

ASS. REC. BY:

REF:

TJ 1

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop n/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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03 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:

SUF 9382P

Yr Regn:

09, 16

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

Truck / Trailer or

Make:

Mit Orlando

C.G

2360

Colour

M. Grey

AC:

Insured / Std / NI / NA

Sp. Reading

164176

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JMY XT G1F 3W G F 004231

Gen. Cohd: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/55R18

R:

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

TOYO / YOKO or

Giti

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

5/10/24

D.O.I.

14/10/2024

Survey held at

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

O/S/F

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. SI

F. P. A. S.

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$

TOTAL

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 Authorized
L1Png &

Mercury After Painting

3days

Vehicle number: SLF9382P

Vehicle Made & Model: MITSUBISHI OUTLANDER

Qty	List Items	Amount \$
1	Front bumper	Bu 935.00 ✓
1	Front bumper CTR pad	486.00 ?
1	Front bumper lower guard	Sn 526.00 X
1	Front bumper chrome moulding - RH - Top	132.00 ?
1	Front bumper chrome moulding - RH - CTR	CM 295.00 ✓
1	Front bumper chrome moulding - RH - Lower	262.00 ?
1	Front bumper spray nozzle cover	mit 68.00 ✓
1	Front bumper fog lamp - RH	385.00 ?
1	Front bumper fog lamp cover	mit 136.00 ✓
1	Front bumper fog lamp moulding	Sn 126.00 X
1	Front bumper side protector - RH	D/S 192.00 ✓
2	Front bumper side retainers - L/R @ 65	D/S 130.00 4
1	Front bumper reinforcement	R 655.00 X
1	Front fender - RH	R 735.00 X
1	Front fender protector	392.00 ?
1	Front fender inner shield	Sn 189.00 X
1	Front headlamp - RH	2,550.00 ?
1	Front sport wheel - RH	Sn 835.00 X
1	Front shock absorber - RH	Sn 486.00 X
1	Front lower arm	Sn 495.00 X
1	Front knuckle arm	Sn 510.00 X
1	Front wheel hub bearing	Sn 425.00 X
1	Wiper tank	Sn 192.00 X
Sub-total		11,137.00
Less 10%		1,113.70
Total List		10,023.30

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

Acknowledged by Repairer

Signature:

Date:

Vehicle number: SLF9382P

Vehicle Made & Model: MITSUBISHI OUTLANDER

Special Nett Items

- 1 set Front bumper clip
- 1 set Front fender inner shield clip
- 1 Front tyre - RH

<i>Ne</i>	60.00	✓
<i>new</i>	60.00	X
<i>Pu</i>	280.00	X
<hr/>		
Total Special Nett	400.00	

Labour charges

- To check front electrical wiring
- To check wheel alignment
- To remove, refix front undercarriage
- To respray painting and etc
- Panel beating, cut, weld remove & replacing above parts

	50.00	<i>201</i>
<i>nn</i>	120.00	X
<i>nn</i>	250.00	X
	800.00	<i>400l</i>
	800.00	<i>400l</i>
<hr/>		
Total Labour	2,020.00	

ESTIMATE PARTS AND LABOUR GRAND TOTAL \$ 12,443.30

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	07/10/2024 09:02 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/10/2024 12:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MIDDLE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF9382P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ROZARIO BENILDUS PHILIP
NRIC No	S6904040C
Email Address	bp_rozario@yahoo.com.sg
Mobile Phone No	(Phone) +65-98628781
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	2000
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5143469019

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

07/10/2024

Sketch Plan

08:30hrs

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

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

Muhammad Sumardi Bin Mohd Affandi

S995530

A- SLF9382P

B- SHD2079U

MIDDLE ROAD

