

ASS. REC. BY:

REF: MSG/23007116/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 Carworks

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: \$ 36k

IDAC Accident Report: _____ 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: SKR 4623B Yr Regn: 02 15

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

Truck / Trailer or A

Make: Vdvo 860 c.c. 1560

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

Sp.Reading: 227288 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: YVIF584ABF.2356171

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD / RIm or

Tyre Size: F: 215/50R17

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal. 0 mm

R/Bal. 0 mm

L/Bal. 0 mm

L/Bal. 0 mm

D.O.A. 12/7/23

D.O.I. 14/7/2023

Survey held at _____

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

O/S for body & u/c

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

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prell. Report

: Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

\$ - RS. \$

Factors

Others

TOTAL

Report Format :

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



CARWORKZ SG PTE LTD

10 SIN MING IND EST SECTOR C, #01-06, SINGAPORE 575645
H/p: 81184734 (Soon Ng) / 98766876 (Anna Chua)
Co. Reg. No: 202039874Z GST No: 202039874Z
Email: carworkzws@gmail.com

ESTIMATED REPAIR COST DETAILS

ACC-23-0041

Discount 10% on Parts

(\$2,280.93)

\$20,528.37

Special Nett

1 FRONT TYRE RH (215/50R17)

Pr \$480.00 X

Sub Total

\$480.00

Labour & Misc

LABOUR TO FACILIATE REPAIR

\$1,200.00 *600*

R & R RHF RIM INCLUDING TYRE BALANCING

\$20.00 ✓

R & R RHF UNDERCARRIAGE PARTS

\$280.00 ?

R & R RHF DOOR COMPONENTS

\$120.00 *60*

CHECK & RECONNECT WIRING

\$60.00 *20*

TO RUST PROOF AFFECTED AREA

\$120.00 *60*

WHEEL ALIGNMENT

\$60.00 ✓

LABOUR TO SPRAY PAINT AFFECTED AREAS

\$1,200.00 *800*

Sub Total

\$3,060.00

Sub Total

\$24,068.37

GST 8%

\$1,925.47

Total

\$25,993.84

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 13/07/2023 14:13 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 12/07/2023 22:18 (SGT)
Exact Location of Accident Singapore
Additional Location Information CHOA CHU KANG DR (OPPOSITE BLK 215) BESIDE MI CASA
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKR4623B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HUANG WEILI KENNY
NRIC No S8421559G
Email Address KENNYHWL@MSN.COM
Mobile Phone No (Phone) +65-96207650
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Volvo
Model S60 D2
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 1560

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number SP2002281764-01

DRIVER

Name of Driver HUANG WEILI KENNY
NRIC No S8421559G
Date Of Birth 03/07/1984
Occupation Indoor

Car / M.Cycle / Bus / Van / Lorry / Taxi / Other

IMPORTANT NOTICE

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.

Policyholder's Signature / Date & Time

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

Kiam

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



Sketch Plan

