

ASS. REC. BY:

REF:

0721

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s BFG

of _____

Insured: _____

Policy No. _____

Claims No. _____

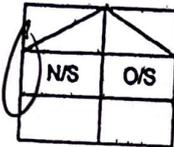
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: \$ 68k

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 10 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: SMC 3295B Yr Regn: 06, 18

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

Truck / Trailer or _____

Make: Hyundai Elantra C.C. 1591

Colour: white A/C: Insured / Std / NI / NA

Sp. Reading: 55927 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH0841CMJU 701984

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STB A/Rlm or

Tyre Size: F: 195/65R15

R: _____

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

YOYO / YOKO or

Front

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 21/6/23

Rear

R/Bal. 8 mm

L/Bal. 8 mm

D.O.I. 22/6/2023

Survey held at _____

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

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

Date / Time Action / Instruction

1 Got BT, maybe part by part.

Date/Time, File Pass to?

: Prell. Report

: Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Add Fee: : Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Transportation

_____ \$ - RS. _____ \$

_____ \$

_____ \$

TOTAL

Report Format :

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



Sin Ming Autocare BFG Pte Ltd

176 Sin Ming Drive
 #02-05 Sin Ming Autocare
 Singapore 575721
 Tel : 6455 0600 | Fax : 6455 6192
 Website: www.autocare.com.sg
 GST Reg. No: 20-0210033-N

China Taiping Insurance (Singapore) Pte Ltd
 3 Anson Road
 #15-00, Springleaf Tower
 Singapore 079909
 Attn: Motor Claim Dept

*Not with out
 1/1 Rm &
 After Rain
 10 days*

ESTIMATE
 VEHICLE NO: **SMC3295B**
 MAKE/MODEL: **HYUNDAI ELANTRA**
 DATE: **21.06.2023**

CHASSIS : KMHD841CMJU701984

No.	Descriptions	Qty	Unit Price	Amount S\$
LIST ITEM:				
1	FRONT DOOR LH	1	1,993.00	<i>By</i> 1,993.00 —
2	FRONT DOOR LOCK	1	258.40	<i>In</i> 258.40 —
3	FRONT DOOR HINGE LH	1	85.60	85.60 ?
4	FRONT DOOR HINGE RH	1	85.60	85.60 ?
5	FRONT DOOR HANDLE CHROME	1	250.20	<i>CM</i> 250.20 —
6	FRONT DOOR TOP RUBBER	1	85.60	85.60 ?
7	FRONT DOOR CHECKER	1	70.80	70.80 ?
8	FRONT DOOR POWER WINDOW REGULATOR	1	330.20	<i>R</i> 330.20 —
9	FRONT DOOR INNER TRIM BOARD	1	890.20	890.20 ?
10	FRONT DOOR OUTER MOULDING LH	1	134.40	<i>Bu</i> 134.40 —
11	FRONT DOOR SURROUND RUBBER	1	185.40	185.40 ?
12	FRONT DOOR LH STICKER	1	60.00	<i>M</i> 60.00 —
13	REAR DOOR LH	1	2,247.90	<i>By</i> 2,247.90 —
14	REAR DOOR LOCK	1	248.40	248.40 ?
15	REAR DOOR CHECKER	1	70.80	70.80 ?
16	REAR DOOR SURROUND RUBBER	1	185.40	185.40 ?
17	REAR DOOR TOP RUBBER	1	85.60	<i>In</i> 85.60 X
18	REAR DOOR POWER WINDOW REGULATOR	1	320.20	<i>By/In</i> 320.20 —
19	REAR DOOR INNER TRIM BOARD	1	850.20	850.20 ?
20	REAR DOOR LH STICKER	1	60.00	<i>M</i> 60.00 —
21	CENTER PILLAR PANEL	1	980.20	980.20 ?
22	ROCKER PANEL INNER PANEL LH	1	1,650.00	<i>R</i> 1,650.00 X
23	ROCKER PANEL LH	1	1,980.20	<i>R</i> 1,980.20 X
24	REAR FENDER LH	1	2,104.20	<i>R</i> 2,104.20 X
25	SIDE GLASS MIRROR	1	170.20	<i>R</i> 170.20 X
26	SIDE MIRROR OUTER COVER	1	128.40	128.40 ?
27	SIDE MIRROR ASSY BRACKET	1	638.60	638.60 ?
28	CENTER PILLAR INNER PILLAR	1	4,475.20	<i>R</i> 4,475.20 X
29	REAR DOOR OUTER MOULDING LH	1	132.20	132.20 ?
30	FRONT DOOR HANDLE SUIT LH	1	85.60	<i>In</i> 85.60 X
31	ROOF TOP PANEL LH	1	1,880.20	<i>R</i> 1,880.20 X
32	FRONT DOOR STEP GARNISH	1	285.20	285.20 ?
33	REAR DOOR STEP GARNISH	1	198.20	<i>In</i> 198.20 X
34	REAR DOOR HINGE TOP	1	85.60	<i>R</i> 85.60 —
35	REAR DOOR HINGE BOTTOM	1	85.60	<i>By</i> 85.60 —

