ASS. REC. BY:	: /tsm/ 2	2005201 /Kgc			
enneth		IGNMENT			
From: Date:		Veh No: SMA 30	195R Yr Regn: 06, 18		
Estimated Cost:	vi v		/an / Lorry / Taxl / Prime Mover /		
OD TP/WS/TP RES/OD RES/EVA/INV	/ MV	Truck / Trailer or	D. Wason		
To Inspect Vehicle No:		Make: Itando	Shittle c.c 1496		
at Workshop m/s	EM	Colour M. Res	A/C: Insured / Std / NI / NA		
of		Sp.Reading 5110	T/Radio: Insured / Std / NI / NA		
Insured:		Eng/No:	•		
Policy No.		C/No:	GK8 . 1202519		
Claims No. S2M042VB	1	Gen. Cond: Good / Fair / Poor			
Sum Insured: Excess:		Steering: Inovere? / Jammed / L			
(Client's Record)		Brake: Inorder / Jammed / L	Market and the second s		
Make of Veh:		Modi: Nil / Strim / STD A/			
		Tyre Size: F;	215/45RIT		
(Policy Condition)		R:			
Remark: The veh had commenced its	N/S O/S		/ LIZA / MIC / OHTSU / PIR / SUMI /		
repair at the time of inspection.		TOYO / YOKO or	LIEATINGTOTTOGETHIC		
Bal. or Market Value: 2776		_	Rear		
IDAC Accident Rport: Consistent?:	Yes or No	Front R/Bal. 9 mm	R/Ba ¹ . 9 mm		
GIA / PR Seen: Consistent?:		L/Bal. 9 mm	L/Bal. 9 Irim		
	Yes or No Yes or No	D.O.A. 3 0/ 5/22 Survey held at	D.O.I. 13/6/20		
CA / REV / REP. / 24 HRS			O/S / N/S / U/C / Rooftop or		
	Vehicle: IN / OUT	Rea ols			
Date: Person Contacted:		The U/C / Chassis frame / Body Structure affected due to collision.			
Date / Time Action / Instruction					
/ EM not recy					
5/06/22@3.57pm revised to Wi	nnie Ho via Sm	nart Claims.	management of the ground and appropriate to the second sec		
			the base of the same of the sa		
		management of the administration of the state of the stat			
		the state of producting respectively and the state of the	The contract of the second sec		
			the desired on agency administration with an execution of the first of desired desired and great first of		
		The state of the s	and the second s		
The second secon			and the same of th		
ate/Time, File Pass to? : Prell. Report	c	ays Of Repair:			
: Final Report	7	Resurvey No. of Trip:	Survey Fee:		
ute/lime, File Return to?		- W	Transportation.		
	Add Fee:	: Site Insp (\$) _ \$ + RS \$I		
,		Interview (\$), First's		
		Tech Invs (\$			
eport Format :). Others		
ımp Sum / I.B.I: (\$	1	Weekend (\$			

10TAL

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

Pleany After Pains
3-5day

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

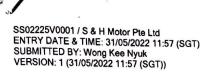
/No	Qty	Description	U	nit Price	Amount
		Materials			
1	1 pc	Rear Bumper			\$ 1,050.60
2	1 pc	Rear Bumper Reflector RH			\$ 600 45.00
3	1 pc	Rear Bumper Reflector Grille RH			\$ 12 45.00
1	1 pc	Rear Bumper Tow Hook Cover			\$ 16.50
5	2 pcs	Rear Bumper Side Retainer L/R	CLIDITS	24.90	\$ 49.80
6	1 pc	Rear Lamp RH		24.50	\$ 61 520.50
7	1 pc	Rear Fender RH			\$ 1,121.30
					\$ 2,848.70
			Less	20%	\$ 569.74
					\$ 2,278.96
		Special Nett		•	
	1 set	Rear Bumper Clips			\$ Na 45.00 ·
	1 pc	Rear Bumper Lower Lip		mg	\$ cm 450.00
	1 set	Reverse Sensor		•	\$ 1 280.00 X
				,	\$ 775.00
	_	<u>Labour</u>		•	7 773.00
	To remove 8	& rearrange electrical wirings, check lightings			\$ 80.00
	To remove 8	& replace upholstry, cushion seat & trim garnie	shes.		\$ 80.00 £
	ro remove,	repair & replace damaged bodyparts and who	ere		\$ 100.00
	consistent to	the accident.			¢ 200.00
	Putty and res	spray painting on affected portions.			\$ 800.00
	To remove &	renew reverse sensor			\$ 800.00
	Rust proofing	g on affected portions.			\$ 80.00 5
			Labou	r Total :	\$ 80.00
			Total Parts &	-	\$ 4,993.96

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



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.

4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability of the part of the part of the part of the Police for investigation.
 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.

ACCIDENT STATEMENT

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

DETAILS OF OWN VEHICLE

SMA3695R

Honda

INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Vehicle Registration Number

Manufacturer Shuttle Model Variant Exact purpose for which vehicle was being used at time of Private use

accident

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category Transmission Auto

1500 CC

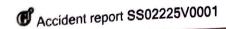
INSURANCE COMPANY

NTUC Income Insurance Co-operative Ltd Name of Insurance Company Type of Coverage Comprehensive Fleet Policy 5100950075-03

DRIVER

Policy Number Cover Note Number

Yeo Jun Long Name of Driver S8804887C NRIC NO



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 m 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
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer , my w orkshop 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(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' law yers/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
- (ii) investigating the accident and/or my claims;
- (ii) 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 ms, which could involv 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Ke	Ja .	1		
Policyholder's Signeture / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre		
Sketch Plan		Personnel		
A) 8MA 3645R B) 8ND 5500D	Petrol Station			