

ASS. REC. BY:

REF:

A621

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 Rpt:

GIA / PR Seen:

Est. Repairs:

Lump Sum:

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cohd: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

TOYO / NOKO or

Front

R/Bal.

L/Bal.

D.O.A.

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?

☐

: 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. S.

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format:

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

TOTAL

EIMI SOLUTION PTE LTD

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

Tel: 6456 0226 // Email: emautosolution@singnet.com.sg

Vehicle number: SLR3464M

Vehicle Made & Model: MITSUBUSHI LANCER

Qty	List Items	Amount \$
1	Front door - LH	R 1,135.00 ✓
1	Front door outer handle	Sn 192.00 X
1	Front door side mirror	Sn 586.00 X
1	Front door glass outer moulding	Sn 189.00 X
1	Front door glass run channel	Sn 221.00 X
1	Front door glass regulator assy	R 560.00 ✓
1	Front door inner lock	DI 386.00 X
1	Front door inner trim board	M3C1A 781.00 X
1	Front door insulation	Sn 122.00 X
1	Front door w/strip	Gr 196.00 X
1	Front door checker	Sn 85.00 X
1	Front door hinges @ 95	R 190.00 X
1	Front fender - LH	R 486.00 X
1	Front shock absorber - LH	Sn 425.00 X
1	Front lower arm	Sn 410.00 X
1	Front knuckle arm	Sn 465.00 X
1	Front wheel hub	Sn 285.00 X
1	Front wheel hub bearing	Sn 185.00 X
1	Side sill panel - LH	MJP 1,150.00 X
1	Centre pillar - LH	R 935.00 X
1	Rear door - LH	R 1,033.00 ✓
1	Rear door glass outer moulding	Sn 186.00 X
1	Rear door glass run channel	Sn 242.00 X
1	Rear door 1/4 glass rubber	Sn 89.00 X
1	Rear door insulation	UN 122.00 X
1	Rear door w/strip	Sn 186.00 X
1	Rear door checker	Sn 85.00 X
2	Rear door hinges @ 95	R 190.00 X
Sub-total		11,117.00
Less 10%		1,111.70
Total List		10,005.30

Not Authorized

1/10/08

Repairing After Pain
4 days

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during survey
- 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
- is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature: _____

Date: _____

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Vehicle number: SLK3464M

Vehicle Make & Model: MIITSUBUSHI LANCER

Special Nett Items

- 1 set Front door black tape
- 1 Front sport wheel - LH
- 1 Front tyre - LH
- 1 set Rear door black tape

<i>na</i>	120.00	<i>✓</i>
<i>sn</i>	550.00	<i>x</i>
<i>sn</i>	250.00	<i>x</i>
<i>na</i>	120.00	<i>✓</i>

Total Special Nett 1,040.00

Labour charges

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

	50.00	<i>201</i>
<i>na</i>	120.00	<i>x</i>
<i>na</i>	250.00	<i>x</i>
	120.00	<i>601</i>
	1,200.00	<i>7501</i>
	1,200.00	<i>501 6501</i>

Total Labour 2,940.00

ESTIMATE PARTS AND LABOUR GRAND TOTAL \$ 13,985.30

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	09/11/2024 10:42 (SGT)
Reported by	Actual Driver
Date of Accident	08/11/2024 17:04 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EUNOS AVENUE 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR3464M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	M & F INDUSTRIAL (S) PTE LTD
Company Reg No	198303897E
Email Address	mnf1983@mnf.com.sg
Mobile Phone No	(Phone) +65-97369891
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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	1600
Vehicle Fuel	Petrol
First Registration Date	11/08/2017
Chassis no	JMYSRCY1AG007023
Effective Date/Time of Ownership	11/08/2017 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5100904813-06

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 willful 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.

3. 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

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

Witnessed by Reporting Centre Personnel
(Name as in NR/CID card)

Sketch Plan

