

ASS. REC. BY:

REF: F021Henneth

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

1030am

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: 24K

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 02 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GRI-7845CYr Regn: 03, 17

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

Truck / Trailer or _____

Make: NIS Cabstarc.c. 2953Colour: White

AC: Insured / Std / NI / NA

Sp. Reading: 285025

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JNISC2F2480859479Gen. Cohd: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NI / S/Rim / STD A/Rim orTyre Size: F: B.SR: Giti

195R15X8

155R12X8(10)

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 8 mmR/Bal. 66 mmL/Bal. 8 mmL/Bal. 66 mmD.O.A. 3/12/24D.O.I. 11/12/2024

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?

☐

: 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 (\$

) S + RS. SI

☐

: Interview (\$

) Fixt's

☐

Tech Invs (\$

) Others

☐

Weekend (\$

)

TOTAL

Report Format :

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

SERVE YOU MOTOR PTE LTD
 BLOCK 5033 ANG MO KIO INDUSTRIAL PARK 2
 #01-265, SINGAPORE 569536
 TEL. NO: 64810555 / FAX NO. 64831654
 E-MAIL: elainesyms@gmail.com

Ins: MS First Capital

Owner: Agropolis Pte Ltd

Registration no. : GBF 7845 C / Nissan Cabstar 3.0 5M/T ABS

Accident Date: 3/12/2024

Date : 9-Dec-24

Quotation no: 78451203

S/N	Qty	Item	Amount
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LIST ITEMS

1	1	Taillamp RH	cm \$485.00 ✓
2	1	Tail gate	n \$1,250.80 X
3	1	Spare tyre bracket	n \$267.00 X (D)
4	3	Tailgate hinge @282	n \$855.00 ✓
5	1	Tailgate safety lock	n \$126.00 ✓
			\$2,983.80
ipc stopper - \$45/- min ✓ Less 10%			\$447.57
			\$2,536.23

SPECIAL NETT ITEM

1	1	Sticker 70 km/h	15m \$25.00
2	1	Company logo art	n \$480.00 100%
3	1	Sticker 6 Pax	n \$25.00 15m
4	2	Reverse Sensor @228	n \$456.00 X
5	1	P Plate Decal	n \$10.00 ✓
			\$996.00

LABOUR & MISC CHARGES

1	To knock out the accident damaged portion. To panel beating, reshape, straighten, orientate and align repair / replacement parts.	400l \$700.00
2	To remove and replace RH taillamp and check for the wiring	20l \$50.00
3	Supply spray paint material and necessary items to respray on the accident damage area and other affected area / panel.	400l \$600.00

TOTAL

Total Parts and Labour Cost of Repair

\$1,350.00

\$4,882.23

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:

Not Notified

61 Day 3

Running After Paint

2 days

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	05/12/2024 11:24 (SGT)
Reported by	Actual Driver
Date of Accident	03/12/2024 17:40 (SGT)
Exact Location of Accident	Lavender St., Singapore
Additional Location Information	LAVENDER ROAD SLIP ROAD TO KALLANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7845C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	AGROPOLIS PTE LTD
Company Reg No	1XXXXX191H
Email Address	INFO@AGROPOLIS.COM.SG
Mobile Phone No	(Phone) +65-62812777
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2953
Vehicle Fuel	-
First Registration Date	-
Chassis no	JN1SC2F24Z0859479
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5088236298-07

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.

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

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

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

Sketch Plan

