ASS. REC. BY: Kenneth

REF: SMR/210125591KT

ASSIGNMENT

From: ____ Date: ____

Estimated Cost: ____

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

To Inspect Vehicle No: ____

at Workshop m/s Supreme

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.

N/S | O/S

Bal. or Market Value: ____

IDAC Accident Rport: ____ Consistent? : Yes or No

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

Est. Repairs: 05 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: SLN 9173J Yr Regn: 05, 17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or ____

Make: Honda Vezel c.c 1496

Colour: M. Grey A/C: Insured / Std / Nl / NA

Sp.Reading 342221 T/Radio: Insured / Std / Nl / NA

Eng/No: ____

C/No: RU3 - 1217142

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or ____

Brake: Inorder / Jammed / Leaked / Burnt or ____

Modi: 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 Roadstone

Front		Rear	
R/Bal.	4 mm	R/Bal.	3 mm
L/Bal.	4 mm	L/Bal.	3 mm
D.O.A.	10/12/21	D.O.I.	14/12/2021

Survey 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

Fares ____

Others ____

TOTAL ____

Add Fee: ☐ : Site Insp ($ ____)

☐ : Interview ($ ____)

☐ Tech Invs ($ ____)

☐ Weekend ($ ____)

Report Format :

Lump Sum / I.B.I: ($ ____)

SUPREME AUTO SERVICE PTE LTD

176 SIN MING DRIVE #02-01 SINGAPORE 575721
TEL: 6452 8211 FAX: 6451 7420

ESTIMATE

Not Authorised
Lifting &
Removing After Painting
5 days

VFM PTE LTD
c/o 46 Lentor Plain
Singapore 786548.

Date: 11-12-21

QUANTITY	PARTICULARS	AMOUNT ($)
	RE: HONDA VEZEL HYBRID/SLN9173J	
1PC	Tailgate	1263.90
1PC	Tailgate weatherstrip	306.70
1PC	Tailgate Lock	237.50
1PC	Tailgate Lock Buzzer	96.20
1PC	Tailgate inner Trim board	385.10
1PC	Tailgate Lock catch	67.80
1PC	Tailgate HYBRID Emblem	86.50
1PC	Tailgate VEZEL Emblem	79.60
1PC	Rear windscreen Mlds.	118.60
1PC	Rear windscreen. Inner seal	93.80
1PC	Rear Gutter Panel	186.90
1PC	Rear End Panel	568.30
1PC	Cargo BOX	437.50
1PC	Rear End Panel Top Garnish	195.70
	208	
1PC	Rear Bumper Tow Cover	60.30
1PC	Rear Bumper	896.20
1PC	Rear Bumper Reflector O/S	109.50
1PC	Rear Bumper Side Retainer O/S	93.60

SUPREME AUTO SERVICE PTE LTD

176 SIN MING DRIVE #02-01 SINGAPORE 575721
TEL: 6452 8211 FAX: 6451 7420

ESTIMATE

Date: 1-12-21

QUANTITY	PARTICULARS	AMOUNT ($)
	RE: SLN9173J	
1PC	Exhaust silencer	673.10 ?
		200sn
1set	Reverse sensor	220.00
1PC	Rear windscreen sealant	60.00
		40sn
	To removed and replace the parts mentioned above Panel beat and realign the necessary affected areas.	400.00 ?
	To check wiring system.	30.00 2d
	To apply waterproof sealant on affected areas.	120.00 ?
	To apply putty & spray painting on affected areas	850.00 6d
	To repair rear windscreen. glass.	150.00 12d
	To install reverse sensors.	60.00 5d
	To carry out exhaust work	80.00 ?
	To remove. carpet trimming. & seat to enable repair.	120.00 6d
	To transfer Tailgate accessories	80.00 6d
	To wing charges	50.00

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:

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	13/12/2021 09:40 (SGT)
Date of Accident	10/12/2021 11:53 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN9173J

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VFM PTE LTD
Company Reg No	2XXXXX773K
Email Address	clifford@drivethru.com.sg
Mobile Phone No	(Phone) +65-90713738
Alternative Phone No	+65-90713738

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	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5114049469-01-000039
Cover Note Number	-

DRIVER

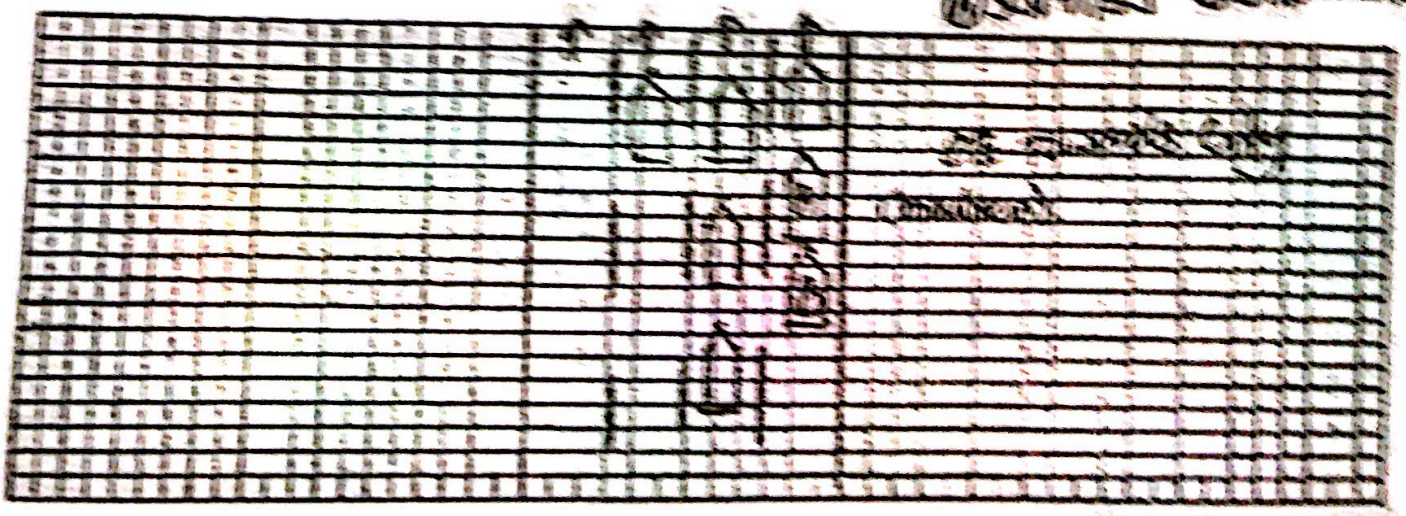
Name of Driver	KAN MUN CHEW
NRIC No	SXXXX220D

[redacted]

[redacted]

[redacted]

Sketch Plan



B .

Describe Circumstances of the Accident

On 10/12/2021 at 1230hrs, I was driving along CTE Circulmein) towards City. It was raining. A car in front of me stopped. I stopped as well. Suddenly, I was hit by the rear by vehicle th, a taxi.

I was given 2 days mc after the accident due to neck and back pain. I am claiming against the other party.

☐ Claim OD ☑ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop : admin@supremo.com.sg

Email address :

Myself email :

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

We declare the foregoing particulars are true in every respect.