

ASS. REC. BY:

REF: C121/210130931kg

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/IV

To Inspect Vehicle No: _____

at Workshop m/s Falcon

of _____

Insured: _____

Policy No. _____

Claims No. _____

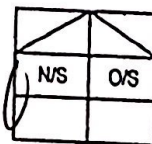
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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: SCR 2244M Regn: 08, 17Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or HRVMake: Honda 1498 c.c.Colour: M. Grey AC: Insured / Std / NI / NASp. Reading: 54705 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHMR4R 1830G-X 202553Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD / Rlm orTyre Size: F: 215/60R16

R: _____

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

Front _____ Rear _____

R/Bal. 3 mm R/Bal. 3 mmL/Bal. 3 mm L/Bal. 3 mmD.O.A. 21/12/21 D.O.I. 30/12/2021

Survey held at _____

Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

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

FALCON - AIR AUTO SERVICES PTE LTD

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

*Not Authorised
L1Pm &
Penny After Rain
4 day*

KEE LENG CHEE
C/O 176 SIN MING DRIVE #01-06/07
SIN MING AUTOCARE 575721

Attention: Motor Claim Department

Contact: 90121439

Estimate: ES012308

Date: 29/12/2021
Vehicle Num.: SLR 2244M
Make/Model: HONDA HRV LX CVT-2017
Chassis/Eng#: JHMRU1830GX202553
Accident Date: 21/12/2021
Claim No.: SNM21D207492/C02
Reference: TP - NTUC AGT CHINA TAIPING
Policy No.: 5101430723-03

S/N	Quantity	Particular	Unit Price	Amount S\$
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- | | | | | |
|----|------|---------------------------|--|--|
| 1. | 1 PC | LIST ITEMS: | | |
| 2. | 1 PC | LH REAR DOOR | | |
| 3. | 1 PC | LH REAR DOOR BLACK TAPE | | |
| 4. | 1 PC | LH REAR DOOR STONE GUARD | | |
| 5. | 1 PC | LH SIDE SKIRT | | |
| 6. | 1 PC | LH SIDE SKIRT STONE GUARD | | |
| 7. | 1 PC | REAR WHEEL ARCH GARNISH | | |
| 7. | 1 PC | LH REAR SPORTS RIM - R16 | | |

List Total S\$:
20.00% Discount S\$:

Pr 960.90 ✓
Pr 21.00 ✓
Pr 25.70 ✓
Pr 410.60 x
Pr 25.00 ✓
Pr 187.20 ✓
Pr 765.80 ✓

2,396.20
479.24

1,916.96

LABOUR:
COMPUTERISE WHEEL ALIGNMENT
TO TRANSFER TYRE TO NEW RIM AND BALANCING
TO TRANSFER DOOR MECHANISM
TO REPAIR LH REAR ARCH PANEL INCLUDING REPLACEMENT OF PARTS
TO SPRAY PAINT ON LH SIDE SKIRT, LH SIDE REAR ARCH PANEL, LH REAR DOOR, LH REAR ARCH GARNISH

120.00 *60d*
50.00 *20d*
100.00 *60d*
600.00 *400d*
700.00 *55d*

Labour Total S\$:

1,570.00

E. & O.E.

Total S\$

3,486.96

for FALCON AIR AUTO SERVICES PTE LTD

The quotation was prepared from visual inspection. Further materials and labour charges will be required and we will advise you accordingly.

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
- Final survey is on a "Without Prejudice" basis
- No illegal modification(s) to be made
- 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)

Head Office: Blk 176 Sin Ming Drive #01-06/07/13, #05-17 Sin Ming Autocare S(575721) Tel: 6452-0880 / 6458-0880 Fax: 6454-7862

Branches: Tampines St 93 Blk 9006 #01-200 S(528840) Tel: 6789-7997 Fax: 6788-7997 • No 8 Pandan Loop (Blk 1/Blk K) S(128226) Tel: 6779-5665 Fax: 6779-1110
Website: www.falconair.com.sg Email: email@falconair.com.sg

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 22/12/2021 17:13 (SGT)
Date of Accident 21/12/2021 16:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information T Junction Thomson Road & Goldhill Plaza
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR2244M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KEE LENG CHEE
NRIC No S0254533J
Email Address MFLEEE43@GMAIL.COM
Mobile Phone No (Phone) +65-90121439
Alternative Phone No +65-90121439

VEHICLE PARTICULARS

Manufacturer Honda
Model Hr-v
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

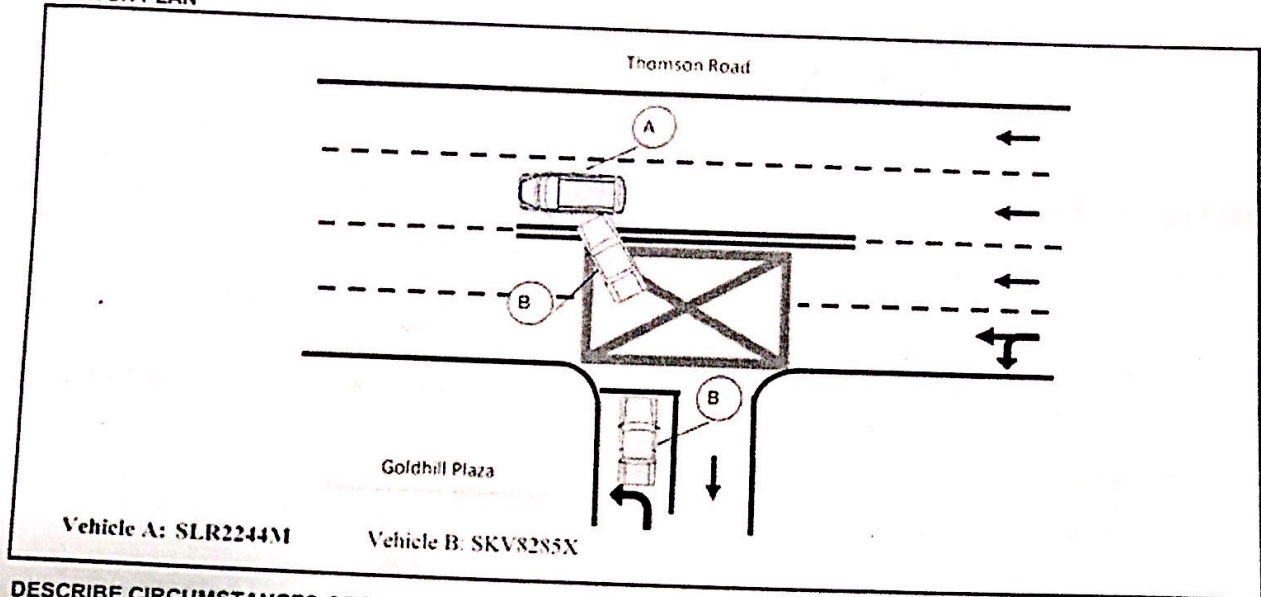
INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5101430723-03
Cover Note Number drivo PREMIUM (E.W)

DRIVER

Name of Driver KEE LENG CHEE
NRIC No S0254533J

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was travelling along lane 2. Suddenly, vehicle B dashed out from the side road of Goldhill Plaza, into lane 2. This resulted in the right front area of vehicle B hit into the left rear wheel area of my vehicle A.

Declaration

I/We declare the foregoing particulars are true in every respect.


 22/12/21 / 16:54
 Policyholder's Signature / Date & Time

22/12/21 / 16:54
 Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)
 Customer Care Executive
 Motor Service Centre

 Witnessed by Reporting Centre Personnel