ASS. REC. BY: | REF: AGZ/ 21009399/Kv f3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Esteem

of _____

Insured: SLP 9179H

Policy No. _____

Claims No. C10011554/HA

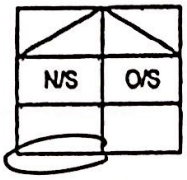
Sum Insured: _____ Excess: _____

(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: 04 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: SLS8969K Yr Regn: 10 17

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

Make: Honda Vezel c.c 1496

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

Sp.Reading 306610 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU3 · 1226125

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: TriStar 215/60R16

Habilead _____

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	7 mm
L/Bal.	9 mm	L/Bal.	7 mm
D.O.A.	5/9/21	D.O.I.	27/9/202

Survey held at _____

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

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

Date / Time	Action / Instruction
1/10/21	Kenneth confirmed LS $1600 (Red 4854.32, 75%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 1/10/21-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation: ___$ + RS. ___SI

Parking

Others

TOTAL

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format : TP

Lump Sum / ~~I.B.I~~: ($ 1600

Auto General. 27.09.2021 (Mon).

ESTEEM PERFORMANCE PTE LTD
UEN 200005485N

HEADQUARTERS / SHOWROOM / WORKSHOP
385 Sin Ming Drive
Singapore 575718
(T) 6753 2112 (F) 6451 0394

WORKSHOP
176 Sin Ming Drive
Sin Ming Auto Care #01-14 , #01-15 , #01-16
Singapore 575721
(T) 6484 1221 (F) 6484 7829

ESTEEM

Repair Estimates

SLS 8969 K

Not Authorised
Cl Sup & Resurvey After Paint

Parts	(a) Cost / List Price Items	$ 3,717.90
	Plus/Less 20%	$ 743.58
	Total of Cost / List	$ 2,974.32
	(b) Nett Price Items	
	Less	
	Total of Nett Item	
	(c) **Special Nett Items**	$ 250.00
Total Parts Cost		$ 3,224.32
Labour		$ 3,230.00
Total		$ 6,454.32

The above total will be subjected to 7% G.S.T.

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:

Name of Surveyor : Kennern

Company : LKK

Survey conducted on : 27/9/21 at

Remarks By Surveyor

(a) The repair of this vehicle is ~~authorized~~ / is not authorized until further notice.

(b) Recommended Days of Repair : 04 day(s)

(c) Resurvey : Required / ~~Not Required~~

(d) Excess :$

(e) Signature of surveyor : Date: 27/9/21

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ESTEEM

Spare Parts

Vehicle No. : **SLS 8969 K**
Make & Model : HONDA VEZEL
Chassis No : RU31226125

Submit By : **Carmen Lim**
Year Manufacture : 2017 Oct
Engine No. :

Cost / List

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Rear windscreen moulding upper	1	$35.50		X
2	Rear windscreen moulding lower	1	$155.00		X
3	Rear windscreen moulding LH	1	$45.00		X
4	Rear windscreen moulding RH	1	$45.00		X
5	Rear windscreen sealant	1	$50.00	S.N	X
6	Reverse sensor	1	$200.00	S.N	?
7	Rear bumper	1	$777.90		—
8	Rear bumper clip	10	$35.00		—
9	Rear bumper side retainer LH	1	$27.50		X
10	Rear bumper side retainer RH	1	$27.50		X
11	Rear bumper LH	1	$195.00		—
12	Rear bumper reflector LH	1	$161.00		?
13	Tail door	1	$1,250.00		X
14	Tail door lock	1	$187.10		X
15	Tail door emblem	1	$35.70		X
16	Wording "VEZEL"	1	$58.00		—
17	Wording "HYBRID"	1	$60.50		—
18	Bootlid reflector LH	1	$389.20		X
19	LH rear fender protector	1	$198.00		X
20	LH rear fender protector clip	10	$35.00		X
21					
22					
23					

lote: If any of the quoted parts are recommended to be repaired, then an additional labour charge

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ESTEEM

Labour

Vehicle No. : **SLS 8969 K** Submit By : : **Carmen Lim**

Make & Model : HONDA VEZEL Year of Manufacture : 2017 Oct

S/No	Labour Description	Esimated Price	Adjusted Price
1	TO RENEW DAMAGED PARTS & KNOCK OUT ACCIDENT		
	REPAIR AREA.(REAR BUMPER,TAILDOOR,END PANEL,		
	LHR FENDER,SPARE TYRE WELL PANEL)	$1,200.00	500
2	TO PUTTY, RESPRAY PAINT FOR AFFECTED ACCIDENT		
	REPAIR AREA.(REAR BUMPER,TAILDOOR,END PANEL,		
	LHR FENDER,SPARE TYRE WELL PANEL)	$1,200.00	520
3	To remove & refit spare tyre, spare tyre board, carpet trim		
	to assist work load.	$150.00	X
4	To remove & refit rear windscreen.	$120.00	X
5	To tuff coat.	$150.00	X
6	To transfer boot mechanism to new boot	$120.00	X
7	To conduct water leakage tests to ensure proper air and		
	sealing	$120.00	20
8	To check wiring	$50.00	20
9	To remove & refit reverse sensor	$120.00	50

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.

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	06/09/2021 13:14 (SGT)
Date of Accident	05/09/2021 09:50 (SGT)
Exact Location of Accident	Lor 6 Toa Payoh, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS8969K

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GRAB RENTALS PTE LTD
Company Reg No	2XXXXX200G
Email Address	gr.sg.accident@grab.com
Mobile Phone No	(Phone) +65-96642132
Alternative Phone No	(Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D21MFL0000447
Cover Note Number	-

DRIVER

Name of Driver	MOK SONG JIA
NRIC No	SXXXX172G

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.

Mohd

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time 05/09/2021 1145	Witnessed by Reporting Centre Personnel Rahmad

Sketch Plan