ASS. REC. BY: Kenneth

REF: SMR/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Yee

of 1130

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: $ 65k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 04 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: SLZ 3465T Yr Regn: 04, 18

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

Make: Subaru Forester c.c 1995

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

Sp.Reading 97996 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JF1SJ5KC5JG108235

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: _____

R: 225/60R17

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	5 mm
L/Bal.	7 mm	L/Bal.	5 mm
D.O.A.	15/7/24	D.O.I.	18/7/2024

Survey held at _____

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Parking: _____

Others: _____

TOTAL: _____

Report Format : _____

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

YEE AUTO PTE LTD

160 Sin Ming Drive #02-17/#07-12 Sin Ming AutoCity Singapore 575722
Tel: 6457 5768 Fax: 6252 8459 Mobile: 9687 4031
Email: yeeautopteltd@gmail.com
Registration No.: 201719251W GST No: 201719251W

Not Authorise

M/S : First Capital Insurance Ltd
36 Robinson Road
#16-01 City House
Singapore 068877

ATTN: Motor Claim Department

Your Ref No: -
Claim Type: Third Party
Accident Date: 15/07/2024
TP Veh Reg No: SHB1338P

Estimate No: **ES2400074**
Date: 16 Jul 2024
Policy No:
Veh Reg No: **SLZ3465T**
Make/Model: SUBARU FORESTER 2.0I-L CVT AWD SR
Chassis No: JF1SJ5KC5JG108235
Engine No: FB20YD45015
Reg. Date: 28/04/2018

Estimate Repair Cost to Vehicle No :SLZ3465T

	Description	U/Price	Quantity	List Price S$	Amount S$
	Net Price				
1	REAR TYRE	400.00	1 PC	400.00	
2	REAR WHEEL RIM	1,250.00	1 PC	1,250.00	
				1,650.00	1,650.00
	Spare Parts				
3	REAR BUMPER	995.20	1 PC	995.20	
4	REAR BUMPER CLIPS	100.00	1 SET	100.00	
5	REAR BUMPER SIDE RETAINER - LH	75.00	1 PC	75.00	
6	REAR BUMPER SIDE RETAINER - RH	75.00	1 PC	75.00	
7	REAR DOOR - LH	1,220.00	1 PC	1,220.00	
8	REAR DOOR GLASS OUTER MOULDING - LH	195.00	1 PC	195.00	
9	REAR KNUCKLE ARM - LH	1,105.80	1 PC	1,105.80	
10	REAR LOWER ARM - LH	555.10	1 PC	555.10	
11	REAR FENDER - LH	1,755.50	1 PC	1,755.50	
12	REAR WHEEL BEARING - LH	425.10	1 PC	425.10	
13	REAR SHOCK ABSORBER - LH	1,650.20	1 PC	1,650.20	
14	REAR FENDER INNER SHIELD - LH	185.20	1 PC	185.20	
15	REAR FENDER INNER SHIELD CLIP	80.00	1 SET	80.00	
				8,417.10	8,417.10
	Labour				
16	TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY.	1,800.00	1 JOB	1,800.00	
17	TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION.	1,800.00	1 JOB	1,800.00	
18	TO APPLY RUST- PROOFING ON REPAIRED, REPLACED PANEL.	200.00	1 JOB	200.00	
19	TO CHECK WIRING FUNCTIONS.	80.00	1 JOB	80.00	
20	TO REMOVE/RENEW REAR UNDERCARRIAGE	350.00	1 PC	350.00	
21	WHEEL ALIGNMENT	150.00	1 T	150.00	
				4,380.00	4,380.00

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:

SS2S247F0002-03 / SIN MING AUTOCARE BFG PTE LTD
ENTRY DATE & TIME: 15/07/2024 14:06 (SGT)
SUBMITTED BY: SMBFG
VERSION: 4 (17/07/2024 09:41 (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	15/07/2024 14:06 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/07/2024 10:40 (SGT)
Exact Location of Accident	Woodlands Centre Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ3465T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHAIK KHALED KAMAL SHAH
NRIC No	S1686115D
Email Address	SKKS_KHALED@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-81133747
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	2000

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5108613702-05

DRIVER

Name of Driver	SHAIK KHALED KAMAL SHAH
NRIC No	S1686115D
Date Of Birth	22/06/1965
Occupation	Indoor

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 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: 15/7/24, 12:57pm

Driver's Signature (if driver is not the policyholder) / Date & Time: 15/7/24 12:57pm

Witnessed by Reporting Centre Personnel (Name as in his NRIC card):

Sketch Plan