ASS. REC. BY: | REF: SMO / 21004736 / kg f3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLA 8836E

at Workshop m/s RS

of _____

Insured: GBD 1065L

Policy No. _____

Claims No. CMTD2101164/THE

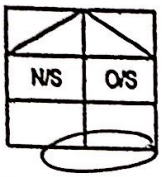
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 06 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: SLA 8836E Yr Regn: 02, 16

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

Truck / Trailer or A1

Make: NIS Teana 2.0XL c.c 1998

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

Sp.Reading 73056 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MNTBBAL33Z 0005504

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: 215/55R17

R: _____

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

TOYO / YOKO or Falken

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	13/4/21	D.O.I.	14/4/2021

Survey held at ✓

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

Rear O/S

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

Date / Time	Action / Instruction
14/4	Bootlid jammed.
15/4/2021@3.45PM	Revised to Grace via email.
	Kenneth confirmed LS $7850 (Red $13868.79, 64%)

Date/Time, File Pass to? 1) 08/06 Typist

Date/Time, File Return to? 2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : TP

Lump Sum ~~H.B.I.~~ ($ 7850)

Survey Fee: _____

Transportation: $ + RS. SI

Parking _____

Others _____

TOTAL _____

WHITE/REAR LH New 1200.00

Not Authorised
Remove After Paint

RS AUTO SERVICES

UEN No. 53426926E
160 Sin Ming Drive, #06-01
Sin Ming Auto City, Singapore 575722
Email: rsautoservices88@gmail.com

Date :14/04/2021

QUOTATION -THIRD PARTY CLAIM

AXA INSURANCE PTE LTD

Attn; Motor Claim Department . Officer In Charge

Claim : Third Party Claim
Veh. No : SLA 8836 E
Model : NIISAN TEANA
Insured Ins: NTUC INCOME

Accident on : 13/04/2021

QTY	PARTICULARS	NETT LESS 10 %	LISTS LESS 30 %	S/NETT
	YOUR INSURED VEHICLE : GBD 1065 L			
	PARTS LIST			
1	BOOTLID	$	$ 1,867.10	$ -
1	BOOTLID LOCK	$ 350.00	$ -	$ -
1	BOOTLID LOCK LATCH	$ 68.00	$ -	$ -
1	BOOTLID LOCK SENSOR	$ 280.00	$ -	$ -
2	BOOTLID HINGES	$ -	$ 680.00	$ -
1	BOOTLID OUTER CHROME	$ 480.00	$ -	$ -
2	BOOTLID No.PLATE LAMPS	$ 280.00	$ -	$ -
1	BOOTLID TOP LOCK SWITCH	$ 220.00	$ -	$ -
1	BOOTLID INSULATOR	$ 320.00	$ -	$ -
1	CENTER LOGO	$ 68.00	$ -	$ -
1	TEANA EMBLEM	$ 58.00	$ -	$ -
1	2.0 EMBLEM	$ 55.00	$ -	$ -
1	XL EMBLEM	$ 55.00	$ -	$ -
1	REVERSE CAMERA SET	$ -	$ -	$ 500.00
1	REAR RH LOWER EMBLEM	$ -	$ -	$ 120.00
2	REAR FENDERS	$ -	REPAIR	$ -
2	REAR FENDER INNER SIDE GARNISHS	$ 980.00	$ -	$ -
2	REAR FENDER UNDERSHEILDS	$ 320.00	$ -	$ -
20	REAR FENDER UNDERSHEILD CLIPS	$ -	$ -	$ 90.00
2	TAILLAMPS	$ 1,360.00	$ -	$ -
2	TAILLAMP PANELS	$ 480.00	$ -	$ -
2	TAILLAMP SIDE CLIPS	$ -	$ -	$ 40.00
2	TAILLAMP LOWER BRACKETS	$ 280.00	$ -	$ -
1	END PANEL	$ -	$ 580.00	$ -
1	END PANEL TOP GARNISH	$ 320.00	$ -	$ -
1	SPARE TYRE PANEL	$ -	$ 680.00	$ -
1	SPARE TYRE TOP BOARD	$ 448.00	$ -	$ -
2	SPARE TYRE SIDE BOARDS	$ 640.00	$ -	$ -
1	REAR BUMPER	$ 680.00	$ -	$ -
1	REAR BUMPER SPONGE	$ 280.00	$ -	$ -
2	REAR BUMPER SIDE BRACKETS	$ 260.00	$ -	
2	REAR BUMPER SIDE RETAINERS	$ 220.00	$ -	$ -
1SET	REAR BUMPER SENSORS	$ -	$ -	$ 600.00
1	REAR BUMPER SPONGE	$ 225.00	$ -	$ -
2	REAR EXHAUSTS	$ 1,980.00	$ -	$ -
2	REAR EXHAUST CHROME ENDS	$ -	$ -	$ 240.00
	TOTAL :	**$ 10,707.00**	**$ 3,807.10**	**$ 1,590.00**
	TOTAL AFTER LESS :	**$ 9,636.30**	**$ 2,664.97**	**$ 1,590.00**
	GRAND TOTAL PARTS :	**$ 13,891.27**		

RS AUTO SERVICES

UEN No. 53426926E
160 Sin Ming Drive, #06-01
Sin Ming Auto City, Singapore 575722
Email: rsautoservices88@gmail.com

Balance b/f	$	13,891.27
LABOUR CHARGES		
Labour to do cutting , welding , replace repair, align, on accident area	$	1,600.00
Transfer bootlid parts to another bootlid	$	120.00
To remove refix , replace garnish, trim board , side board etc	$	500.00
To do rear chassis, body repair/ alignment	$	350.00
T do computer setting , dignose delete fault code after repair	$	180.00
To check wiring system	$	100.00
To replace rear exhaust	$	300.00
To replace reverse sensors , camera and setting	$	150.00
To do anti rust	$	90.00
To do spray painting on affected area	$	1,400.00
TOTAL LABOUR :	**$**	**4,790.00**
GRAND TOTAL :	**$**	**18,681.27**

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:

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 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 Submission	14/04/2021 10:18 (SGT)
Date of Accident	13/04/2021 19:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA8836E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHING WEE SOON
NRIC No	SXXXX591G
Email Address	ching_ws2001@hotmail.com
Mobile Phone No	(Phone) +65-96706236
Alternative Phone No	+65-96706236

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Teana
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	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5087200883-04 (DRIVO CLASSIC)
Cover Note Number	-

DRIVER

Name of Driver	CHING WEE SOON
NRIC No	SXXXX591G

e Of Birth	03/12/1961
Occupation	Indoor
Date Of Driving Pass	27/05/1985
Driving experience	35 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96706236
Alt. Phone Number	+65-96706236
Email Address	ching_ws2001@hotmail.com
Address	27 ROSEWOOD DRIVE #03-20
Address complement	-
Postcode	737920
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD1065L
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ONG CHOON KIAT
Passport No/FIN	SXXXX767F
Contact Number	-
Address	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form is to 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.

14 APR 2021

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan