

ASS. REG. BY:

REF: ASM/ 220049531kv

Kenneth

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: _____

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.

N/S	O/S

Bal. or Market Value: 70k

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

Veh No: SLT 70006 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-12 Blue A/C: Insured / Std / NI / NA

Sp. Reading: 225705 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VFIRFE 00355897309

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: 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 _____

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

01574

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

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prell. Report

Days Of Repair: _____

1) _____
Date/Time, File Return to?

: Final Report

Resurvey No. of Trip: _____

Survey Fee:

2) _____

Add Fee: : Site Insp (\$ _____)

Transportation

: Interview (\$ _____)

_____ S - RS. SI

: Tech Invs (\$ _____)

_____ Parts

: Weekend (\$ _____)

_____ Others

Report Format :

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

TOTAL

Colour: 4001
Sp. Reading: 0728
Insured
Police

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 Notified
11 Day @
Assess 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	Frnt Bumper	<i>CRA</i> <i>Red 1mg, 0.17</i> \$	1,439.00 ✓
2	1 pc	Frnt Bumper Lower Extension	<i>NJP</i> \$ 650.00 \$	650.00 ✓ X
3	1 pc	Fr Fender Arch Moulding RH	\$ 250.00 \$	250.00 ✓
			\$	2,339.00
		Less 10%	\$	233.90
			\$	2,105.10
Special Nett				
4	1 set	Frnt Bumper Clips	\$	55.00 ✓
5	1 set	Arch Garnish Clips	\$	35.00 ✓
6	1 pc	Frnt Sport Rim RH	\$	650.00 X
		Parts Total	\$	2,845.10
Labour				
1		To remove & rearrange electrical wirings, check lightings	\$	50.00 10l
2		To remove, repair & replace damaged bodyparts and where consistent to the accident.	\$	500.00 250l
3		Putty and respray painting on affected portions.	\$	500.00 400l
4		To remove & refit PDC sensor	\$	80.00 50l
5		Rust proofing on affected portions.	\$	100.00 X
		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:

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 06/04/2022 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

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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

A = SLT 7000 G
B = SHE 8151J

