	ASSIGNMENT
ineth	Veh No: SML 5265 CYr Regn: 12, 1
From: Date:	
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD TP/WS/TP RES/OD RES/EVA/INV/MY	Truck / Trailer or (1) . Usgan
To Inspect Vehicle No:	Make: <u>Lexus RX270</u> c.c. 267
at Workshop m/s AT	Colour M. P. White A/C: Insured / Std / NI / NA
of	Sp.Reading 24362/ T/Radio: Insured / Std / N1 / NA
Insured:	Eng/No:
Policy No.	CNO: JTJZA11A4024180
Claims No. SNM21D200309C02	Gen. Cond: 2000 / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorger / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked J Burnt or
Make of Veh:	Modi: Nii / S/Rim / STO A/Rim or
Entry 5 Total or sent fine	Tyre Size: F:
(Policy Condition)	R: 235/60RI8
Remark: The veh had commenced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	Fron! Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 0 mm R/Bal. 0 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. J mm L/Bal. J mm
Est. Repairs: 04 days Res.: Yes or No	D.O.A. 14/1/21 D.O.I. 20/1/20
Lum Sum: 20 % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages: Frt   Rear   O/S   N/S   U/C   Rooftop or
Vehicle: I Date: Person Contacted:	
Total Company	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time   Action / Instruction	
Date / Time   Action / Instruction	Charles (1) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
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Kenneth confirmed LS \$3200    Kenneth confirmed LS \$3200	, 4 days. (Red \$2258.75, 41%)
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Kenneth confirmed LS \$3200	Days Of Repair: 4 Resurvey No. of Trip: 2 Survey Fee: Transportation:  d Fee: : Site Insp (\$ )S-RSSI

# A T AUTO CONSULTANT

BIV 113 Teck Whye Lane #05-650 Singapore 680113 HP: 8386 8989 EMAIL: atautoconsultant@gmail.com

Co. Reg. No.: 53368526E

Date of Estimate: 19.01.2021 **Vehicle No:** SML5265C

Owner:

SG CAR FOR RENT PTE LTD

Date of Accident: 14.01.2021 Make & Model:

**LEXUS RX270** 

**Chassis No** 

: JTJZA11A402418029

Not Notheries

Ully & Paint

Permy After Paint

Goldy e for Registered Vehicle

### **ESTIMATE FOR ACCIDENT VEHICLE NOS SML5265C**

\*Bumper lower lid an

PAR	<u>TS</u>			P	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	1	1 Front bumper	12 Pal	\$79	8.80
	2	1 Fog lamp	The state of the s		9.30 7
	3	4 Familia DII	neuran distribution de la company de la comp	Bu \$1,39	3.30 —
	4	A	Maria I	£ \$41	2.60 X-
	5	1 Headlamp RH	siletsO ere	\$2,20	1.00 7
		the consultation in the second	SUB TOTAL	\$5,14	5.00
		State of the state	LESS 25%	\$1,28	6.25
			DISCOUNTED SUB TOTAL	\$3,85	8.75
S.NE	TT	20 10	0.2(1)	a deb	
The Control	1	1 Front bumper clips	Piters	My 5	60.00
	) <del>-</del>		SUB TOTAL 1505 and \$1 mins to recognize the	netoc. of \$6	50.00
LABO	<u>OUR</u>				Gaal
	1	Panel beating for replace and rep	pair affected parts	\$5	00.00
	2	Spray painting on accdient areas		\$6	500.00 4601
	3	Wiring charges	100	\$1	100.00 201
	4	Apply undercoating to above affe	ected areas	\$7	220.00 301
	5	Wheel alignment		NN \$1	120.00 X
			SUB TOTAL (LABOUR)	\$1,5	40.00

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:

Date:

SM0G211F0003 / MODERN AUTOMOTIVE PTE LTD ENTRY DATE & TIME: 15/01/2021 18:10 (SGT) SUBMITTED BY: CHIN SOI SHONG GRACE VERSION: 1 (15/01/2021 18:10 (SGT))



## **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
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

3. Information provided must be as trumful and accurate as possible. Any willul misrepresentation of will folding of material racts may allow insurance companies to reporting 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 Submission	15/01/2021 18:10 (SGT)
Date of Accident	14/01/2021 22:30 (SGT)
Exact Location of Accident	Foch Rd, Singapore
Additional Location Information	FOCH RD ACROSS BEATTY LANE
Country/State of Loss	Singapore

#### **DETAILS OF OWN VEHICLE**

venide Registration Number	SML5265C	
INSURED/POLICYHOLDER		ないのは
Is company?	Yes	
Name Of Registered Owner Company Reg No	SG CAR FOR RENT PTE LTD 2XXXXX344N	
Fmail Address	KEITHI EE100977@GMAIL COM	

KEITHLEE100877@GMAIL.COM Mobile Phone No (Phone) +65-94569000

Alternative Phone No ..... +65-94569000

#### VEHICLE PARTICULARS

Vohiolo Dogistration Alumbar

Lexus Model ..... Rx270 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 - Reporting only Vehicle Category

#### INSURANCE COMPANY

Name of Insurance Company ..... Type of Coverage ..... ThirdPartyFireTheft Fleet Policy ..... Yes Policy Number 5112245543 Cover Note Number

#### DRIVER

Name of Driver **ONG JOO CHIN** NRIC No ..... SXXXX408D Date Of Birth 15/06/1973 Occupation Outdoor

7010 OI DITYING I 000	12/11/2007	
Driving experience		
Gender		
Nobile Number		
Alt. Phone Number		
Email Address	ALVIN9000@HOTMAIL.COM	
Address		
Address complement		
Postcode		
s the driver the policyholder?		
If No, Relationship of the Driver with the Insured		
Does Driver Own Other Vehicles?		
Vehicle Registration Number of Other Vehicle Owned by [		
Insurance Company of Other Vehicle Owned by Driver		
GENERAL INFORMATION OF THE ACCIDENT	to adultationally foliages and contract and an	
Type of Accident	Collision - Change/cross lane	Control of right of females and the
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Road Surface		
Positional and the second seco		
OTHER INFORMATION		
Was any foreign vehicle involved in the accident?	COC HOUSE NO	anea mud to a
Number of vehicles involved in the accident		March by
Was anybody injured in the Accident?		Topical Auroration
Was any injured conveyed to hospital by ambulance?		material in the property of the
Was any other material or property damaged?		SET THE COURT OF A
Number of Passengers (Including Driver)		and at the out of facilities in the first had
Has the driver been approached by unknown person(s)		
soliciting/offering accident claims assistance?	No	
DETAILS OF POLICE ACTION		
Was the accident reported to the police?		The state of the s
Was notice of intended Prosecution given?		
If yes, against whom?	* . * . *	
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ATTACHMENT(S)	ANN	
Are accident photos available for attachment?	Yes	A STATE OF THE STA
Was there any video captured by Car Camera?		A NOTE OF STREET OF STREET
Was there any audio recorded?	No	7750
DETAILS OF	OTHER VEHICLE PROPERTY 1	in the property of the second property of the
Vehicle Registration Number	0.101472G	
Vehicle Manufacturer	······ Hyundai	
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