

ASS. REC. BY:

REF: TU /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. _____

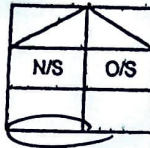
Sum Insured: _____

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: 858k

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 07 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: SCG 98856Yr Regn: 01.19Type: M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: NIS Sylphyc.c. 1598Colour: M. Purple

A/C: Insured / Std / NI / NA

Sp. Reading: 45038

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MNTBBAB17-0033299Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____

R: _____

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

TOYO / XOKO or

Front

Rear

R/Bal. 8 mmR/Bal. 9 mmL/Bal. 8 mmL/Bal. 9 mmD.O.A. 13/11/24D.O.I. 18/11/2024

Survey held at _____

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

The UIC / 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. \$ _____

), Fix. \$ _____

), Others \$ _____

Report Format :

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

TOTAL

Kennoh
96910663

Not withash
11 Sep 8
Resurvey After Pairs
7 days

SCG9885G NISSAN SYLPHY

13-Nov-24

SN	QTY	DESCRIPTION	UNIT	AMOUNT	
1	1pc	Rear Boot Lid	R	\$ 814.30	✓
2	1 pc	Rear boot rubber	OJINA	\$ 94.90	506m
3	1 pc	Rear boot lock		\$ 78.90	X
4	1 pc	Rear striker		\$ 70.80	X
5	1 pc	Rear Bumper	CM	\$ 773.00	✓
6	1 pc	Front Bumper side retainer - right / left	NISDI	\$ 79.90 \$ 159.80	4
7	1 pc	Rear Bumper Reinforcement sponge	CM	\$ 165.00	✓
8	10 pc	Rear Bumper Clips	M	\$ 4.50 \$ 45.00	✓
9	2 pc	Rear stopper (end panel) right n left		\$ 62.10 \$ 124.20	X
10	1 pc	Rear Bumper reflector - Left	M	\$ 68.90	✓
11	1 pc	Rear Left Headlamp	MJCM	nett \$ 185.90	✓
12	1 pc	Rear Right Headlamp	"	nett \$ 185.90	✓
13	2 pc	Rear Headlamp clips	M	\$ 8.50 \$ 17.00	✓
14	1 pc	Rear End Panel		\$ 475.90	✓
15	1 pc	Rear End Panel Garnish		\$ 106.00	✓
16	1 set	Rear Number plate	nett	\$ 60.00	45m
17	1 pc	Rear Left stopper	M	\$ 62.10	✓
18		Rear Left fender	Bu	\$ 1,717.70	✓
19		Rear Right Fender	R	\$ 1,717.70	X
20	1set	Reverse Sensor	nett	\$ 380.00	7
21		Spare Tyre Compartment cover		\$ 228.00	7
22		Spare Tyre Compartment Tools cover	108	Perkins \$ 285.80	✓
23		Labour to change to remove damaged parts and fit new parts, panel beating rear spare tyre compartment to fit and realign		\$ 1,100.00	100d
24		To respray paint rear bumper, rear end panel, rear boot lid, rear bumper and spare tyre compartment		\$ 1,200.00	1100f
25		computerized 4 wheel alignment		\$ 120.00	X
Dollars: Ten Thousand Two Hundred Thirty Six and cents Eighty only				\$ 10,236.80	

KKK 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 legal proceedings 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 14/11/2024 11:50 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 13/11/2024 11:24 (SGT)
Exact Location of Accident Yio Chu Kang Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCG9885G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NEO AH LIK
NRIC No S0997597G
Email Address NEOCHERLI@GMAIL.COM
Mobile Phone No (Phone) +65-98761396
Alternative Phone No +65-96802017

VEHICLE PARTICULARS

Manufacturer Nissan
Model Sylphy
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 1598
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 511555402-04

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 rescind 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

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

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

JOELLE TAN
AME AUTOPOINT ML

Sketch Plan

