ASS. REC. BY: Kenneth | REF: AGI CS/AGI22003944/Kvy3

ASSIGNMENT

From: | Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s EM

of

Insured: SMF 6981T

Policy No.

Claims No. C10014915/JM

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: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 07/24 Person Contacted: Vehicle: IN / OUT

Veh No: SJR 8239M Yr Regn: 07, 09

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

Make: Mit Lancer c.c 1498

Colour Wht A/C: Insured / Std / NI / NA

Sp.Reading 170980 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JMYSRCY2A9U 004331

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: Anvo 205/60R16

Tourador R:

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	8 mm
L/Bal.	9 mm	L/Bal.	8 mm
D.O.A.	25/4/22	D.O.I.	27/4/2022

Survey held at

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
29/4/22	Kenneth informed LS $3450 (Red 4430.09, 56%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 4/5/22-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 2

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

Survey Fee:

Transportation: $ - RS. SI

Photos

Others

TOTAL

Report Format : TP

Lump Sum / ~~I.B.I.~~ ($ 3450)

E M *Solution Pte Ltd*

160 Sin Ming Drive #03-18/19, Sin Ming Autocity
Singapore 575722
Tel: 64560226 Fax: 64584500
GST Reg. No: 201016308K

ESTIMATE

Mr **Chiew Beng Hock**
Blk 128C Punggol Field Walk, #08-315
Singapore 823128

Date : 25th April 2022

Veh No : **SJR 8239M**
Make/Model : **Mit Lancer**
Chassis No : JMYSRCY2A9U004331
Date of Acc : 25.04.22
TP Veh No : SMF 6981T

S/No	Qty	Description	Unit Price	Amount
		Materials (Nett)		
1	1 pc	Rear Boot Lid		$ 782.00
2	1 pc	Rear Boot Lid Logo		$ 45.00
3	1 pc	Rear Boot Lid Mechanism Lock		$ 212.00
4	1 pc	Rear Lamp LH		$ 475.20
5	1 pc	Rear Bumper		$ 968.20
6	1 pc	Rear Bumper Side Holder LH		$ 52.00
7	1 pc	Rear Bumper Reflector LH		$ 42.00
8	1 pc	Rear Bumper Tow Hook Cover		$ 43.20
9	1 pc	Rear Bumper Reinforcement		$ 223.30
10	1 pc	Rear Boot Weatherstrip		$ 196.00
11	1 pc	Rear End Panel		$ 592.00
12	1 pc	Rear End Panel Top Garnish		$ 163.30
13	1 pc	Spare Tire Panel		$ 836.00
14	1 pc	Spare Tire Panel Cover		$ 236.30
				$ 4,866.50
			Less 10%	$ 486.65
			Parts Total :	$ 4,379.85
		Special Nett		
1	1 pc	Rear Bumper Lower Spoiler		$ 650.00
2	1 set	Rear Bumper Clips		$ 45.00
3	1 set	End Panel Top Garnish Clips		$ 35.00
4	1 set	Reverse Sensor		$ 250.00
5	1 set	Rear License Plate w/Frame		$ 50.00
			Special Nett :	$ 1,030.00
		Labour		
1		To remove & rearrange electrical wirings, check lightings		$ 80.00
2		To remove & replace upholstry, trim garnishes to facilitate repairs.		$ 100.00
3		To remove, transfer boot lid components		$ 80.00
4		To remove, repair & replace damaged bodyparts and where consistent to the accident.		$ 800.00
5		Putty and respray painting on affected portions.		$ 1,000.00
6		To remove & renew reverse sensor		$ 100.00
7		Rust proofing on affected portions.		$ 100.00
			Labour Total	$ 2,260.00
			Total Parts & Labour :	$ 7,669.85

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:

for E M *Solution Pte Ltd*

E M Solution Pte Ltd

160 Sin Ming Drive #03-18/19, Sin Ming Autocity
Singapore 575722
Tel: 64560226 Fax: 64584500
GST Reg. No: 201016308K

Supplementary

Date : 27th April 2022

Mr **Chiew Beng Hock**
Blk 128C Punggol Field Walk, #08-315
Singapore 823128

Veh No : **SJR 8239M**
Make/Model : **Mit Lancer**
Chassis No : JMYSRCY2A9U004331
Date of Acc : 25.04.22
TP Veh No : SMF 6981T

S/No	Qty	Description	Unit Price	Amount
		Materials (Nett)		
1	1 pc	Rear Bumper Top Beam		$ BY 105.60
2	1 pc	Rear Fender Liner LH		$ CM 128.00
				$ 233.60
			Less 10%	$ 23.36
			Parts Total :	$ 210.24

for E M Solution Pte Ltd

SS17224P0003 / SIN MING AUTOCARE BFG PTE LTD
ENTRY DATE & TIME: 25/04/2022 16:42 (SGT)
SUBMITTED BY: SMBFG Admin
VERSION: 1 (25/04/2022 16:42 (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 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	25/04/2022 16:42 (SGT)
Date of Accident	25/04/2022 08:30 (SGT)
Exact Location of Accident	Tampines Ave 10, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR8239M

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIEW BENG HOCK
NRIC No	SXXXX215C
Email Address	ellson637@gmail.com
Mobile Phone No	(Phone) +65-84827669
Alternative Phone No	+65-84827669

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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	1499

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5124644467
Cover Note Number	-

DRIVER

Name of Driver	CHIEW WEI CHEONG ELLSON
NRIC No	TXXXX376J

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 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. 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.

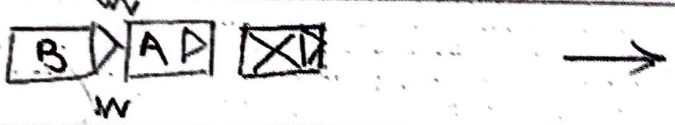
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan

A) SJR 8239M

B) SMF 6981T

Condo



Tampines Ave 10