

ASS. REC. BY:

REF:

C721 23004784/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

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:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04 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:

STM 7432D

Yr Regn:

01, 09

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

Truck / Trailer or

Make:

Hyundai

Avent

1591

Colour

M. Gold

A/C:

Insured / Std / NI / NA

Sp. Reading

237791

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMHD041BR-9U 648195

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD / R/Rim or

Tyre Size:

APIUS

195/65R15

Kau Pan

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

4

mm

L/Bal.

7

mm

L/Bal.

4

mm

D.O.A.

4/5/23

D.O.I.

16/5/2023

Survey held at

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

015151

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:

Transportation:

S - RS - SI

P. Parts

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

TOTAL

AUTHORIZE WORKSHOP PTE LTD

160, Sin Ming Drive, #03-19, Sin Ming Autocity, Singapore 575722

Tel: 64560226 Fax: 64584500

Registration No: 201603203R

Not Withheld

Mr Asset Limo 18 Sin Ming Lane #07-37 Singapore 573960 Attn:		ESTIMATE Date : 15th May 2023 Veh No : SJM 7432D Make/Model : Hyundai Avante Chassis No : KMHDU41BR0U648195 Date of Acc : 04.05.23 TP Veh No : GBE 2621U
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S/No	Qty	Description	Unit Price	Amount
Materials				
1	1 pc	Bonnet		\$ 1,981.20
2	2 pcs	Bonnet Hinge L/R	\$ 87.60	\$ 175.20
3	1 pc	Bonnet Lock		\$ 102.50
4	1 pc	Bonnet Lock Garnish		\$ 28.30
5	2 pcs	Headlamp L/R	\$ 594.20	\$ 1,188.40
6	1 pc	Headlamp Lower Bracket RH		\$ 98.50
7	2 pcs	Frt Fender L/R	\$ 968.80	\$ 1,937.60
8	2 pcs	Frt Fender VVTi Emblem	\$ 38.10	\$ 76.20
9	1 pc	Frt Fender Inner Liner RH		\$ 98.60
10	1 pc	Windscreen Washer Tank		\$ 218.50
11	1 pc	Frt Bumper		\$ 32.00
12	1 pc	Frt Bumper Side Holder RH		\$ 162.60
13	1 pc	Frt Bumper Inner Foam		\$ 282.60
14	1 pc	Frt Bumper Reinforcement		\$ 271.40
15	1 pc	Frt Bumper Fog Lamp		\$ 82.60
16	1 pc	Frt Bumper Undershield		\$ 352.20
17	1 pc	Frt Grille		\$ 783.20
18	1 pc	Frt Support Panel		\$ 8,303.50

Less 20% : \$ 1,660.70
 Parts Total : \$ 6,642.80

Special Nett

1	1 set	Frt Bumper Clips	S/Nett
2	1 set	Frt Fender Liner Clips	
3	1 set	Frt Bumper Undershield Clips	
4	1 pc	Frt Road Tire RH	

\$ 45.00
 \$ 35.00
 \$ 40.00
 \$ 250.00
 Special Nett : \$ 370.00

Labour

1	To remove & rearrange electrical wirings, check lightings
2	To remove, instal radiator, a/c condenser to facilitate repairs.
3	To recharge air con gas, top up coolant.
4	To remove, repair & replace damaged bodyparts, realign bodywork and where consistent to the accident.
5	Putty and respray painting on affected portions.
6	Rust proofing on affected portions.

\$ 50.00
 \$ 150.00
 \$ 120.00
 \$ 1,000.00
 \$ 1,000.00
 \$ 80.00
 Labour : \$ 2,400.00

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

Total Parts & Labour : \$ 9,412.80

for Authorize Workshop Pte Ltd

Note: Parts quoted were based on visual inspection. Should additional parts be found damaged upon

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	05/05/2023 12:02 (SGT)
Reported by	Actual Driver
Date of Accident	04/05/2023 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT BATOK ST 11, BLK 152 OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM7432D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ASSET LIMO
Company Reg No	53309913K
Email Address	JAMESLEECARS@HOTMAIL.COM
Mobile Phone No	(Phone) +65-84470770
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5134435907-000048

DRIVER

Name of Driver	TANG KOK SOON
NRIC No	S1528532Z
Date Of Birth	12/09/1962
Occupation	Outdoor

SKETCH PLAN

IMPORTANT NOTICE

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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

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

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1289 Fax: 6453 7944
(Claims Section)

Sketch Plan

