

ASS. REC. BY:

REF:

ASm / 22 001555 1Kp

Kenneth

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. _____

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: 866k

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 03 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No: SLP 5440MYr Regn: 06, 17Type: M. Car M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Hondac.c. 1496Colour M. Black

A/C: Insured / Std / NI / NA

Sp. Reading 415554

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU3 - 1246725Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rim / STD / AT Rim orTyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or Pirelli

Front

Rear

R/Bal. 4 mmR/Bal. 6 mmL/Bal. 4 mmL/Bal. 6 mmD.O.A. 19/1/22D.O.I. 17/2/2022Survey held at 11amDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Rear N/S

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

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

Partners

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

VFM PTE LTD
c/o 46 Lentor Plain
Singapore 786548

Not Notarised
11/12/22
Recovery After Repair
3 days

Date: 17/2/2022

QUANTITY	PARTICULARS	AMOUNT (\$)
	HONDA VEZEL/ SLP 5446 M	
	HYBRID	
1 pc	Tailgate badge - logo X	
1 pc	Tailgate "VEZEL" emblem ✓	
1 pc	Tailgate "HYBRID" emblem ✓	
1 pc	Rear Bumper ✓	
1 set	Rear bumper reflectors ✓	
	sub-total	
1 set	Reverse sensor	
	s.nett <i>200.00</i>	<i>\$250.00</i>
	sub-total	
	Labour charges to repair, panel beat and straighten damaged parts and replace the above mentioned parts.	<i>220</i> <i>\$300.00</i>
	To replace reverse sensor and check wiring functions.	<i>\$ 70.00</i> <i>50</i>
	To putty, apply primer & spray paint the affected areas.	<i>420</i> <i>\$ 500.00</i>
	sub-total	
	Total	

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: Page 1 of 1

SS17221J0003 / SIN MING AUTOCARE BFG PTE LTD
ENTRY DATE & TIME: 20/01/2022 11:00 (SGT)
SUBMITTED BY: SMBFG Admin
VERSION: 1 (20/01/2022 11:00 (SGT))

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	20/01/2022 11:00 (SGT)
Date of Accident	19/01/2022 10:18 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	NICOLL HIGHWAY TOWARDS KPE SLIP ROAD NEAR LAMP POST 2S11
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP5446M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VFM PTE. LTD.
Company Reg No	2XXXXX773K
Email Address	clifford@drivethru.com
Mobile Phone No	(Phone) +65-84177722
Alternative Phone No	+65-84177722

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	5114049469-02
Cover Note Number	-

DRIVER

Name of Driver	LEE BENG TONG
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SKETCH PLAN

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6. 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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

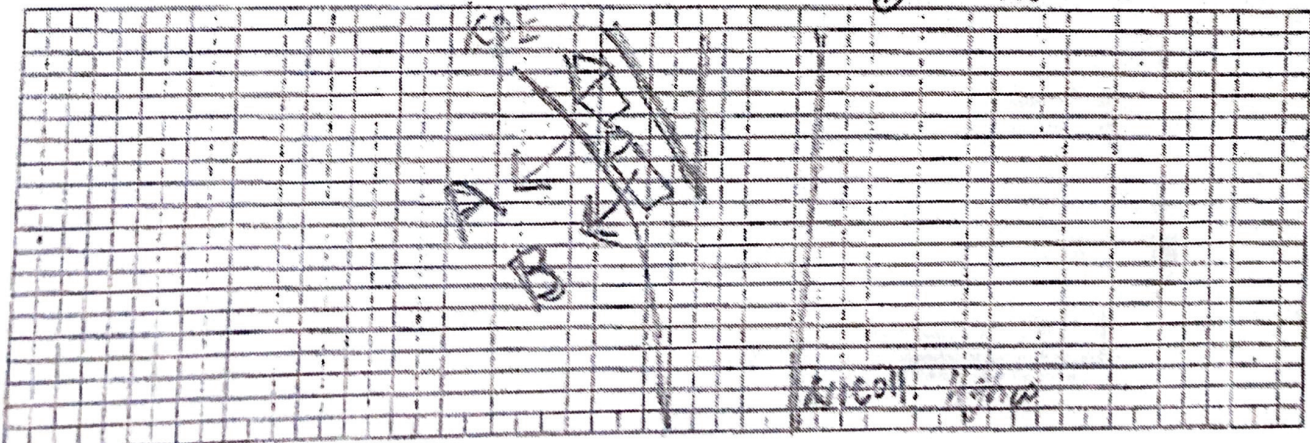
Policyholder's Signature / Date & Time

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

Witnessed by Starting Centre Personnel

Sketch Plan

① SLP5446m ② SH8252U



Describe Circumstances of the Accident

I was driving from Nicoll highway towards KPE.
At the slip road, vehicle B hit against my vehicle rear left.

☐ 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 :

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

I/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