ASS. REC. BY: Kenneth | REF: SMR/

ASSIGNMENT

From: | Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s EM

of 376H

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: $21k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SNE 8044D Yr Regn: 06 15

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or A

Make: Mini One c.c 1198

Colour M. Red A/C: Insured / Std / NI / NA

Sp.Reading 116230 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WMWXS12030T819270

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/55R16

R:

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	3/9/24	D.O.I.	9/9/2024

Survey held at ✓

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

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) ☐ : Prell. Report

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

$ - RS. SI

Others

TOTAL

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ Tech Invs ($)

☐ Weekend ($)

Report Format :

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

E M Solution Pte Ltd

160 Sin Ming Drive #03-19, Sin Ming Autocity
Singapore 575722
Tel: 64560226
GST/Reg. No: 201016308K

Not Withstand L/Rep & Resurvey After Paint 2days

ESTIMATE

Date : 9th Sept 2024

Mdm **Tay Bee Wah**
Blk 157 Lorong 1 Toa Payoh #09-1239
Singapore 310157

Veh No : **SNE 8044D**
Make/Model : **Mini One**
Chassis No : WMWXS12030T819270
Date of Acc : 03.09.24
TP Veh No : SBS 3974X

S/No	Qty	Description	Unit Price	Amount
		Materials		
1	1 pc	Rear Bumper	Del/Crm	$ 1,614.60 ✓
2	1 pc	Rear Bumper Side Guide LH		$ 284.00 ?
3	1 pc	Rear Bumper Lower Garnish		$ 490.00 ?
4	2 pcs	Rear Lamp L/R old sw X old ?	$ 493.00	$ 986.00 ?
5	2 pcs	Rear Lamp Chrome Rim L/R	$ 128.00	$ 256.00 ?
6	1 pc	Rear Fender Wheel Arch LH		$ 286.00 ?
				$ 3,916.60
			Less 5%	$ 195.83
			Parts Total :	$ 3,720.77
		Special Nett		
1	1 set	Rear Bumper Clips		$ nv 55.00 ✓
2	1 set	Reverse Sensor		$ nv 250.00 X
			Special Nett :	$ 305.00
		Labour		
1		To remove & rearrange electrical wirings, check lightings		$ 80.00 20
2		To remove, repair & replace damaged bodyparts, realign bodywork and where consistent to the accident.		$ 400.00 200
3		Putty and respray painting on affected portions.		$ 400.00 220
4		To remove & renew reverse sensor		$ 80.00 50
5		Rust proofing on affected portions.		$ nv 100.00 X
			Labour Total :	$ 1,060.00
			Total Parts & Labour :	**$ 5,085.77**

for E M Solution Pte Ltd

Note: Parts quoted were based on visual inspection. Should additional parts be found damaged upon dismantling, we will seek your approval before proceeding.

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:

SC1N2493M00C / City Auto Pte Ltd
ENTRY DATE & TIME: 03/09/2024 16:38 (SGT)
SUBMITTED BY: Jason Quak
VERSION: 1 (03/09/2024 16:38 (SGT))

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 witholding 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	03/09/2024 16:38 (SGT)
Reported by	Actual Driver
Date of Accident	03/09/2024 08:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LIEN YING CHOW DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE8044D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAY BEE WAH
NRIC No	S1754376H
Email Address	IANTANGL@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96172726
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mini
Model	One
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	1200
Vehicle Fuel	-
First Regisration Date	-
Chassis no	WMWXS12030T819270
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5129404641-02

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.

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 7155 Fax: 6453 7944

Policyholder's Signature / Date & Time

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

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

Sketch Plan