ASS. REC. BY: | REF: CS/EG2/2100321 4/KV f3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Mr. Lee

of _____

Insured: XD 5818U

Policy No. _____

Claims No. CDMCG21000452

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: 14 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: SMK 9800L Yr Regn: 06/15

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

Make: MIT Attrage c.c 1193

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

Sp.Reading 108340 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MMBSTA13AFH 010739

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: Bailwin 185/60R15

R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	7 mm
L/Bal.	8 mm	L/Bal.	7 mm
D.O.A.	10/3/21	D.O.I.	11/3/2021 ✓

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
31/3/21	Kenneth confirmed LS $6750 (Red 3387.81,33%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 31/3/21-Typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 14

Resurvey No. of Trip: 1

Survey Fee: _____

Transportation: _____ $ - RS. _____ St

Parking _____

Others _____

TOTAL _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format : Merimen

Lump Sum / I.B.I: ($ LS $6750

威利摩哆
WEI LEE MOTOR WORKS

BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32,
SINGAPORE 575644.
TEL: 6456 9830 • FAX: 6458 0128 • EMAIL: weileemotorworks@gmail.com
Business Regn No: 269436/00J

CDMCG21000452

Not Working
61 Rep &
Resurvey After Paint
14 days

10,Mar 2021

Ergo Insurance Pte Ltd
5 Temasek Boulevard
#04-01 Suntec Tower Five

Attn:motor claim dept-3rd party claim
Claiming against your insured vehicle no: XD5818U
Accident involving vehicle no: SMK9800L/XD5818U
DOA: 10/03/2021 At Along Holland Road twds Orchard Nr Moonbeam Bus stop

Dear officer incharge
Re: estimate cost of repair for vehicle no: SMK9800L
To supply--

Description		Qty	Amount
Tailgate		1	828.00
Tailgate hinge	@192	2	384.00
Tailgate lock		1	206.00
Tailgate outer handle-chrome		1	318.00
Tailgate-Attrage emblem		1	38.00
Rear fender,Rh n Lh	@715	2	1,430.00
Taillamp R n L	@276	2	552.00
Spare tyre panel		1	906.00
Rear bumper		1	708.00
Rear bumper enforcement		1	
Rear bumper retainer	@42	2	84.00
Rear bumper reflector	@46	2	92.00
End panel		1	402.00
End panel top garnish		1	82.00
Boot weatherstrip		1	168.00
Parts			6,198.00
Parts less ~~20%~~ 10%			~~1,239.60~~
			4,958.40

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:

Vehicle no: SMK9800L

Reverse sensor	Old	220.00 200/=
To remove/reinstall rear windscreen glass		180.00 120/=
To remove rear seater,inner garnish,rear speaker board enable repair job carryout.		
Reinstall after job done		250.00 120/=
To apply rust proofing		120.00 ~
To remove parts n attachments		
Cut n weld damaged panel		
Repair/reshape dented areas		
Straighten rear chassis where necessary		
Replace/align all parts into position		1,800.00 1700/=
To spray paint-		1,600.00 1200/=

		9,128.40

SS21213A0005 / STA Insurance Pte Ltd(5424)
ENTRY DATE & TIME: 10/03/2021 12:49 (SGT)
SUBMITTED BY: Mohamad Faiez Bin Jalil
VERSION: 1 (10/03/2021 12:49 (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 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.
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	10/03/2021 12:49 (SGT)
Date of Accident	10/03/2021 08:30 (SGT)
Exact Location of Accident	Near 691H Holland Rd, Singapore 278663
Additional Location Information	ALONG HOLLAND ROAD TOWARDS ORCHARD NEAR MOONBEAM BUS STOP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK9800L

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KH LEASING PTE. LTD.
Company Reg No	2XXXXX813C
Email Address	kahupleasing@gmail.com
Mobile Phone No	(Phone) +65-64589997
Alternative Phone No	(Office) +65-64589997

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5109456176-01
Cover Note Number	-

DRIVER

Name of Driver	TOH SOON TECK
NRIC No	SXXXX269J
Date Of Birth	06/11/1965

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 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.
5. Any false reporting may be referred to the Police for investigation.
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.
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.

KH Leasing Pte Ltd 201215130C

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan