

ASS. REC. BY:

REF:

A15/

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 Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

07

days

Res.: Yes or No

Lum Sum: _____

1-B.1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

SMR 3550K Yr Regn: 12, 19

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

Truck / Traller or _____

Make: _____

Honda Shuttle c.c. 1496

Colour: _____

M-Black

A/C: Insured / Std / NI / NA

Sp. Reading: _____

178213

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

GP7 2001023

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: _____

F: _____

185/60R15

R: _____

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

TOYO / YOKO or _____

Labilead

Front

Rear

R/Bal. _____

6

mm

R/Bal. _____

6

mm

L/Bal. _____

6

mm

L/Bal. _____

6

mm

D.O.A. _____

5/5/22

D.O.I. _____

9/5/2022

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

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: _____

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

S - RS - SI

Fees

Others

Report Format :

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

TOTAL



FALCON-AIR

FALCON-AIR AUTO SERVICES PTE LTD

Co. Reg. No. Page 1/3
GST Reg. No. 199501140D

ALLIANZ INSURANCE SINGAPORE PTE LTD

79 ROBINSON ROAD

#09-01 068897

ATTN: MOTOR CLAIMS DEPT

Attention: Motor Claim Department

Estimate: ES012387

Date: 06/05/2022

Vehicle Num.: SMR 3550K

Make/Model: HONDA SHUTTLE HYBRID-2018/2019

Chassis/Eng#: GP72001023

Accident Date: 05/05/2022

Claim No.:

Reference: O/D

Policy No.: SP2000519021

Not Authorized
Running Repair
7 days
Ct \$2000

S/N Quantity Particular Unit Price Amount S\$

PARTS PURCHASED:				
1.	1 PC	FRONT WINDSCREEN GLASS	CM	1,100.00 ✓
2.	1 PC	FRONT WINDSCREEN GLASS MOULDING TOP	CM	30.00 ✓
3.	1 PC	FRONT WINDSCREEN GLASS MOULDING LOWER	CM	40.00 ✓
4.	1 PC	BONNET	CM	600.00 ✓
5.	2 PCS	BONNET HINGE	ol? n/s Dr	35.00 70.00 ✓
6.	1 PC	BONNET SEAL	CM	25.00 ✓
7.	1 PC	BONNET LOCK	ol? n/s Dr	100.00 ✓
8.	1 PC	BONNET INSULATOR	CM	90.00 ✓
9.	2 PCS	FRONT FENDER	ol R n/s Bu	160.00 320.00 ✓
10.	1 PC	FRONT WIPER PANEL GARNISH	CM	165.00 ✓
11.	1 PC	AIR CLEANER DUCT	CM	48.00 ✓
12.	2 PCS	AIR GUIDE	CM	50.00 ✓
13.	2 PCS	HEADLAMP	CM	500.00 1,000.00 ✓
14.	2 PCS	HEADLAMP CHROME	CM	65.00 130.00 ✓
15.	2 PCS	HEADLAMP LOWER BRACKET	CM	45.00 90.00 ✓
16.	1 PC	RADIATOR SUPPORT PANEL	CM	500.00 ✓
17.	1 PC	RADIATOR AUTO	CM	800.00 ✓
18.	1 PC	RADIATOR FAN COWLING	CM	75.00 ✓
19.	1 PC	RADIATOR FAN MOTOR	CM	230.00 ✓
20.	1 PC	RADIATOR FAN BLADE	CM	40.00 ✓
21.	1 PC	RADIATOR HOSE TOP	CM	30.00 ✓
22.	1 PC	AIR CON CONDENSER	CM	500.00 ✓

CONTINUE / ...

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:

FALCON-AIR AUTO SERVICES PTE LTD
(a subsidiary of Falcon-Air Holdings Pte Ltd)

FALCON - AIR

ALLIANZ INSURANCE SINGAPORE PTE LTD
79 ROBINSON ROAD

#09-01 068897

ATTN: MOTOR CLAIMS DEPT

Attention : Motor Claim Department

Estimate : ES012387

Date : 06/05/2022

Vehicle Num. : SMR 3550K

Make/Model : HONDA SHUTTLE HYBRID-2018/2019

Chassis/Eng# : GP72001023

Accident Date : 05/05/2022

Claim No. :

