

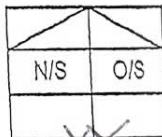
ASS. REC. BY: Taufikh REF: 08/11121012883/11953

ASSIGNMENT

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. **MFL2021D0005525**
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: \$45K
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 5 days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS wp
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SKV31474 Yr Regn: 2015, Sep.
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Mazda Vezel c.c. 1496
Colour: Black A/C: Insured / Std / NI / NA
Sp. Reading: 1480/7 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: R111 620764
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or _____
Brake: Inorder / Jammed / Leaked / Burnt or _____
Mod: Nil / SRim / STD A/Rim or _____
Tyre Size: F: 215/60R16
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Glede
Front: _____ Rear: _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.I. 21/12/21
Survey held at Xin Yun Auto
Des. 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
	Taufikh finalised LS \$4150, 5 days. (Red \$11486.32, 73%)

Date/Time, File Pass to? ☐ : Prel. Report

1) 15/06 Typist

Date/Time, File Return to?

2) _____

Report Format: **MER-TP**

Lump Sum / Fee: **4150**

Days Of Repair: 5

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

____ \$ + RS ____ \$

Photos

Others

TOTAL



Xin Yun Auto Private Limited

辛运汽车服务有限公司

Tel: 6634 0858 Email: xinyunauto1@gmail.com

Blk 8 Kaki Bukit Avenue 4 #05-23 Premier Singapore 415875

SKV3147U Honda Vezel

No	Qty	Parts Description	Estimated Parts Price
1	1	Rear bumper assy	\$ 928.00 <i>del</i>
2	1	Rear bumper left bracket	\$ 75.00 <i>?</i>
3	1	Rear bumper right bracket	\$ 75.00 <i>?</i>
4	1	Rear bumper left reflector	\$ 98.00 <i>X</i>
5	1	Rear bumper right reflector	\$ 98.00 <i>?</i>
6	1	Rear bumper tow cover	\$ 88.00 <i>X</i>
7	2	Rear bumper both side cover /joint to wheel arch	\$ 400.00 <i>LH Rr, RH del</i>
8	1	Rear right wheel arch trim	\$ 125.00 <i>?</i>
9	1	Rear bumper lower spoiler	\$ 425.00 <i>del</i>
10	1	Rear tailgate assy	\$ 1,200.00 <i>bt</i>
11	1	Rear tailgate logo	\$ 105.00 <i>new</i>
12	1	Rear tailgate emblem	\$ 98.00 <i>del</i>
13	1	Rear tailgate weatherstrip	\$ 295.00 <i>?</i>
14	1	Rear tailgate lock mechanism	\$ 255.00 <i>?</i>
15	1	Rear tailgate inner trim board	\$ 295.00 <i>?</i>
16	1	Rear end panel top garnish	\$ 285.00 <i>?</i>
17	1	Tailgate middle trim silver trim	\$ 380.00 <i>X</i>
18	1	Rear tailgate left taillamp	\$ 385.00 <i>?</i>
19	1	Rear tailgate right taillamp	\$ 385.00 <i>cut</i>
20	1	Rear left taillamp	\$ 685.00 <i>?</i>
21	1	Rear right taillamp	\$ 685.00 <i>cut</i>
22	2	Rear tailgate damper	\$ 280.00 <i>X</i>
23	1	Rear end lower panel	\$ 850.00 <i>?</i>
24	1	Rear end lower panel top garnish	\$ 205.00 <i>?</i>
25	1	Rear windscreen glass rubber seal	\$ 200.00 <i>del</i>
26	1	Rear windscreen glass moulding	\$ 240.00 <i>new</i>
27	1	Rear wiper motor assy	\$ 387.90 <i>X</i>
28	1	Rear exhaust muffler assy	\$ 990.00 <i>X</i>
29	2	Rear exhaust muffler rubber mounting	\$ 90.00 <i>X</i>
30	2	Rear fender side trim	\$ 800.00 <i>X</i>
			\$ 11,407.90
Less 20%			\$ 2,281.58
			\$ 9,126.32



