

ASS. REC. BY:

REF:

AGZ/ 23004883/K

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: 875k

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 06 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 03/31 Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SKA 8065M Yr Regn: 03, 11

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

Truck / Trailer or \_\_\_\_\_

Make: Suz Swift c.c. 1586Colour: Mar Gray AC: Insured / Std / NI / NASp. Reading: 204784 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: TS A E 8 C 31 S 00 206268Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / SRM / STD A/Rlm or

Tyre Size: F: B.S 195/50R16R: Turado

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

TOYO/YOKO or

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal. 3 mm R/Bal. 4 mmL/Bal. 3 mm L/Bal. 4 mmD.O.A. 6/5/23 D.O.I. 17/5/2023

Survey held at \_\_\_\_\_

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

o/s Rear

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

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

) \$ - RS. SI

) F.P.A.S

) Others

TOTAL

Report Format :

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

# Lian Her Motor Works

Blk 5034 #01-337 Ang Mo Kio Industrial Pk 2 Singapore 569537

Neo Eng Wee  
Blk 473 Ang Mo Kio Ave 10  
#05-746  
Singapore 560473

Vehicle No : SKA 6065 M  
Make/Model : Suzuki Swift  
Year : 2010

*Not Authored  
11 Day &  
Morning After Rain  
6 days*

Qty	Description	Unit Price	Amount
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## Estimate Cost Of Repair

1 pc	Rear o/s door
1 pc	Rear o/s door inner lock
1 pc	Rear o/s door rubber
1 pc	Rear o/s door inner trim board
1 pc	Rear o/s fender
1 pc	Rear bumper
1 pc	Rear o/s bumper side retainer
1 pc	Rear o/s fender inner shield
1 pc	Rear o/s shock absorber
1 pc	Rear o/s hub assy
1 pc	Rear o/s hub bearing
1 pc	Rear axle assy

<i>R</i>	\$1,085.70	<i>✓</i>
<i>R</i>	\$387.20	<i>X</i>
	\$186.20	<i>?</i>
<i>R</i>	\$455.70	<i>X</i>
<i>R</i>	\$725.60	<i>✓</i>
	\$650.90	<i>?</i>
<i>R</i>	\$65.70	<i>X</i>
<i>R</i>	\$87.50	<i>X</i>
	\$387.60	<i>?</i>
	\$405.10	<i>?</i>
	\$255.70	<i>?</i>
<i>R</i>	\$1,250.70	<i>X</i>
	\$5,943.60	
Less 15 %	\$891.54	
	\$5,052.06	

## S Nett Item

1 pc	O/S rocker panel garnish
1 pc	Car body sticker
1 pc	Rear o/s tyre rim
20 pcs	Clip

*Strike any*

<i>R</i>	\$550.00	<i># 1800</i>
	\$1,000.00	<i>7500</i>
<i>net</i>	\$480.00	<i>2000</i>
\$2.00	\$40.00	<i>—</i>
	\$2,070.00	

## Labour Charges

Remove/renew the above accident parts including knocking etc.

\$1,200.00 *700*

To putty and spray paint

\$1,000.00 *600*

Check & reconnect wiring.

\$40.00 *20*

balance c/f \$9,362.06

**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:

SKA 6065 M

balance b/f \$9,362.06

Labour Charges

To respray anti-rust proofing treatment	\$150.00	601
Remove/refit fuel tank to facilitate repair	\$80.00	X
Remove/refit roof lining to facilitate repair on rear fender	\$200.00	1001
Check & realign wheel alignment	\$80.00	601
Diagnostic check on rear undercarriages.	\$180.00	7
Total	<u>\$10,052.06</u>	



# 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	08/05/2023 21:11 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/05/2023 10:50 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 10, Singapore
Additional Location Information	BLK 469 ANG MO KIO AVENUE 10 CARPARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA6065M
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NEO ENG WEE
NRIC No	SXXXX625I
Email Address	ENGWEE95@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91090528
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Swift
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	1600

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5121392591-02

### DRIVER

Name of Driver	NEO ENG WEE
NRIC No	SXXXX625I
Date Of Birth	07/08/1995
Occupation	Indoor



## 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 wilful misrepresentation or withholding of material facts may allow insurance companies to re-evaluate 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;

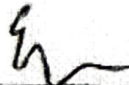
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

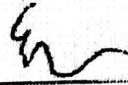
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

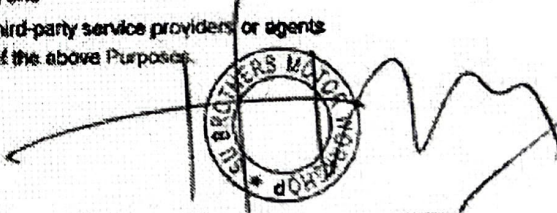
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
(collectively the "Purposes")

(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

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

  
Witnessed by Reporting Centre Personnel  
(Name as in NRICND card)

## Sketch Plan

4/5/21 AMOK MO KID AUG 10 08:00 PM

AD  
S

FE SKA 6065M  
G - SMC 60263