

ASS. REC. BY:

REF: MID/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Falcon

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

1pm

(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: SLU 5390M Yr Regn: 12 1 17

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

Truck / Trailer or

Make: Toy Altis c.c. 1598

Colour: M.P. White A/C: Insured / Std / NI / NA

Sp. Reading: 49791 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NR053REH604576003

Gen. Cohd: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD/Rlm or

Tyre Size: F: 215/45R17

R: _____

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

TOYO / YOKO or

Front

R/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 26/8/24

Survey held at _____

Rear

R/Bal. 9 mm

L/Bal. 9 mm

D.O.I. 5/9/2024

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

O/S for body

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

Date / Time Action / Instruction

no, File Pass to?

: Prell. Report

: Final Report

no, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Add Fee: : Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Transportation:

S - RS. \$

Fixes

Others

Format :

um / I.B.I: (\$

TOTAL



ANG JIT HOCK @ SAID ALWI ANG
 C/O 176 SIN MING DRIVE #01-06/07
 SIN MING AUTOCARE
 575721

Tel : 96743764

*Not Authorized
 1/1 by B
 Primary After Sales
 4 days*

Estimate : ES000095
 Date : 28/08/2024
 Vehicle No. : SLU5390M
 Vehicle Model : TOYOTA ALTIS ELEGANCE
 Chassis No. : MR053REH604576003
 Accident Date : 26/08/2024
 Claim No. :
 Reference : TP GEG AGT MINDEF
 Policy No. : V5010280
 Page : 1 of 2

| Item | Qty | Description | Unit Price S\$ | Amount S\$ |
|---------------|-----|---|-----------------|------------|
| 1. | 1 | RH HEADLAMP | SM 1,408.00 | 1,408.00 X |
| 2. | 1 | FRONT BUMPER | N 523.00 | 523.00 ? |
| 3. | 1 | RH FRONT BUMPER SIDE RETAINER | SM 68.00 | 68.00 X |
| 4. | 1 | RH FRONT FENDER | BY 675.00 | 675.00 ✓ |
| 5. | 1 | RH FRONT FENDER EMBLEM | SM 62.00 | 62.00 ✓ |
| 6. | 1 | RH FRONT FENDER INNER SHIELD | SM 208.00 | 208.00 X |
| 7. | 1 | RH SIDE MIRROR ASSY | CM 899.00 | 899.00 ✓ |
| 8. | 1 | RH FRONT DOOR | N 1,263.00 | 1,263.00 X |
| 9. | 2 | RH FRONT DOOR HINGE | X 107.00 | 214.00 X |
| 10. | 1 | RH FRONT DOOR BLACK STICKER | NA NA 88.00 | 88.00 X |
| 11. | 1 | RH FRONT RIM | Roller 1,728.00 | 1,728.00 ✓ |
| 12. | 1 | RH FRONT TYRE | SM 280.00 | 280.00 X |
| 13. | 1 | RH FRONT WHEEL BEARING | 189.00 | 189.00 ? |
| Discount 25 % | | | | -1,901.25 |
| SubTotal | | | | 5,703.75 |
| 14. | 1 | FRONT BUMPER CLIP | NA 60.00 X | 60.00 |
| 15. | 1 | RH FRONT FENDER INNER SHIELD CLIP | NA 60.00 | 60.00 |
| 16. | 1 | TO CHECK WIRING AND FOCUS HEADLAMP | 50.00 201 | 50.00 |
| 17. | 1 | TO REMOVE/REFIX RH FRONT DOOR MECHANISM | NA 100.00 X | 100.00 |

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:

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FALCON - AIR

ANG JIT HOCK @ SAID ALWI ANG
 C/O 176 SIN MING DRIVE #01-06/07
 SIN MING AUTOCARE
 575721

Tel : 96743764

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 Page : 2 of 2

| Item | Qty | Description | Unit Price S\$ | Amount S\$ |
|------|-----|---|----------------|-------------|
| 18. | 1 | COMPUTERISE WHEEL ALIGNMENT | 120.00 | 601 120.00 |
| 19. | 1 | TO REMOVE/REFIT TYRE TO NEW RIM AND BALANCING | 50.00 | 201 50.00 |
| 20. | 1 | TO REMOVE NECESSARY PARTS, TO REPAIR INNER PANEL, REPLACE DAMAGE PARTS AND ALIGN THE SAME | 600.00 | 4001 600.00 |
| 21. | 1 | TO PUTTY AND RESPRAY FRONT BUMPER, RH FRONT FENDER, RH FRONT DOOR | 700.00 | 6501 700.00 |

SINGAPORE DOLLAR EIGHT THOUSAND ONE HUNDRED THIRTEEN AND CENTS SIXTY NINE ONLY

Total S\$ 7,443.75

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 / 6456-0880 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 27/08/2024 17:23 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 26/08/2024 07:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information TRAFFIC LIGHT JUNCTION AT SEMBAWANG ROAD/YISHUN
Country/State of Loss AVE 1/MANDAI AVE
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU5390M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ANG JIT HOCK @SAID ALWI ANG
NRIC No SXXXX172J
Email Address lewis.ang@shangri-la.com
Mobile Phone No (Phone) +65-96743764
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model ALTIS ELEGANCE
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 car
Transmission Auto
CC 1598
Vehicle Fuel -
First Registration Date -
Chassis no -
Effective Date/Time of Ownership -

INSURANCE COMPANY

Name of Insurance Company Great Eastern General Insurance Limited
Policy Number / Cover Note Number V5010280

DRIVER

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

[Handwritten Signature]
27/08/24

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

