

ASS. REC. BY:

REF: CTZ/21024691Kv y3

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Veh No: S6J 3938E Yr Regn: 12, 16

Estimated Cost: _____

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

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

Truck / Traller or A) Picasio 1560 c.c.

To Inspect Vehicle No: _____

Make: Citroen C4

at Workshop m/s Pom Siang Sean

Colour: White A/C: Insured / Std / NI / NA

of _____

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

Insured: SMA 6375U

Eng/No: _____

Policy No. DMPCSNW00103942100

C/No: VF 730B48TG J642795

Claims No. SNM21D207130/C02/TOHHS

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

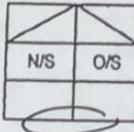
Make of Veh: _____

Modl: Nil / S/R/Im / STD A/R/Im or

(Policy Condition)

Tyre Size: F: 205/60R16

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



R: _____

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

Bal. or Market Value: _____

Front R/Bal. 9 mm

IDAC Accident Rport: _____ Consistent?: Yes or No

L/Bal. 9 mm

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

D.O.A. 7/12/21 D.O.I. 10/12/2021

Est. Repairs: .5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

Survey held at

CA / REV / REP. / 24 HRS

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>1</u>	<u>Battery flat</u>
<u>23/12/21</u>	<u>Supp @ 4850/- Carby 28/12/21 (Red 6445.05, 58%)</u>

Prell. Report Final Report

Days Of Repair: 5
Resurvey No. of Trip: 2

Survey Fee:	
Transportation:	
Paras:	
Others:	
TOTAL:	

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

28/12/21-typist

Report Format: Merimen

mp Sum /+B.+ (\$ 4650

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	07/12/2021 15:42 (SGT)
Date of Accident	07/12/2021 10:08 (SGT)
Exact Location of Accident	Whampoa W, Singapore
Additional Location Information	slip road Whampoa West into Bendemeer Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ3938E

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Aqua Finesse Swimming School
Company Reg No	52996020J
Email Address	alebearsg@gmail.com
Mobile Phone No	(Phone) +65-97437321
Alternative Phone No	(Home) +65-97437321

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	C4
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	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5114622066-01
Cover Note Number	-

DRIVER

Name of Driver	Aqua Finesse Swimming School
Company Reg No	52996020J

SKETCH PLAN

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Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

I, 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 assessed 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:

processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

investigating the accident and/or my claims;

carrying out and/or dealing with my instructions or responding to any enquiries by me;

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

complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

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

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.

[Signature]
 7/12/2021



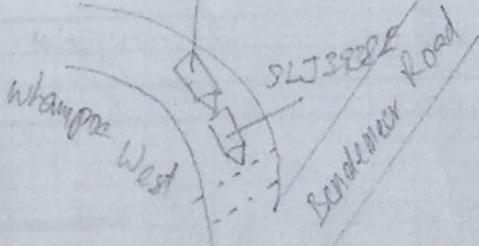
Policyholder's Signature / Date & Time

[Signature]
 SWA 6375 U

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

Witnessed by Reporting Centre Personnel

Sketch Plan





方商昭噴漆
POON SIANG SEOW

Sin Ming Autocity, No. 160 Sin Ming Drive, #05-13, Singapore 575722.
Tel: 6453 7511 Fax: 6453 8046 Email: sitt1@singnet.com.sg Regn. No. 05396600K

Aqua Finesse Swimming School
Blk 879 Yishun Street 81 #08-239
Singapore 760879

Not Authorized
C/Pay @ 4650/-
Berny Alan Paim
5/2/11

Dear sir
Estimate cost of repair to vehicle no. SLJ 3938E

To supply			
1. Tail gate	2450	OM	2,879.50 ✓
2. Tail gate lock		R	179.35 X
3. Tail gate Logo		na	68.00 X
4. Tail gate badge CITROEN		na	58.00 X
5. Tail gate badge PICASSO		na	65.00 X
6. Tail gate badge c4 bluehdi		na	85.00 X
7. Tail gate badge		na	50.00 ✓
8. Tail gate lower garish cover		su	730.95 X
9. Tail gate rubber		su	196.80 X
10. Tail gate damper x2		su	439.50 X
11. Rear panel		By	886.80 ✓
12. Rear panel top garish		su	254.75 X
13. Rear bumper		Bu	1,329.00 ✓
14. Rear bumper reinforcement		By	568.00 ✓
15. Rear bumper reflector x2		su	120.00 X
16. Rear bumper sensor		su	350.00 X
17. Rear bumper retainer x2		su	180.00 X
18. Rear bumper lower cover		Auto	354.40 ✓
Labour charges	10%		
Rust proofing			100.00 30/-
Panel beating			1,200.00 400/-
Spray painting			1,000.00 500/-
Total			

11,095.05

Your faithfully

ALBERT POON

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:

2)

Report Format:

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



Weekend (S)

TOTAL