

ASS. REC. BY:

REF:

LPC 1

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:

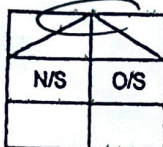
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

S - RS. SI

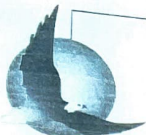
: F.P.D.S

: Others

Report Format :

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

TOTAL



FALCON - AIR AUTO SERVICES PTE LTD

Co. Reg. No.: 199501140D
GST Reg. No.: 199501140D

FALCON - AIR
LONPAC INSURANCE BHD
300 BEACH ROAD #17-04/06
THE CONOURSE
199555

Attn : MOTOR CLAIMS DEPT

Not Authorized
Runny B4 pain
Ex TBA
6 days

Estimate : ES000090
Date : 14/08/2024
Vehicle No. : GT8883C
Vehicle Model : BYD ET3
Chassis No. : LCOCE4DB0N0346354
Accident Date : 12/08/2024
Claim No. :
Reference : O/D
Policy No. : Z23VC05021355
Page : 1 of 2

Item	Qty	Description	Unit Price S\$	Amount S\$
1.	1	BONNET	<i>Bu</i> 3,200.00	3,680.00 ✓
2.	2	BONNET HINGE	<i>D/S</i> 180.00	414.00 ✓
3.	1	BONNET LOCK	<i>D/S</i> 225.00 ✓	258.75
4.	2	HEADLAMP	<i>D/S ?</i> 890.00 ✓	2,047.00
5.	1	RADIATOR GRILLE BASE	980.00 ✓	1,127.00
6.	1	RADIATOR GRILLE SIDE GARNISH	<i>D/S</i> 200.00 ✓	230.00
7.	1	FRONT BUMPER	<i>Bu</i> 1,215.00 ✓	1,397.25
8.	2	FRONT BUMPER SIDE RETAINER	<i>D/S</i> 75.00 ✓	172.50
9.	1	FRONT BUMPER LOWER GRILLE	<i>D/S</i> 260.00 ✓	299.00
10.	1	FRONT BUMPER TOW COVER	<i>Bu</i> 125.00 X	143.75
11.	2	FRONT BUMPER FOG LAMP	<i>Bu</i> 285.00 X	655.50
12.	2	FRONT BUMPER FOG LAMP COVER	350.00 ✓	805.00
13.	2	FRONT BUMPER DAY LIGHT	<i>Bu</i> 570.00 X	1,311.00
14.	1	FRONT BUMPER REINFORCEMENT	1,180.00 ?	1,357.00
15.	1	FRONT BUMPER CLIP	<i>Bu</i> 60.00 ✓	60.00
16.	1	FRONT BUMPER RIVETS	<i>Bu</i> 60.00 ✓	60.00
17.	1	AIR CON CONDENSER	1,200.00 ✓	1,380.00
18.	1	RADIATOR	900.00 ?	1,035.00
19.	1	RADIATOR FAN ASSY	1,000.00 ?	1,150.00

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

Acknowledged by Repairer

Signature:

Date:

Continue to Next Page

FALCON - AIR AUTO SERVICES PTE LTD
(a subsidiary of Falcon-Air Holdings Pte Ltd)

Head Office : Blk 176 Sin Ming Drive #01-06/07/13, #05-17 Sin Ming Autocare S[575721] Tel: 6452-0880 / 6458-0880 Fax: 6454-7862

Branches : Tampines St 93 Blk 9006 #01-200 S[528840] Tel: 6789-7997 Fax: 6788-7997 • No 8 Pandan Loop (Blk 1/Blk K) S[128226] Tel: 6779-5665 Fax: 6779-1110
Website: www.falconair.com.sg Email: email@falconair.com.sg



FALCON-AIR
LONPAC INSURANCE BHD
 300 BEACH ROAD #17-04/06
 THE CONCOURSE
 199555

Attn : MOTOR CLAIMS DEPT

Estimate : ES000090
FALCON-AIR AUTO SERVICES PTE LTD
 Co. Reg. No.: 199501140D
 GST Reg. No.: 199501140D

Estimate : ES000090
 Date : 14/08/2024
 Vehicle No. : GT8883C
 Vehicle Model : BYD ET3
 Chassis No. : LC0CE4DB0N0346354
 Accident Date : 12/08/2024
 Claim No. :
 Reference : O/D
 Policy No. : Z23VC05021355
 Page : 2 of 2