36	ROOF TOP SIDE AIRBAG LH	1	1,890.40	<i>Avn</i>	1,890.40	✓
37	ROOF TOP LINNER	1	2,320.80	<i>Return</i>	2,320.80	✓
38	AIR BAG CONTROL UNIT	1	1,980.20	<i>Avn</i>	1,980.20	✓
39	AIR BAG MODULE	1	1,870.70	<i>Avn</i>	1,870.70	✓
40	AIR BAG SENSOR	1	250.00	<i>Avn</i>	250.00	✓
41	SEAT BELT FRONT LEFT	1	780.00		780.00	?
42	SEAT BELT GARNISH FRONT LEFT	1	348.00		348.00	?
43	SEAT AIR BAG FRONT LEFT	1	980.00	<i>Avn</i>	980.00	✓
44	REAR GLASS MOULDING	1	85.60	<i>Avn</i>	85.60	X
Sub Total (S\$) :					33,883.20	
Discount (20%) :					6,776.64	
Total Parts (S\$) :					<u>27,106.56</u>	

LABOUR:

1	TO DISMANTLE & REPLACE DAMAGE PARTS,PANEL BEAT WHERE NECESSARY		3,500.00	<i>120d</i>
2	TO PUTTY,APPLY PRIMER & SPRAY PAINT ON AFFECTED PORTION		2,500.00	<i>120d</i>
3	TO APPLY RUST-PROOFING ON REPAIRED,REPLACE PANEL		250.00	<i>9d</i>
4	TO REMOVE/REFIT REAR CUSHION SEAT,SPEAKER BOARD,ROOF UOHOLSTERY TO FACILITATE REPAIRS		250.00	<i>10d</i>
5	TO REMOVE/RENEW ROOF TOP AIRBAG,SEAT AIRBAG AND NECESSARY		600.00	<i>20d</i>
6	TO REMOVE/TRANFER LH FRONT AND REAR DOOR MECHANISMS		250.00	<i>?</i>
7	TO WHEEL ALIGNMENT		<i>Avn</i> 80.00	X
8	COMPUTER RESET		380.00	<i>25d</i>
9	TO REMOVE/REFIR REAR GLASS AND FRONT GLASS		300.00	<i>12d</i>
10	SEALANT		80.00	<i>40SA</i>
11	TO CHECK WIRING FUNCTIONS		80.00	<i>30d</i>
Total Labour (S\$) :			<u>8,270.00</u>	

Total Amount (S\$) : 35,376.56



for Sin Ming Autocare BFG Pte Ltd

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	21/06/2023 15:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/06/2023 06:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF ANG MO KIO AVE 3 AND CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC3295B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WONG GENG HAI (HUANG GENGHAI)
NRIC No	SXXXX211Z
Email Address	maxwgh@singnet.com.sg
Mobile Phone No	(Phone) +65-90620669
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5102418141-04

DRIVER

Name of Driver	WONG GENG HAI (HUANG GENGHAI)
NRIC No	SXXXX211Z
Date Of Birth	07/09/1982
Occupation	Indoor

SKETCH PLAN

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 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 NRIC/ID card)

Sketch Plan

Ⓐ SMC 3295 B

Ⓑ CB 8409 G

