

ASS. REG. BY:

REF:

SMO / 210047361kgf3

## ASSIGNMENT

From:

Date:

Estimated Cost:

CO/TP/INS/LTP/RES/OD/RES/EVA/INV/INV

To Inspect Vehicle No: SLA 8836E

at Workshop m/s: RS

of

Insured: GBD 1065L

Policy No.

Claims No. CMTD2101164/THE

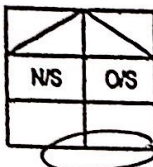
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Est. or Market Value:

IDAC Accident Report: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

Est. Repairs: 06 days Res.: Yes or No

Lump Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SLA 8836E Yr Regn: 02, 16

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

Truck / Trailer or

Make:

NIS Teang 2.0X4.0 1998

Colour:

n. Black. AC: 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

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F: 215/55R17

R:

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

TOYO / YOKO or

Feiken

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

Boortid jammed.

15/4/2021 @ 3.45PM Revised to Grace via email.

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:

\$ + RS. SI

Fees

Others

TOTAL

Report Format:

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

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$



# RS AUTO SERVICES

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

Not Notarized  
11 Day &  
Penny After Paint

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 : NISSAN 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. 83426926E

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	7
Transfer bootlid parts to another bootlid	\$	120.00	501
To remove refix , replace garnish, trim board , side board etc	\$	500.00	101
To do rear chassis, body repair/ alignment	\$	350.00	122 X
To do computer setting , dignose delete fault code after repair	\$	180.00	?
To check wiring system	\$	100.00	201
To replace rear exhaust	\$	300.00	7
To replace reverse sensors , camera and setting	\$	150.00	601
To do anti rust	\$	90.00	601
To do spray painting on affected area	\$	1,400.00	10001
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 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	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
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### 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



Date 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 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 an 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.

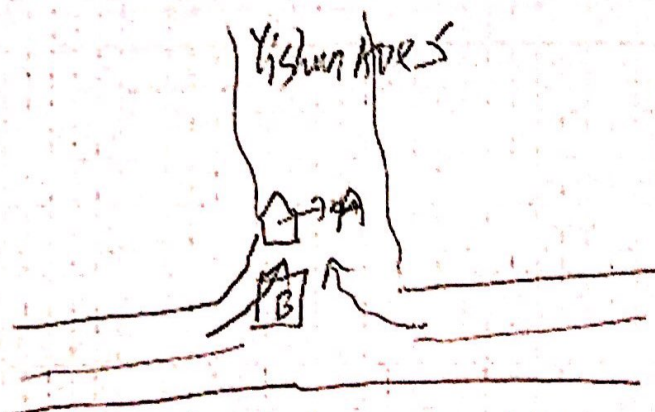
14 APR 2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



A- SLA 8836 E  
B- GBD 1065 L

DOA - 13/4/21