

ASS. REC. BY:

REF:

ASM 22005201/Kqc

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. S2M042VB

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: 877k

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 07 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: SMA 369SR Yr Regn: 06, 18

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

Truck / Trailer or

Make: Honda Shuttle Wagon C.C. 1496

Colour: M. Red A/C: Insured / Std / NI / NA

Sp. Reading: 51105 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GK8 1202514

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / SRIm / STD A/RIm or

Tyre Size: F: 215/45R17

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mm

R/Bal. 9 mm

L/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 30/5/22

D.O.I. 13/6/2022

Survey held at

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

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

Date / Time

Action / Instruction

Est not ready

15/06/22@3.57pm revised to Winnie Ho via Smart Claims.

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 (\$

) \$ + RS. \$

☐

: Interview (\$

) Points

☐

: Tech Invs (\$

) Others

☐

: Weekend (\$

) TOTAL

Report Format :

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

TOTAL

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 Withain

*11 Pys @
Priming After Pain*

3-5 days

ESTIMATE

Date : 11th June 2022

Mr **Lee Bee Keow**
Blk 223c Yishun Street 21 #06-473
Singapore 760223

Veh No : **SMA 3695R**
Make/Model : **Honda Shuttle**
Chassis No : **GK81202514**
Date of Acc : **30.05.22**
TP Veh No : **SND 5500D**

S/No	Qty	Description	Unit Price	Amount
Materials				
1	1 pc	Rear Bumper		<i>GM</i> 1,050.60 ✓
2	1 pc	Rear Bumper Reflector RH		\$ <i>CM</i> 45.00 ✓
3	1 pc	Rear Bumper Reflector Grille RH		\$ <i>RM</i> 45.00 ✓
4	1 pc	Rear Bumper Tow Hook Cover		\$ <i>RM</i> 16.50 X
5	2 pcs	Rear Bumper Side Retainer L/R	<i>CLSDY</i> \$ 24.90	\$ 49.80 ✓
6	1 pc	Rear Lamp RH		\$ <i>GM</i> 520.50 ✓
7	1 pc	Rear Fender RH		\$ 1,121.30 ✓
				\$ 2,848.70
				Less 20%
				\$ 569.74
				\$ 2,278.96
Special Nett				
1	1 set	Rear Bumper Clips		\$ <i>RM</i> 45.00 ✓
2	1 pc	Rear Bumper Lower Lip		\$ <i>CM</i> 450.00 ✓
3	1 set	Reverse Sensor		\$ <i>RM</i> 280.00 X
				\$ 775.00
Labour				
1		To remove & rearrange electrical wirings, check lightings		\$ 80.00 <i>201</i>
2		To remove & replace upholstery, cushion seat & trim garnishes.		\$ 100.00 <i>801</i>
3		To remove, repair & replace damaged bodyparts and where consistent to the accident.		\$ 800.00 <i>7</i>
4		Putty and respray painting on affected portions.		\$ 800.00 <i>6001</i>
5		To remove & renew reverse sensor		\$ 80.00 <i>501</i>
6		Rust proofing on affected portions.		\$ 80.00 <i>7</i>
Labour Total :				\$ 1,940.00
Total Parts & Labour :				\$ 4,993.96



for EM 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

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	31/05/2022 11:57 (SGT)
Date of Accident	30/05/2022 18:45 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA3695R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Lee Bee Keow
NRIC No	S1446732G
Email Address	junlong_88@hotmail.com
Mobile Phone No	(Phone) +65-98739942
Alternative Phone No	(Home) +65-98739942

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5100950075-03
Cover Note Number	-

DRIVER

Name of Driver	Yeo Jun Long
NRIC No	S8804887C

SKETCH PLAN**IMPORTANT NOTICE**

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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.
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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.
 - (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