

ASS. REC. BY:

REF:

AGZ/

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: 277K

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 05 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: PMV1007EYr Regn: 09, 20Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda

c.c

1318Colour: N. Red

A/C: Insured / Std / NI / NA

Sp. Reading: 27669

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHM GK 3850LS 218212Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 175/65R15

R: _____

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

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 26/9/24D.O.I. 22/9/2024

Survey held at _____

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)☐ : S - RS. SI☐ : Extras☐ : Others☐ : _____

TOTAL

Report Format: _____

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

EM Solution Pte Ltd

160 Sin Ming Drive, (Sin Ming Autocity), #03-18/19, Singapore 575722

H/P: 9004 2254 (Derek Keh) Tel: 6456 0226 Fax: 6458 4500

Email: emautosolution@singnet.com.sg

Not wither
L/R &
Patching After Paint
3 days

Vehicle number: SMV1007E

Vehicle Made & Model: HONDA JAZZ

Qty List Items

1	Tailgate
1 set	Tailgate glass moulding
1	Tailgate outer garnish
1	Tailgate emblem "JAZZ"
2	Tailgate lamps - L/R @ 281.60
1	Tailgate inner lock
1	Tailgate inner trim board
1	Tailgate w/strip
2	Tailgate dampers @ 141.20
2	Tailgate hinges @ 61.50
2	Tailgate stoppers @ 12.20
2	Taillamps - L/R @ 411.50
1	Taillamp panel - LH
1	Rear bumper
1	Rear bumper moulding - CTR
2	Rear bumper side mouldings - L/R @ 86.60
2	Rear bumper PDC sensors @ 283.60
2	Rear bumper side retainers - L/R @ 65.50
1	Rear end panel
1	Rear end panel garnish
1	Rear floor board
1	Rear floor tool tray
1	Rear floor panel
1	Rear fender - LH
2	Rear fender inner trim boards - L/R @ 441.20
1	Rear smart keyless antenna
1	Rear smart keyless buzzer

Amount \$	
931.60	✓
121.30	—
282.60	X
68.60	✓
563.20	✗ X
280.90	✓
311.60	?
191.60	501.10
282.40	X
123.00	X
24.40	X
823.00	✗
181.60	?
712.20	✓
180.60	✓
173.20	✗
567.20	✗
131.00	✓
483.90	?
155.60	?
361.90	X
286.90	X
893.40	X
891.90	X
882.40	X
181.90	?
190.60	?
Sub-total	10,278.50
Less 20%	2,055.70
Total List	8,222.80

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 Page 1 of 2 is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Vehicle number: SMV1007E

Vehicle Made & Model: HONDA JAZZ

Special Nett Items

- 1 set Tailgate glass sealant
- 1 set Rear bumper clip
- 1 set Rear no. plate
- 1 Rear reverse camera

<i>Mr</i>	80.00	<i>4052</i>
<i>Mr</i>	50.00	<i>—</i>
<i>Dr</i>	65.00	<i>4552</i>
<i>P</i>	450.00	<i>X</i>
Total Special Nett		645.00

Labour charges

To check rear electrical wiring	50.00	<i>201</i>
To remove, refix tailgate glass	180.00	<i>1201</i>
Transfer and refix tailgate components to new tailgate	150.00	<i>601</i>
To respray undercoating	120.00	<i>?</i>
To respray painting and etc	1,200.00	<i>6001</i>
Panel beating, cut, weld remove & replacing above parts	1,500.00	<i>?</i>
Total Labour	3,200.00	

ESTIMATE PARTS AND LABOUR GRAND TOTAL \$ 12,067.80

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	26/09/2024 17:04 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/09/2024 06:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AMK AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV1007E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JAINUL BANU D/O SHHUL HAMEED
NRIC No	S9070226B
Email Address	JBANU11@GMAIL.COM
Mobile Phone No	(Phone) +65-83337392
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	JAZZ 1.3 CVT
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	1318
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	24-MR004980-R04

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.

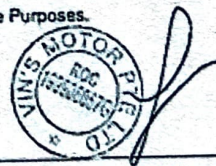
Policyholder's Signature / Date & Time

[Signature] - 26/9/24

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

[Signature] - 26/9/24

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



Sketch Plan

A) SMV 1007E
B) SMY 5339E