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SKV3147U Honda Vezel

No	Qty	Parts Description	Estimated Parts Price
<u>Special Nett Items</u>			
1	10	Rear bumper clips	\$ 80.00 30
2	6	Rear end lower panel top garnish clips	\$ 50.00 208
3	1	Rear end lower panel sealant	\$ 120.00 40?
4	8	Rear tailgate inner trim board clips	\$ 50.00 20 he
5	12	Rear fender garnish clips	\$ 100.00 X
6	1	Rear middle trim clips	\$ 80.00 ^
7	1	Rear floor panel sealant	\$ 120.00 X
8	1	Rear windscreen glass sealant	\$ 80.00 60
9	4	Rear windscreen inner side garnish clips	\$ 80.00 30 he
10	2	Rear bumper reverse sensor and bracket	\$ 500.00 200 mm
11	1	Rear no plate with garnish	\$ 80.00 X
			<hr/>
			\$ 1,340.00
Total parts			\$ 10,466.32



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SKV3147U Honda Vezel

No	Description	Labour Charges
1	Labour for panel beating, cut, weld, straighten rear affected area	\$ 1,800.00 700
2	To putty and spray painting rear portion.	\$ 1,800.00 700
3	To apply anti rust proofing to rear affected area.	\$ 200.00 30
4	To check rear lighting and wiring.	\$ 60.00 30
5	To remove and install rear tailgate lock mechanism.	\$ 80.00 60
6	To remove and install rear windscreen glass to facilitate the	\$ 140.00 120
7	To apply anti rust proofing to rear affected area.	\$ 120.00 X Reported.
8	To remove and install rear end panel	\$ 120.00 60
9	To remove and install rear bumper reverse sensor.	\$ 100.00 30
10	To remove and install rear exhaust muffler assy.	\$ 120.00 X
11	To remove and install both side fender trim	\$ 180.00 X
12	To conduct chassis alignment.	\$ 250.00 X
13	To conduct wheel balancing	\$ 80.00 X
14	To do water test after rear body work is necessary	\$ 120.00 30
Total labour :		\$ 5,170.00
		\$ 120.00
Total parts :		10,466.32
Total labour :		5,170.00
Total repair cost :		15,636.32

Taufik 97495749
WP' 21/12/21 @ 1240
1/3 Resurvey after repair
Taufik@lkkauto.com

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 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	20/12/2021 15:22 (SGT)
Date of Accident	18/12/2021 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO AVE 5 TRAFFIC LIGHT TO CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKV3147U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE HEE LING
NRIC No	S7972130A
Email Address	heeling3147@gmail.com
Mobile Phone No	(Phone) +65-97344698
Alternative Phone No	(Home) +65-97344698

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezei
Variant	1.5S AUTO
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	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116537373-01
Cover Note Number	-

DRIVER

Name of Driver	LEE HEE LING
NRIC No	S7972130A

Date Of Birth	07/06/1979
Occupation	Outdoor
Date Of Driving Pass	17/06/2000
Driving experience	21 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97344698
Alt. Phone Number	(Home) +65-97344698
Email Address	heeling3147@gmail.com
Address	658 WOODLANDS RING ROAD #10-108
Address complement	-
Postcode	730658
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 18/12/2021 at about 11:30am. i drive my vehicle SKV3147U at Ang Mo Kio Ave 5 towards CTE. My vehicle is stationary and waiting for traffic light/red light. The vehicle SLM4464H came knock my vehicle behind badly.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM4464H
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	HO HOE FONG
NRIC No	S1451977G
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE HEE LING
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKV3147U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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.

B. 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

Sketch Plan area with grid lines and handwritten notes:

A: SKV 3147U


B: SLM 4464M


Describe Circumstances of the Accident


On 15/11/2021 at about 11:30am
 I drive my vehicle SKV31174 at Aug 300 Kio Ave towards CTE
 my vehicle is stationary and waiting for traffic light / red light.
 The vehicle SLW 454441 came back my vehicle behind bridge.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time


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


 Witnessed by Reporting Centre Personnel