Item	Qty	Description	Unit Price S\$	Amount S\$
20.	1	RADIATOR GRILLE CENTER COVER	650.00 7	747.50
21.	1	FRONT SUPPORT PANEL BOTTOM	1,100.00 7	1,265.00
22.	1	FRONT NUMBER PLATE	45.00 —	45.00
23.	1	TO CHECK WIRING AND FOCUS HEADLAMP	60.00 201	60.00
24.	1	TO VACUUM, REOIL AND REGAS AIR CON	120.00 1001	120.00
25.	1	TO BARRICADE VEHICLE, REMOVE SAFETY PLUG, ENSURE NO VOLTAGE IN VEHICLE BEFORE PROCEEDING WITH REPAIRS	500.00 2801	500.00
26.	1	TO RESET EV SYSTEM USING DIAGNOSTIC SCANNER AND TEST DRIVE	480.00 2501	480.00
27.	1	TO RECHARGE BATTERY	350.00 7	350.00
28.	1	TO REPAIR INNER PANEL, ACCIDENT DAMAGE AREA, CUT/REWELD FRONT SUPPORT PANEL, REPLACEMENT OF PARTS AND ALIGN THE SAME	800.00 6001	800.00
29.	1	TO PUTTY AND SPRAY PAINTING ON ACCIDENT DAMAGE AREA	800.00 7001	800.00

SINGAPORE DOLLAR TWENTY FOUR THOUSAND SEVEN HUNDRED NINETY SEVEN AND CENTS SEVENTY SEVEN ONLY

Total S\$ 22,750.25

Notes :

- All cheques should be crossed and made payable to FALCON-AIR AUTO SERVICES PTE LTD
- Goods sold are neither returnable nor refundable. Otherwise a cancellation fee of 20% on purchase price will be imposed.

Accepted by

FALCON - AIR AUTO SERVICES PTE LTD
 (a subsidiary of Falcon-Air Holdings Pte Ltd)

Head Office : Blk 176 Sin Ming Drive #01-06/07/13, #05-17 Sin Ming Autocare S(575721) Tel: 6452-0880 / 6458-0880 Fax: 6454-7862
Branches : Tampines St 93 Blk 9006 #01-200 S(528840) Tel: 6789-7997 Fax: 6788-7997 • No 8 Pandan Loop (Blk 1/Blk K) S(128226) Tel: 6779-5665 Fax: 6779-1110
 Website: www.falconair.com.sg Email: email@falconair.com.sg

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 First Submission	13/08/2024 17:17 (SGT)
Reported by	Actual Driver
Date of Accident	12/08/2024 18:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MANDAI RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GT8883C
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHIAP SENG PRODUCTIONS PTE LTD
Company Reg No	198703524N
Email Address	SALES@CHIAPSENG.COM.SG
Mobile Phone No	(Phone) +65-98337333
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Byd
Model	ET3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	0
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z23VC05021355

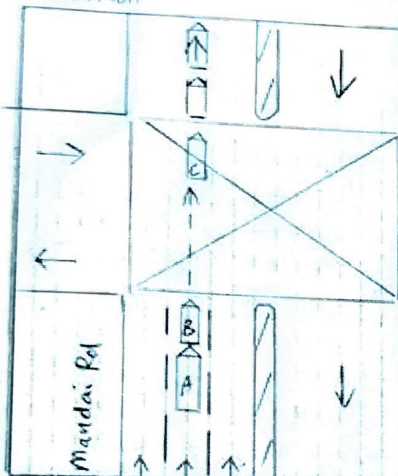
DRIVER

Describe Circumstance of the Accident

NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party () Reporting Only
(✓) Claim (OD) TP at other workshop ()

Sketch Plan



A= GT8883C
(Alone)

B= 555 6064 H (Alone)
Karpagarupini D/o
Sundram
HP- 96610510

C= SNQ2178C
(with 1 passenger)

Traffic was green light in our direction, I assumed car B has moved on so I moved forward and hit onto the rear of car B who has remained stationary as ahead traffic was jammed. The impact has caused car B to hit the rear of car C who was stationary in the yellow box. No one was injured.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 13/8/24

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