

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Falcon

of _____

Insured: _____

Policy No. _____

Claims No. _____

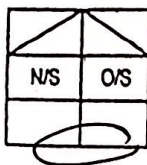
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: Q 53k

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 09 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: SNV 40547 Yr Regn: 12 16Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Honda Vezel c.c. 1496Colour: M. Silver A/C: Insured / Std / NI / NASp. Reading: 76619 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU1 1204556Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or _____

Front: _____ Rear: _____

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 18/4/21 D.O.I. 19/11/2021Survey held at 1230pmDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

LUMP SUM \$6600, 9DAYS
RED: 2737.04; 29%

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 9

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S - RS - SI

Fees

Others

TOTAL

Report Format :

Lump Sum / I.B.I.: (\$ _____)



FALCON-AIR

LIM CHUAN HONG KATHERINE
C/O 176 SIN MING DRIVE #01-06/07
SIN MING AUTOCARE 575721
DAVID ANG - 81265210

Attention : Motor Claim Department

Contact : 94370770

FALCON - AIR AUTO SERVICES PTE LTD

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

Not Not heited
1/1 Day &
Repair After Paint
9 days

Estimate : ES012287

Date : 18/11/2021
Vehicle Num. : SMV 4054Z
Make/Model : HONDA VEZEL 1.5X CVT-2016
Chassis/Eng# : RU11204556
Accident Date : 18/11/2021
Claim No. : CMTD2103417/GPL
Reference : TP - NTUC AGT SOMPO (SM)
Policy No. : 5120724508

S/N	Quantity	Particular	Unit Price	Amount S\$
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- | S/N | Quantity | Particular |
|-----|----------|--------------------------------|
| 1. | 1 PC | TAILGATE |
| 2. | 1 PC | TAILGATE LOCK |
| 3. | 1 PC | TAILGATE EMBLEM (VEZEL) |
| 4. | 1 PC | TAILGATE WEATHERSTRIP |
| 5. | 1 PC | TAILGATE GLASS MOULDING |
| 6. | 2 PCS | TAILGATE LAMP |
| 7. | 1 PC | TAILGATE TRIM BOARD |
| 8. | 1 PC | REAR END PANEL |
| 9. | 1 PC | REAR END PANEL TOP GARNISH |
| 10. | 1 PC | SPARE TYRE PANEL |
| 11. | 1 PC | SPARE TYRE PANEL REINFORCEMENT |
| 12. | 1 PC | SPARE TYRE PANEL UNDERCOVER |
| 13. | 1 PC | REAR BUMPER |
| 14. | 1 PC | LH REAR BUMPER REFLECTOR |
| 15. | 1 PC | LH REAR BUMPER |
| 16. | 1 PC | REAR EXHAUST |
| 17. | 1 PC | LH REAR FENDER ARCH GARNISH |
| 18. | 2 PCS | TAILLAMP |
| 19. | 1 PC | LH REAR FENDER INNER TRIM |
| 20. | 1 PC | BUZZER SENSOR |

List TotalS\$:

20.00% Discount S\$:

B1	1,050.00	✓
B1	256.00	✓
B1	40.00	✓
CVT	181.00	✓
B1	118.00	✓
CVT	459.40	✓
B1	918.80	✓
B1	193.40	✓
B1	453.40	✓
B1	92.30	✓
B1	818.60	✓
B1	258.00	✓
D17	127.70	✓
B1	553.10	✓
B1	148.00	✓
B1	212.80	✓
B1	527.40	✓
B1	190.30	✓
488.30	976.60	✓
CVT	350.70	✓
CVT	105.20	✓
	7,571.30	
	1,514.26	
	6,057.04	

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



FALCON - AIR

FALCON - AIR AUTO SERVICES PTE LTD

Co. Reg. No.: 199701000001
GST Reg. No.: 199501T40D

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LIM CHUAN HONG KATHERINE
C/O 176 SIN MING DRIVE #01-06/07
SIN MING AUTOCARE 575721
DAVID ANG - 81265210

Attention : Motor Claim Department

Contact : 94370770

Estimate : ES012287

Date : 18/11/2021

Vehicle Num. : SMV 4054Z

Make/Model : HONDA VEZEL 1.5X CVT-2016

Chassis/Eng# : RU11204556

Accident Date : 18/11/2021

Claim No. : CMTD2103417/GPL

Reference : TP - NTUC AGT SOMPO (SM)

Policy No. : 5120724508

S/N	Quantity	Particular	Unit Price	Amount S\$
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- | | | |
|----|--------|----------------------|
| 1. | 1 SET | SPECIAL NETT ITEMS : |
| 2. | 1 PC | REVERSE SENSOR |
| 3. | 10 PCS | SEALANT |
| | | REAR BUMPER CLIP |

Special Nett Total S\$:

LABOUR :

- TO TRANSFER DOOR MECHANISM
- TO REMOVE/REFIX REAR WINDSCREEN GLASS
- TO REMOVE/REFIT REVERSE SENSOR INTO NEW BUMPER
- TO RUSTPROOF ACCIDENT DAMAGE AREA AND WATER
- TO REMOVE/REPLACE EXHAUST
- TO CUT-OUT/RE-WELD REAR END PANEL, SPARE TYRE PANEL,
- STRAIGHTEN REAR CHASSIS INCLUDING REPLACEMENT OF PARTS
- TO SPRAY PAINT ON TAILGATE, LH CORNER REAR BUMPER, REAR
- END PANEL, SPARE TYRE PANEL, FLOOR BOARD PANEL

Labour Total S\$:

Net	200.00	200.00
Net	40.00	40.00
2.00 Net	20.00	20.00
		310.00
		100.00
		120.00
		50.00
		150.00
		150.00
		1,400.00
		1,000.00
		2,970.00

E. & O.E.

Total S\$: 9,337.04

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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 Auto Services Pte Ltd)

Scanned with CamScanner

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	18/11/2021 16:34 (SGT)
Date of Accident	18/11/2021 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Bishan Flyover
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV4054Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM CHUAN HONG KATHERINE
NRIC No	SXXXX176J
Email Address	DAVIDANG48@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-94370770
Alternative Phone No	+65-94370770

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120724508
Cover Note Number	-

DRIVER

Name of Driver	ANG YEWE GHEE
NRIC No	SXXXX676H

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.

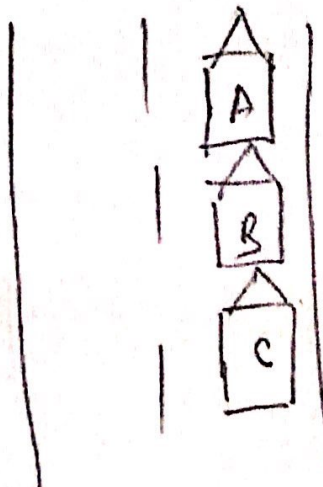


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) : S M Y 4 0 5 4 Z
(B) : S T P 3 9 4 7 X
(C)