ASS. REC. BY: Kenneth

REF: ETZ/2101052711/KV y3

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: 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 Rport: _____ 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: SLJ 7980B 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. Brown A/C: Insured / Std / NI / NA

Sp.Reading 38353 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU3 · 383531

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: 215/60R16

R: _____

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

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 / U/C / Rooftop or _____

Frt N/S

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?

1) _____

Date/Time, File Return to?

2) 25/10/21-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ - RS. _____ SI

Fuel: _____

Others _____

TOTAL _____

Report Format : Merimen

Lump Sum / ~~I.B.I~~: ($ 3050)

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Gina Taiping

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 SLJ 7990 B

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

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

Not Authorise
L/Sup &
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:

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 : Date: 13/10/21

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ESTEEM

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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		?
2	Front grille chrome	1	$445.00		X
3	Front grille emblem	1	$33.40		—
4	Headlamp LH	1	$1,850.00		—
5	Headlamp lower bracket LH	1	$38.00		?
6	Headlamp upper bracket LH	1	$29.60		X
7	Front bumper	1	$881.70		—
8	Front bumper clip	10	$35.00	S.N	—
9	Front bumper reinforcement	1	$351.00		?
10	Front bumper side retainer LH	1	$27.50		—
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		—
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		—
19	LH front fender protector clip	10	$35.00	S.N	—
20					
21					
22					
23					

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

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ESTEEM

Labour

Vehicle No. : **SLJ 7990 B**
Make & Model : HONDA VEZEL
Submit By : **Carmen Lim**
Year of Manufacture : 42731

S/No	Labour Description	Esimated Price	Adjusted Price
1	TO RENEW DAMAGED PARTS & KNOCK OUT ACCIDENT		
	REPAIR AREA. (FRONT BUMPER, BONNET, LHF FENDER)	$800.00	350/
2	TO PUTTY, RESPRAY PAINT FOR AFFECTED ACCIDENT		
	REPAIR AREA. (FRONT BUMPER, BONNET, LHF FENDER)	$800.00	450/
3	To check wiring & focus headlamp	$50.00	20/

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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	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

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IMPORTANT NOTICE

SKETCH PLAN

1. Please report promptly the details of the accident as soon as the circumstances.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information and statement to be truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate liability.
4. The issue and acceptance of this Formby 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 kept entering 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 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/we, , my/our relatives and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my/our personal data/personal information set out in this form and any other personal information provided by me/us processed by my/our insurer (collectively the "Personal Information"), and disclose and transfer such Personal Information to all insurer/s we/he have insured vehicle/s involved in this accident (all insurer/s/ we/he have insured vehicle/s involved in the accident shall be collectively referred to as the "Insurers"), the Insurers' law yer/law firms, the Motoring Authority of Singapore and any relevant government agency/ies/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, receipts 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")

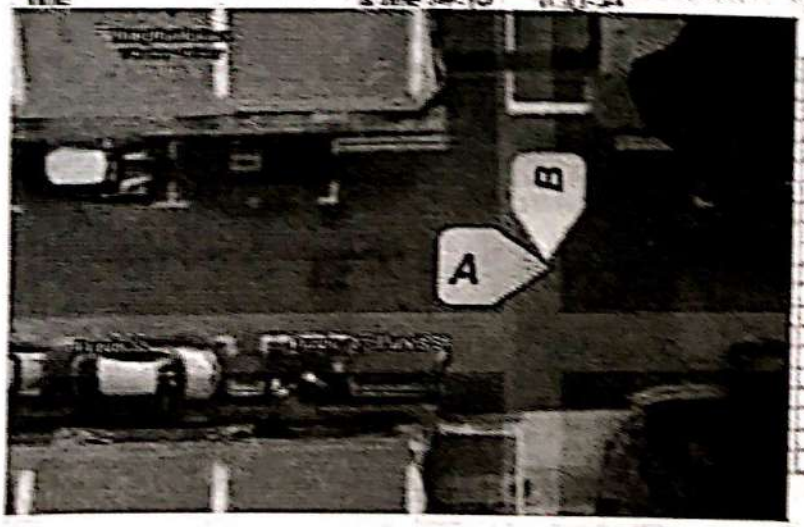
(b) all insurer/s who have insured vehicle/s involved in this accident and the insurers' law yer/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their data/entry 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.

Policyholder's Signature / Date & Time

Driver's Signature (if other & not the policyholder) / Date & time 14:10 11.11.24

Witnessed by Reporting Centre Personnel/ID



A-SLJ7998

B-SKV1282

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