ASS. REC. BY: Kenneth

REF: ASM/ 22004953/kv

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: SHC 8151J

Policy No. _____

Claims No. S2M03XT6

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: $ 70k

IDAC Accident Rport: _____ 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

Veh No: SLT 7000G Yr Regn: 08/17

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

Make: Renault Kadjar c.c 1461

Colour M-Blue A/C: Insured / Std / NI / NA

Sp.Reading 115705 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1RFE00355897309

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: 225/45R19

R: _____

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

Front		Rear	
R/Bal.	3 mm	R/Bal.	6 mm
L/Bal.	3 mm	L/Bal.	6 mm
D.O.A.	3/4/22	D.O.I.	26/5/2022

Survey held at _____ 6.50pm

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

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

Date / Time	Action / Instruction
7/6/22	Kenneth informed LS $2050 (Red 2445.67, 54%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 7/6/22-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ - RS. _____ SI

Parking _____

Others _____

TOTAL _____

Report Format : TP

Lump Sum / ~~I.B.I.~~ ($ 2050)

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

Not Authorised
U Liap &
Pairing After Paint
3 days

ESTIMATE

Date : 26th May 2022

M/s **Teo Car Rental**
Blk 621 Bukit Batok Central #10-510
Singapore 650621

Veh No : **SLT 7000G**
Make/Model : **Renault Kadjar**
Chassis No : VF1RFE00355897309
Date of Acc : 03.04.22
TP Veh No : SHC 8151J

S/No	Qty	Description	Unit Price	Amount
		Materials		
1	1 pc	Frt Bumper		$ 1,439.00
2	1 pc	Frt Bumper Lower Extension		$ 650.00
3	1 pc	Fr Fender Arch Moulding RH		$ 250.00
				$ 2,339.00
			Less 10% :	$ 233.90
				$ 2,105.10
		Special Nett		
4	1 set	Frt Bumper Clips		$ 55.00
5	1 set	Arch Garnish Clips		$ 35.00
6	1 pc	Frt Sport Rim RH		$ 650.00
			Parts Total :	$ 2,845.10
		Labour		
1		To remove & rearrange electrical wirings, check lightings		$ 50.00
2		To remove, repair & replace damaged bodyparts and where consistent to the accident.		$ 500.00
3		Putty and respray painting on affected portions.		$ 500.00
4		To remove & refit PDC sensor		$ 80.00
5		Rust proofing on affected portions.		$ 100.00
			Labour Total :	$ 1,230.00
			Total Parts & Labour :	**$ 4,075.10**

for E M *Solution Pte Ltd*

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:

Your NCD will be affected due to late reporting

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	06/04/2022 11:34 (SGT)
Date of Accident	03/04/2022 18:15 (SGT)
Exact Location of Accident	16 Cantonment Cl, Block 16, Singapore 080016
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT7000G

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Teo Car Rental
Company Reg No	53373922E
Email Address	henryteo7000@gmail.com
Mobile Phone No	(Phone) +65-82007000
Alternative Phone No	(Home) +65-82007000

VEHICLE PARTICULARS

Manufacturer	Renault
Model	Kadjar
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
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	5116420417-02
Cover Note Number	-

DRIVER

Name of Driver	Teo Hock Lea
NRIC No	S1591736I

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 ma 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.
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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.

TEO CAR RENTAL

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan