST WRITE) - EMAIL ADDRESS (compulsory)* NGKH@HP.COM	

Vehicle Make / Model Mazda 5	Type of Vehicle 2000cc <input checked="" type="radio"/> AUTO/MANUAL	Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others:
Are you claiming under your own insurance policy?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Remarks: TP claim
Vehicle category	<input type="radio"/> Private Hire <input checked="" type="radio"/> Private	<input type="radio"/> Commercial <input type="radio"/> Motorcycle
Name of Insurance Company NTUC Income	Type of Policy <input type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party	Front & Rear
Fleet Policy <input type="radio"/> Yes <input checked="" type="radio"/> No	Policy Number 5052401167-11	

Name of Driver Same as above	NRIC/ FIN/ Passport
Date of Birth	Occupation
Driving Pass Date	Gender <input type="radio"/> Male <input checked="" type="radio"/> Female
Contact Number	Tel: Hp:
Address	Address
(MUST WRITE) - EMAIL ADDRESS (compulsory)*	

Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If No, relationship of Driver with the Insured.	owner
No. of Passenger in vehicle (including Driver)	(2) (Including Driver)
Please state Passenger Names:	Name: Ng Ming Xuan Gender: m
	Name: Gender:
	Name: Gender:
Vehicle Number of Driver's Own Vehicle (if applicable)	
Insurance of Driver's Own Vehicle (if applicable)	

Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others:
Road Surface	<input type="radio"/> Wet <input checked="" type="radio"/> Dry <input type="radio"/> Others:
Was there any foreign vehicle(s) involved? (Malaysia car)	<input checked="" type="radio"/> No <input type="radio"/> Yes
Was anybody injured in the accident?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Was any other vehicle(s) or property damaged?	<input type="radio"/> No <input checked="" type="radio"/> Yes
Was there any video captured? (in-car camera in YOUR CAR)	<input type="radio"/> No <input checked="" type="radio"/> Yes
Ambulance (Yes/ No) (WA)	

## DETAILS OF POLICE ACTION

Was the accident reported to the Police?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Name of Police Station	Name of police station
Was notice of intended Prosecution given?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, against whom?	



### SKETCH PLAN

- I understand, acknowledge, agree and consent that:**

(f) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents

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

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

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

10. am.



### Sketch Plan

