

ASS. REC. BY:

REF:

AGZ/21011473/KV

Kenneth

## ASSIGNMENT

10

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_

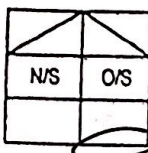
Excess: \_\_\_\_\_

(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 Report: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: GB11 8059MYr Regn: GT 18

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

Truck / Trailer or

Make: Toy / Hiacc.c. 2982Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading: 78340

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTFH T02P 700245289Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD A/Rlm orTyre Size: F: 195 R15 x 8

R: \_\_\_\_\_

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

TOYO / YOKO or Handcook

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 9/11/21D.O.I. 22/11/2021Survey 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

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: \_\_\_\_\_

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$ \_\_\_\_\_)

☐

: Interview (\$ \_\_\_\_\_)

☐

: Tech Invs (\$ \_\_\_\_\_)

☐

: Weekend (\$ \_\_\_\_\_)

Report Format :

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



FALCON-AIR

AARDWOLF PESTKARE (S) PTE LTD  
C/O 176 SIN MING DRIVE #01-06/07  
SIN MING AUTOCARE 575721  
ATTN: YAN - 82688081

Attention : Motor Claim Department

Contact : 62681771

FALCON - AIR AUTO SERVICES PTE LTD

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

*Not Notified*  
*6/1/2021*  
*Recovery After Pain*  
*4 days*

Estimate : ES012285

Date : 10/11/2021  
Vehicle Num. : GBH 8059M  
Make/Model : TOYOTA HIACE-2018  
Chassis/Eng# : JTFHT02P700245289  
Accident Date : 09/11/2021  
Claim No. : C10012408  
Reference : TP - NTUC AGT BUDGET DIRECT  
Policy No. : 5123173745

| S/N | Quantity | Particular | Unit Price | Amount S\$ |
|-----|----------|------------|------------|------------|
|-----|----------|------------|------------|------------|

- |    |      |                              |  |  |
|----|------|------------------------------|--|--|
| 1. | 1 PC | LIST ITEMS :                 |  |  |
| 2. | 1 PC | TAILGATE                     |  |  |
| 3. | 1 PC | TAILGATE LOGO                |  |  |
| 4. | 1 PC | REAR BUMPER                  |  |  |
| 5. | 1 PC | RH REAR BUMPER SIDE RETAINER |  |  |
|    |      | RH TAILLAMP LOWER GARNISH    |  |  |

List Total S\$ :

25.00% Discount S\$ :

2,698.97

674.74

2,024.23

- |    |        |                                    |  |  |
|----|--------|------------------------------------|--|--|
| 1. | 1 PC   | SPECIAL NETT ITEMS :               |  |  |
| 2. | 10 PCS | 70 km/h STICKER                    |  |  |
| 3. | 1 SET  | REAR BUMPER CLIP                   |  |  |
| 4. | 1 PC   | REVERSE SENSOR                     |  |  |
|    |        | TAILGATE STICKER (COMPANY STICKER) |  |  |

Special Nett Total S\$ :

465.00

LABOUR :

TO REMOVE/REFIX TAILGATE GLASS  
TO REMOVE/REFIX TAILGATE MECHANISM

120.00

100.00

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





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|-----|----------|------------|------------|------------|

|  |  |   |  |        |
|--|--|---|--|--------|
|  |  | TO FIT REVERSE SENSOR INTO NEW BUMPER AND CHECK WIRING                          |  | 50.00  |
|  |  | TO STRAIGHTEN REAR END PANEL INCLUDING REPLACEMENT OF PARTS                     |  | 700.00 |
|  |  | TO SPRAY PAINT ON TAILGATE, REAR END PANEL, REAR BUMPER RH TAILLAMP LOWER PANEL |  | 900.00 |

Labour Total S\$ :

1,870.00

E. & O.E.

Total S\$ : 4,359.23

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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)

## 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 ..... 09/11/2021 15:59 (SGT)  
Date of Accident ..... 09/11/2021 07:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... TAMPINES ROAD SLIP ROAD TO KPE (TPE)  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBH8059M

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... AARDWOLF PESTKARE (S) PTE LTD  
Company Reg No ..... 1XXXXX791R  
Email Address ..... belindapoh@aardwolfpestkare.com  
Mobile Phone No ..... (Phone) +65-81381305  
Alternative Phone No ..... (Office) +65-65059897

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... HIACE VAN TURBO 4DR AT  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 2982

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... 5123173745  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... MOHAMMAT ZAIDI BIN MADON  
NRIC No ..... SXXXX299F



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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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.

Aardwolf Pestcare (S) Pte Ltd  
26 Third Lok Yang Road  
Singapore 628015

*Binder*

Policyholder's Signature / Date & Time

*q*

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



Witnessed by Reporting Centre Personnel

### Sketch Plan