Reference : O/D

Policy No. : SP2000519021

S/N	Quantity	Particular	Unit Price	Amount S\$
23.	1PC	RADIATOR SUPPORT PANEL TOP GARNISH	Dis 55.00	✓
24.	1 PC	AIR CON FAN MOTOR	230.00	✓
25.	1 PC	AIR CON FAN COWLING	75.00	✓
26.	1 PC	AIR CON FAN BLADE	40.00	✓
27.	1 PC	FRONT GRILLE	CM 280.00	✓
28.	1PC	FRONT GRILLE LOGO	30.00	✓
29.	1 PC	FRONT GRILLE TOP HOLDER	25.00	✓
30.	1 PC	FRONT BUMPER	PM 400.00	✓
31.	2 PCS	FRONT BUMPER SIDE RETAINER	12.00 Dis 24.00	✓
32.	1 PC	FRONT BUMPER REINFORCEMENT	RM 185.00	✓
33.	1 PC	FRONT BUMPER LOWER GRILLE	Dis 40.00	✓
34.	1 PC	RH FRONT BUMPER GARNISH	30.00	✓
35.	1PC	OUTSIDE TEMPERATURE SENSOR	70.00	✓
36.	1 PC	LH WIPER GARNISH CORNER	CM 35.00	✓
37.	2 PCS	HYBRID LOGO	35.00 CM 70.00	✓
Total Parts Purchased S\$:			7,622.00	
10.00% Of The Above Parts S\$:			762.20	
Based On Cost Plus S\$:			8,384.20	
SPECIAL NETT ITEMS :				
1.	1 PC	WINDSCREEN GLASS SEALANT	CM 45.00	✓
2.	1 PC	ERP BRACKET	CM 26.00	✓

CONTINUE / ...



FALCON - AIR

ALLIANZ INSURANCE SINGAPORE PTE LTD
79 ROBINSON ROAD
#09-01 068897
ATTN: MOTOR CLAIMS DEPT
Attention : Motor Claim Department

FALCON - AIR AUTO SERVICES PTE LTD
Page 3/3
Co. Reg. No: 199501140D
GST Reg. No: 199501140D

Estimate : ES012387

Date : 06/05/2022
Vehicle Num. : SMR 3550K
Make/Model : HONDA SHUTTLE HYBRID-2018/2019
Chassis/Eng# : GP72001023
Accident Date : 05/05/2022
Claim No. :
Reference : O/D
Policy No. : SP2000519021

S/N	Quantity	Particular	Unit Price	Amount S\$
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3.	1 PC	FRONT NUMBER PLATE		45.00 ✓
4.	16 PCS	FRONT BUMPER CLIP	3.00	48.00 ✓
Special Nett Total S\$:				164.00
LABOUR :				
TO CHECK WIRING AND RE-FOCUS HEADLAMP				50.00 201
TO REMOVE/REFIX FRONT WINDSCREEN GLASS				150.00 1201
TO VACUUM, REOIL AND REGAS AIR CON				120.00 1001
TO CUT OUT/REWELD RADIATOR SUPPORT PANEL, REPAIR FRONT CHASSIS, INNER PANEL INCLUDING REPLACEMENT OF PARTS				750.00 6001
TO SPRAY PAINT ON BONNET, BONNET HINGES, FRONT BUMPER, FRONT BUMPER REINFORCEMENT, RADIATOR SUPPORT PANEL, LH/RH FRONT FENDERS				1,600.00 10001
Labour Total S\$:				2,670.00

E. & O.E.

Total S\$: 11,218.20
=====


for FALCON AIR AUTO SERVICES PTE LTD

The quotation was prepared from visual inspection. Further materials and labour charges may be required when repair commences. We will advise you accordingly.

Vehicle PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

Company

966H

SMR3550K

No

06 May 2022

HONDA

SHUTTLE 1.5 HYBRID A

Black

2018

LEB7101458

GP72001023

101.0 kW (135 bhp)

\$22,508.00

30 Dec 2019

30 Dec 2019

0

\$13,512.00

Yes

29 Dec 2029

\$10,134.00

29 Dec 2029

B - Car above 1600cc or 97kW (130bhp)

10

\$37,000.00

\$28,287.00

\$38,421.00

The information contained herein is correct as at 06 May 2022

OK

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	06/05/2022 09:38 (SGT)
Date of Accident	05/05/2022 09:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MCE TOWARDS AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR3550K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ZODAK PTE LTD
Company Reg No	2XXXXX966H
Email Address	zodak.cars@gmail.com
Mobile Phone No	(Phone) +65-91398600
Alternative Phone No	+65-91398600

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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?	Yes
Vehicle Category	Private hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SP2000519021
Cover Note Number	-

DRIVER

Name of Driver	ZULKIFLI BIN JAMIL
NRIC No	SXXXX671E

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.



[Handwritten Signature]



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

MCE Towards AYE



- (A) SMR 3550K
- (B) YQ 598G