

ASS. REC. BY:

REF:

ETZ/2101052711KV Y3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No: _____

at Workshop m/s Esteem

of _____

Insured: SKV 7128Z

Policy No. DMPCSNW00090112100

Claims No. SNM21D205830

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 Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 03 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: SUJ 7990B Yr Regn: 12, 16

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

Truck / Trailer or

Make: Honda Vezel c.c. 1496

Colour: M. Bronze AC: Insured / Std / NI / NA

Sp. Reading: 383531 T/Radio: Insured / Std / NI / NA

Eng/No: RU31217164

C/No: Per 3 383531

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or Motto

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 11/10/21 D.O.I. 13/10/2021

Survey held at _____

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

FR NI

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

Date / Time	Action / Instruction
25/10/21	LS \$3050 confirmed with Jenny (Red 2614.36, 46%)

Date/Time, File Pass to? : Prell. Report

1) : Final Report

Date/Time, File Return to?

2) 25/10/21-typist

Report Format: Merimen

Lump Sum H.B.I.: (\$ 3050)

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Survey Fee:

Transportation: _____

_____ \$ - RS - SI

_____ F.I.P.S

_____ Others

TOTAL

Gina Taiping



ESTEEM

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

Repair Estimates

SLJ 7990 B

Parts	(a) Cost / List Price Items	\$	<u>4,886.70</u>
	Plus/Less 20%	\$	<u>977.34</u>
	Total of Cost / List	\$	<u><u>3,909.36</u></u>
	(b) Nett Price Items		_____
	Less		_____
	Total of Nett Item		_____
	(c) Special Nett Items	\$	<u>105.00</u>
Total Parts Cost		\$	<u><u>4,014.36</u></u>
Labour		\$	<u><u>1,650.00</u></u>
Total		\$	<u><u>5,664.36</u></u>

*Not authorized
L1 Rep &
Resurvey After Paint*

- 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: _____

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

Name of Surveyor : Kenneth

Company : LKK

Survey conducted on : 13/10/21 at _____

Remarks By Surveyor

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

(b) Recommended Days of Repair : 03 day(s)

(c) Resurvey : Required / Not Required

(d) Excess : \$ _____

(e) Signature of surveyor : pc Date: 13/10/21



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Spare Parts

Vehicle No. : SLJ 7990 B
 Make & Model : HONDA VEZEL
 Chassis No : RU31217164

Submit By : serence
 Year Manufacture : 27-Dec-16
 Engine No. : _____
 Cost / List : _____

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Front grille	1	\$391.80		? <input checked="" type="checkbox"/>
2	Front grille chrome	1	\$445.00		<input checked="" type="checkbox"/>
3	Front grille emblem	1	\$33.40		<input checked="" type="checkbox"/>
4	Headlamp LH	1	\$1,850.00		<input checked="" type="checkbox"/>
5	Headlamp lower bracket LH	1	\$38.00		?
6	Headlamp upper bracket LH	1	\$29.60		X
7	Front bumper	1	\$881.70		<input checked="" type="checkbox"/>
8	Front bumper clip	10	\$35.00	S.N	<input checked="" type="checkbox"/>
9	Front bumper reinforcement	1	\$351.00		?
10	Front bumper side retainer LH	1	\$27.50		<input checked="" type="checkbox"/>
11	Front bumper side retainer RH	1	\$27.50		X
12	Front bumper bracket LH	1	\$29.60		?
13	Front bumper bracket RH	1	\$29.60		X
14	Fog lamp LH	1	\$357.00		?
15	Fog lamp garnish LH	1	\$45.00		<input checked="" type="checkbox"/>
16	LH front fender undershield	1	\$155.00		X
17	LH front fender undershield clip	10	\$35.00	S.N	X
18	LH front fender protector	1	\$195.00		<input checked="" type="checkbox"/>
19	LH front fender protector clip	10	\$35.00	S.N	<input checked="" type="checkbox"/>
20					
21					
22					
23					

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report accurately the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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 12/10/2021 11:26 (SGT)
Date of Accident 11/10/2021 12:45 (SGT)
Exact Location of Accident Purvis St, Singapore 189768
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ7990B

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) +65-90280667
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 D20MFL0006849
Cover Note Number -

DRIVER

Name of Driver NEO HOCK KEONG ALBERT
NRIC No SXXXX335Z

Accident report SJ0421AC000A

IMPORTANT NOTICE

SKETCH PLAN

1. Please report accurately the details of the accident to speed up the claim process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind the policy or refuse to pay.
4. The name and insurance of the Family 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 of the form and the names of the SA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will form be made available upon application by interested parties.
7. By the completion of this report to the Insurer, you hereby consent to the archiving of this report at the centre and to copies of the report being made available if needed.
8. Consent under the Personal Data Protection Act (PDPA)

I, My Insurer, my wife and the General Insurance Association of Singapore (GIA) may be 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 processed by my Insurer (collectively the "Personal Information"), and disclose and transfer such Personal Information to all Insurers who have insured vehicles involved in this accident (all Insurers) and to have insured vehicles involved in this accident that be collectively referred to as the "Insurers", the Insurers' law yer/ law firms, the Ministry/ Authority of Singapore and any relevant government agency/ authority (such as the police) for the purposes 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 Insurers who have insured vehicles involved in this accident and the Insurers' law yer/ law firms, may be 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 be disclosed by any of the Insurers and/or GIA to their subsidiary service providers or agents (including their law yer/ law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Handwritten Signature]

[Handwritten Signature]

Policyholder's Signature / Date & Time

Driver's Signature (if other is not the policyholder) / Date & Time 12:10 11/17/21

Witnessed by Reporting Centre Personnel ID 112215

