

ASS. REQ. BY:

REF:

AGZ/21010629/KT

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s _____

Falcon

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

Excess: _____

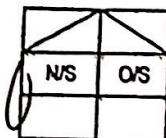
(Client's Record)

Make of Veh: _____

10am

(Policy Condition)

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



Bal. 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

Lum Sum: _____

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

LUMP SUM \$4450, 6DAYS
RED: 4081.28;47%

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL

Report Format :

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



FALCON - AIR

AILENA SHANTHI D/O B NARAYAN DAS

C/O 176 SIN MING DRIVE #01-06/07

SIN MING AUTOCARE 575721

ADRIAN GAN - 96916071

Attention : Motor Claim Department

Estimate : ES012271

Date : 15/10/2021

Vehicle Num. : SLT 5674A

Make/Model : HYUNDAI ELANTRA AD GLS-2017

Chassis/Eng# : KMHD841CMJU570014

Accident Date : 14/10/2021

Claim No. :

Reference : TP - NTUC AGT BUDGET DIRECT

Policy No. : 5095989571-03

Not Airhailed
1-B1, 1-Ly &
6 days

S/N	Quantity	Particular	Unit Price	Amount S\$
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- | | | |
|-----|-------|------------------------------------|
| 1. | 1 PC | LIST ITEMS : |
| 2. | 2 PCS | LH REAR DOOR |
| 3. | 1 PC | LH REAR DOOR BLACK TAPE |
| 4. | 1 PC | LH REAR DOOR WEATHERSTRIP |
| 5. | 1 PC | LH REAR DOOR INNER LOCK |
| 6. | 1 PC | LH REAR DOOR GLASS REGULATOR |
| 7. | 1 PC | LH REAR DOOR GLASS REGULATOR MOTOR |
| 8. | 1 PC | LH REAR DOOR TRIM BOARD |
| 9. | 1 PC | LH REAR DOOR LOWER STICKER |
| 10. | 1 PC | LH ROCKER PANEL STICKER |
| 11. | 1 PC | LH REAR FENDER |
| | | LH REAR SPORTS RIM |

List TotalS\$:

20.00% Discount S\$:

R1	1,878.30	✓
15.00	30.00	✓
	85.10	✓
n	191.50	X
	223.40	✓
	160.50	✓
	597.00	✓
n	30.00	✓
n	30.00	✓
R1	1,892.00	✓
R1	671.30	✓
	5,789.10	
	1,157.82	
	4,631.28	

LABOUR :

TO REMOVE/REFIX REAR WINDSCREEN GLASS
TO CONDUCT WATER TEST TO CHECK FOR LEAKAGE
TO TRANSFER LH REAR DOOR MECHANISM
TO REMOVE/REFIX TRIMS, SPEAKERBOARD, SEATS, ETC

120.00	✓
50.00	201
100.00	601

CONTINUE / ...

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:



FALCON-AIR

FALCON-AIR AUTO SERVICES PTIP 12/2

Co. Reg. No. : 199501140D
GST Reg. No. : 199501140D

AIILENA SHANTHI D/O B NARAYAN DAS
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SIN MING AUTOCARE 575721
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Policy No. : 5095989571-03

S/N	Quantity	Particular	Unit Price	Amount S\$
		TO FACILITATE REPAIRS		280.00 <i>12d</i>
		TO REMOVE/REFIX FUEL TANK TO ASSIST REPAIR		180.00 <i>60d</i>
		TO CONDUCT WHEEL ALIGNMENT (COMPUTERISE)		120.00 <i>60d</i>
		TO TRANSFER NEW RIM TO TYRE AND BALANCING		50.00 <i>20d</i>
		TO RUSTPROOF ACCIDENT DAMAGE AREA		200.00 <i>60d</i>
		TO STRAIGHTEN LH FRONT DOOR, LH REAR FENDER, LH ROCKER		
		PANEL, INNER PANEL, CUT OUT/RE-WELD LH REAR FENDER		<i>800d</i>
		INCLUDING REPLACEMENT OF PARTS		1,500.00 <i>800d</i>
		TO SPRAY PAINT ON LH REAR FENDER, OUTER/INNER, LH ROCKER		
		PANEL, LH REAR DOOR, LH FRONT DOOR		1,300.00 <i>60d</i>
		Labour Total S\$:		3,900.00

E. & O.E.

Total S\$: 8,531.28
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for FALCON AIR AUTO SERVICES PTE LTD

The quotation was prepared from visual inspection. Further materials and labour charges may be required when repair commences. We will advise you accordingly.

FALCON - AIR AUTO SERVICES PTE LTD
(a subsidiary of Falcon-Air Holdings Pte Ltd)

Head Office : Bk 176 Sin Ming Drive #01-06/07/13 #05-12 Sin Ming Auto Centre

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 14/10/2021 11:23 (SGT)
Date of Accident 14/10/2021 07:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information ANG MO KIO AVE 2 TOWARDS SEMBAWANG HILL DRIVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT5674A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner AILENA SHANTHI D/O B NARAYAN DAS
NRIC No S1816607J
Email Address AATMHGAN@GMAIL.COM
Mobile Phone No (Phone) +65-96916071
Alternative Phone No +65-96916071

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Elantra
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 1600

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5095989571-04
Cover Note Number -

DRIVER

Name of Driver ADRIAN GAN LUEN-IH
NRIC No S7374819D

SKETCH PLAN

ALONG ANG MO KIO AVE 2 BEF SEMBAWANG HILL DR

ST NICHOLAS VIEW

A:SLT5674A
B:SJW7701A

B: SJW7701A

ALONG ANG MO KIO AVE 2 BEF SEMBAWANG HILL DR

ST NICHOLAS
VIEW

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to gears report

DECLARATION

DECLARATION
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:14/10/2021 1100

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Hong da
NRIC/FIN No.: S992334