

ASS. REC. BY:

REF:

MS6/ 72003129/KV

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:

IDAC Accident Report:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / STD A/Rim or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.I.

Survey held at

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

The UIC / 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:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Report Format :

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

# EM Solution Pte Ltd

160 Sin Ming Drive #03-18/19, Sin Ming Autocity  
Singapore 575722

Tel: 64560226 Fax: 64584500

GST Reg. No: 201016308K

*NOT WORK*

*11 Day &  
Pickup After Paint  
Delay*

## ESTIMATE

Date : 14th April 2022

Mr **Chin Mun Hiong**  
Blk 9 Jalan Mata Ayer #01-09  
Singapore 759153

Veh No : **SMG 1780J**  
Make/Model : **Honda Freed**  
Chassis No : **GB71074629**  
Date of Acc : **01.04.22**  
TP Veh No : **FX 8934E**

S/No	Qty	Description	Unit Price	Amount
<b>Materials</b>				
1	1 pc	Rear Boot Lid		\$ 1,085.60 ✓
2	1 pc	Rear Boot Lid Honda Logo		\$ 35.10 ✓
3	1 pc	Rear Boot Lid Freed Emblem		\$ 41.70 ✓
4	1 pc	Rear Boot Lid Hybrid Emblem		\$ 50.30 ✓
5	1 pc	Rear Windscreen Moulding		\$ 107.60 ✓
6	1 pc	Rear Boot Lid Inner Trim Board		\$ 388.10 X
7	1 pc	Rear Boot Weatherstrip		\$ 117.40 X
8	1 pc	Rear Boot Lid Mechanism Lock		\$ 207.00 X
9	1 pc	Rear Bumper		\$ 1,150.00 ✓
10	2 pcs	Rear Bumper Side Retainer L/R	\$ 35.10	\$ 70.20 X
11	1 pc	Rear End Panel		\$ 623.10 ✓
12	1 pc	Rear End Panel Inner Garnish		\$ 98.70 ✓
				\$ 3,974.80
				Less 20%
				\$ 794.96
Parts Total :				\$ 3,179.84
<b>Special Nett</b>				
1	1 set	Rear Bumper Clips		\$ 45.00 ✓
2	1 set	End Panel Garnish Clips		\$ 35.00 X
3	1 pc	Windscreen Sealant		\$ 50.00 400ml
4	1 set	Reverse Sensor		\$ 250.00 ✓
Special Nett :				\$ 380.00

<u>Labour</u>				
1	To remove & rearrange electrical wirings, check lightings	\$	80.00	15/-
2	To remove, instal rear windscreen.	\$	200.00	12d
3	To remove, transfer boot lid components	\$	100.00	60d
4	To remove, repair & replace damaged bodyparts and where consistent to the accident.	\$	600.00	?
5	Putty and respray painting on affected portions.	\$	600.00	400d
6	To remove & renew reverse sensor	\$	80.00	50d
7	Rust proofing on affected portions.	\$	100.00	30d
		\$	1,760.00	
		\$	1,760.00	

**LKK Auto Consultants** hence notify the Repairer of the following:

- To resurvey before/after spray
- 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:

  
for EM Solution Pte Ltd



# 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	02/04/2022 11:23 (SGT)
Date of Accident	01/04/2022 17:55 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	BKE slip road leading to SLE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG1780J
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Chin Mun Hiong
NRIC No	S1259679J
Email Address	mhchin13@yahoo.com
Mobile Phone No	(Phone) +65-94578699
Alternative Phone No	(Home) +65-94578699

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	1500

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5106854965-03
Cover Note Number	-

### DRIVER

Name of Driver	Chin Mun Hiong
NRIC No	S1259679J

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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. 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.
8. 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  
02/01/2022  
1030 am

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

A) SMG 1780J  
B) FX 8934E

