

ASS. REC. BY:

REF: AG21

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s 111

of 203K

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: 217K

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 4-5 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: 73
GBE 837614 Yr Regn: 04 16

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

Truck / Trailer or (A)

Make: NIS MV 350 c.c. 2488

Colour: Grey A/C: Insured / Std / NI / NA

Sp.Reading: 219044 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JNIMC 25268 0008436

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Mil / S/Rim / STD A/Rim or

Tyre Size: F: 195 R 15

R: _____

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

TOYO / YOKO or

Front R/Bal. 9 mm

Rear R/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 9/11/24

D.O.I. 13/11/2024

Survey held at _____

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

Rear N/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prell. Report

Days Of Repair: _____

1) Date/Time, File Return to?

: Final Report

Resurvey No. of Trip: _____

Survey Fee:

2) _____

Add Fee: : Site Insp (\$ _____)

Transportation

S - RS. \$ _____

: Interview (\$ _____)

Fees

: Tech Invs (\$ _____)

Others

: Weekend (\$ _____)

Report Format :

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

TOTAL

L H Express Motor Trading

Blk 5038 #01-405 Ang Mo Kio Industrial Pk 2 Singapore 569541
H/p 91082728

Sing Onn Electrical Trading
87 Dawson Road
Singapore 141087

Vehicle No : GBE 8736 H
Make/Model : Nissan NV350-2.5D
Year : 2017

*Not
L/R
M...*

Qty	Description	Unit Price	Amount
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Estimate Cost Of Repair

1 pc	Rear tail-gate		
1 pc	Rear tail-gate inner trim board		
1 pc	Rear tail-gate inner lock		
1 pc	Rear tail-gate glass moulding		
1 pc	Rear tail-gate outer chrome handle		
1 pc	Rear tail-gate emblem - Logo		
1 pc	Rear tail-gate emblem - NV350		
1 pc	Rear tail-gate emblem - Badge		
1 pc	Rear n/s fender inner lower panel		
1 pc	Rear end panel inner		
1 pc	Rear end panel outer		
1 pc	Rear end panel inner garnish		
1 pc	Rear bumper		
1 pc	Rear bumper inner step reinforcement		
1 pc	Rear n/s bumper side retainer		
1 pc	Rear n/s tail-lamp		
1 pc	Rear boot rubber		
1 pc	Rear exhaust silencer - 755.30		

By	\$2,353.20
In	\$355.10
n	\$287.60
n	\$95.10
n	\$587.10
n	\$64.90
n	\$70.10
n	\$72.20
By	\$455.60
n	\$478.90
n	\$275.10
n	\$185.20
By	\$805.60
By	\$375.60
DII	\$76.10
CM	\$425.10
	\$205.60
	\$7,168.10
Less 10 %	\$716.81
	\$6,451.29

S Nett

1 pc	Rear windscreen sealant
1 pc	Rear reverse sensor
1 pc	Rear no plate
1 pc	Rear sticker - 70 kmph
1 pc	Rear sticker - 8 pax

Labour Charges

Remove/renew the above accident parts including knock



Policy No.
Claims No.
Sum Insured:
(Client's Record)
Make of Veh:
(Policy Condition)
Remark: The veh had comm
repair at the time o
al. or Market Value:
AC Accident Report:
/ PR Se
Repairs:
Sum:
REV / REP. / 24 HR
Person Con
ime
Action / Instructi
: Prell.
: Final

GBE 8736 H

Labour Charges

To putty and spray paint
Check & reconnect wiring.
To respray anti-rust proofing treatment
Remove/refit rear windscreen glass

balance b/f	\$7,956.29
	\$1,200.00 <i>Foot</i>
	\$35.00 <i>2cl</i>
	\$150.00 <i>6cl 7</i>
	\$120.00 ✓
Total	<u>\$9,461.29</u>

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:

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 11/11/2024 17:14 (SGT)
Reported by Actual Driver
Date of Accident 09/11/2024 10:30 (SGT)
Exact Location of Accident Jln Eunus, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE8736H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SING ONN ELECTRICAL TRADING
Company Reg No 5XXXX203K
Email Address mattewyap@gmail.com
Mobile Phone No (Phone) +65-91008303
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv350
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 Commercial vehicle
Transmission Auto
CC 2488
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 5148587807

DRIVER

IMPORTANT NOTICE

SKETCH PLAN

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 reassess 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")

(e) 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

(f) 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.

SIN HONG ELECTRICAL TRADING

8... Dawson Road #24-29 Singapore 141087

Tel: 9100 8303

Reg. No. 53046203K



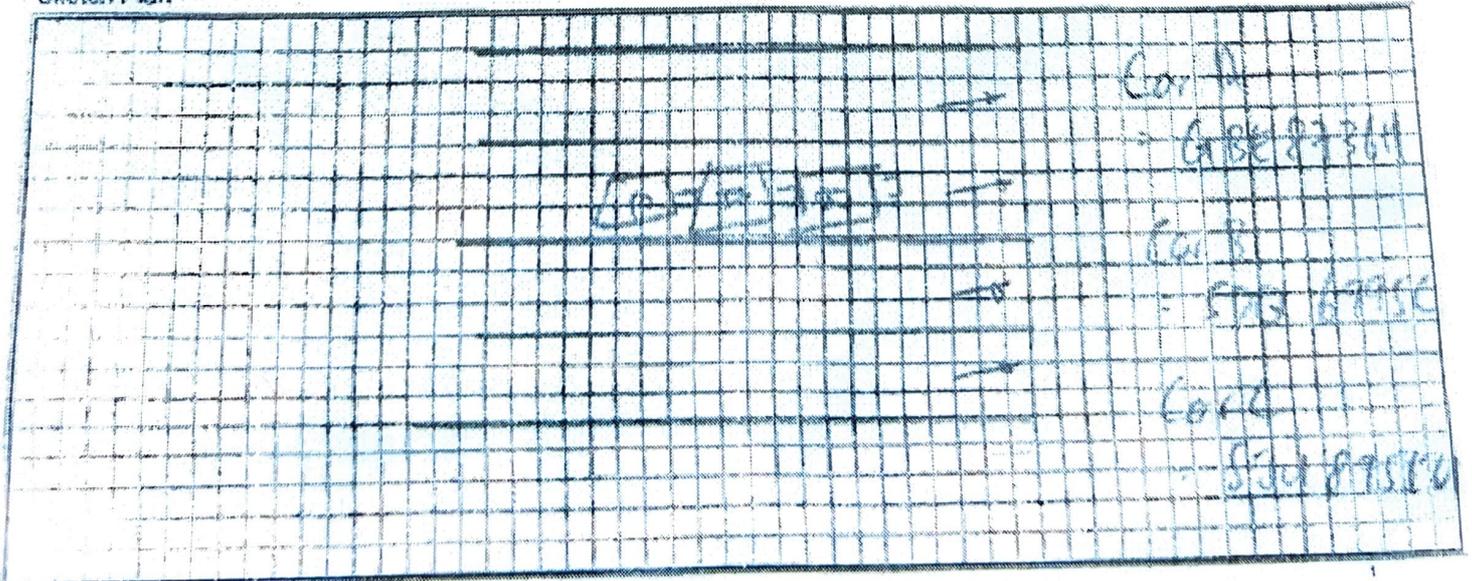
Flavine Loh

Policyholder's Signature / Date & Time

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



Jin Enor