ASS. REC. BY: Kenneth | REF: 1662/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cwan

of _____ 7736

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: $

IDAC Accident Rport: _____ 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

Date: 01'25 Person Contacted: _____ Vehicle: IN / OUT

Veh No: GBB 7652M Yr Regn: 02 10

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

Make: MS Urvan c.c 2953

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

Sp.Reading 281746 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JNING4E25E0793174

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 195 R15 X8

R: _____

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	7 mm
L/Bal.	9 mm	L/Bal.	7 mm

D.O.A. 21/11/24 D.O.I. 27/11/2024

Survey held at _____

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

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

Date / Time	Action / Instruction
/	Wkshp said owner will renew COE first.

Date/Time, File Pass to? _____

☐ : Prell. Report

☐ : Final Report

Date/Time, File Return to? _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Parking _____

Others _____

TOTAL _____

ort Format :

p Sum / I.B.I: ($ _____)

Kenneth

ASSIGNMENT

Yr Regn:

源摩哆廠

GUAN MOTOR WORKS

Not Authorised
C/Slip &

Business Regn. No: 08102600I

176 Sin Ming Drive #02-03 Sin Ming Autocare Singapore 575721 Tel: 6453 6111 Fax: 6453 8292 H/P: 9742 6003

Resurvey After Paint

REPAIR ESTIMATE GBB7652M

Nett Items

No.	Qty	Nett Items		
1	1	Rear RH body panel sliding door rail	Rd/Cm	421.90
2	1	Rear RH wheel rim	R	225.10
3	1	Rear RH wheel hub		383.40
4	1	Rear RH wheel bearing		129.30
5	1	RH sliding door	Rp	1,237.80
6	1	RH sliding door outer handle	R	196.10
7	1	RH sliding door lower roller		195.00
8	1	RH sliding door lower roller bracket		159.60
9	1	RH sliding door centre roller		184.40
10	1	RH sliding door top roller	R	122.20
11	1	RH sliding door lower release lock		187.70
12	1	RH sliding door rubber		175.00
13	1	RH sliding door switch		157.20
14	1	RH sliding door inner board		518.80
15	1	RH sliding door inner board clips	Rn	60.00
16	1	RH sliding door rear inner lock	Rm	303.40
17	1	RH sliding door rear inner lock catch	R	81.90
18	1	RH sliding door inner central lock assy		385.00
				5,123.80
		Less 10%		512.38
		Total :		4,611.42

Labour

1	Labour Charges for remove/refit, panel beating, cutting welding and replacement of damages.	1,000.00	5oH
2	To putty and spray Spray Paintings charges.	1,400.00	7oH
3	To remove, transfer & replace RH sliding door fittings.	100.00	8oI
4	To remove, refit rear RH under carriage damage parts.	100.00	1
5	To conduct computerise wheel alignment test.	100.00	6a
6	To apply anti rust treatment	80.00	3oI
	Total :	2,780.00	

Total Parts and Labour : $ 7,391.42

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:

SS2S24BM0001 / SIN MING AUTOCARE BFG PTE LTD
ENTRY DATE & TIME: 22/11/2024 09:30 (SGT)
SUBMITTED BY: SMBFG Admin
VERSION: 1 (22/11/2024 09:30 (SGT))

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 witholding 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	22/11/2024 09:30 (SGT)
Reported by	Actual Driver
Date of Accident	21/11/2024 14:00 (SGT)
Exact Location of Accident	Ang Mo Kio Industrial Park 2A, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB7652M

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LONG PANG LEASING
Company Reg No	5XXXX773E
Email Address	longpang53@gmail.com
Mobile Phone No	(Phone) +65-90472789
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Urvan
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	Manual
CC	2800
Vehicle Fuel	-
First Regisration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D19MFL0001879_05

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 Authorised 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.
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6. The 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.

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.

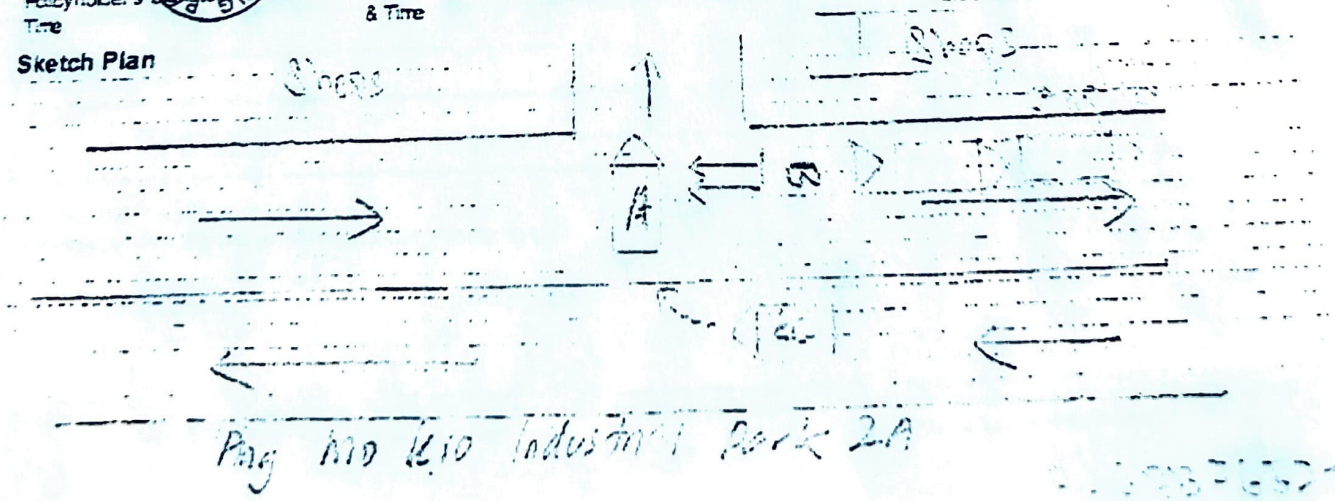
LEASING PTE LTD

Policyholder's Signature & Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Pkg blk 810 Toh Guan Rd E Ind Park 2A