ASS. REC. BY: Kenneth

REF: AG1/ 22005853/kgy3

C

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Sin Ming BFG

of _____

Insured: _____

Policy No. _____

Claims No. U0015901/JT

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: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SKX 1965C Yr Regn: 11, 15

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

Make: Honda Fit c.c 1498

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

Sp.Reading 84522 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHMGK5850GX201139

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/50R16

R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	7 mm
L/Bal.	4 mm	L/Bal.	7 mm
D.O.A.	17/6/22	D.O.I.	21/6/2022

Survey held at ✓

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

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

Date / Time	Action / Instruction
23/6	@ 2233.70 Cahn 19/7/22 Cred $ 6221.63, 7427

Date/Time, File Pass to?

1) 04/8 [illegible]

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation: $ + RS SI

Parking

Others

TOTAL

Report Format : TP

Lump Sum / I.B.I: ($ 2233.70

Sin Ming Autocare BFG Pte Ltd
176 Sin Ming Drive
#02-05 Sin Ming Autocare
Singapore 575721
Tel : 6455 0600 I Fax : 6455 6192
Website: www.autocare.com.sg
GST Reg. No: 20-0210033-N

Auto & General Insurance (Singapore) Pte. Limited
190 Clemenceau Avenue
#3-01 Singapore Shopping Centre
Singapore 239924
Attn: Motor Claim Dept

Not Within Warranty Repairs 2 days
$2233.70

ESTIMATE
VEHICLE NO: **SKX1965C**
MAKE/MODEL: **HONDA JAZZ**

DATE: **20.06.2022**

No.	Descriptions	Qty	Unit Price		Amount S$	
	LIST ITEM:					
1	FENDER FRONT LEFT	1	479.57	K	479.57	X
2	FENDER INNER SHIELD LH	1	258.15	Sm	258.15	X
3	HEAD LAMP LEFT 1392.70	1	1,521.50	Gw	1,521.50	✓
4	HEAD LAMP CLIP LEFT	1	30.00	na	30.00	X
5	BUMPER FRONT 523.50	1	745.55	CAW Bm	745.55	✓
6	BUMPER FOG LAMP GARNISH FRONT LH	1	285.15	Sm	285.15	X
7	BUMPER FOG LAMP LH	1	380.15	Sm	380.15	X
8	BUMPER REINFORCEMENT FRONT	1	450.15	K	450.15	X
9	BUMPER RETAINER FRONT LEFT	1	40.17	Ort	40.17	✓
10	SHOCK ABSORBER FRONT LEFT	1	325.90	Sm	325.90	X
11	WHEEL RIM LH	1	580.00	Sm	580.00	X
12	TYRE FRONT LEFT	1	280.00	Sm	280.00	X
13	KNUCKLE ARM FRONT LEFT	1	300.15	Sm	300.15	X
14	KNUCKLE ARM BEARING FRONT LEFT	1	161.07	na	161.07	X
15	LOWER ARM FRONT LEFT	1	325.90	Sm	325.90	X
16	LOWER ARM BALL JOINT FRONT LEFT	1	280.15	Sm	280.15	X
17	DRIVE SHIFT LH	1	1,050.60	K	1,050.60	X
	Headlamp bracket 60.75 CAW ✓		Sub Total (S$) :		7,494.16	
			Discount (20%) :		1,498.83	
			Total Parts (S$) :	-	**5,995.33**	

	LABOUR:		
1	TO DISMANTLE & REPLACE DAMAGE PARTS,PANEL BEAT WHERE NECESSARY	1,000.00	200
2	TO PUTTY,APPLY PRIMER & SPRAY PAINT ON AFFECTED PORTION	900.00	400
3	TO APPLY RUST PROOFING ON REPAIRED,REPLACED PANEL	na 100.00	X
4	TO REMOVE/REFIT UNDER CARRIAGE	na 300.00	X
5	TO CHECK WIRING FUNCTIONS	80.00	20
6	WHEEL ALIGNMENT	na 80.00	X
	Total Labour (S$) :	**2,460.00**	
	Total Amount (S$) :	**8,455.33**	

for Sin Ming Autocare BFG 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:

SN07226I0009 / NTUC Income Insurance Co-operative Ltd
ENTRY DATE & TIME: 18/06/2022 09:53 (SGT)
SUBMITTED BY: Ash Kamal
VERSION: 1 (18/06/2022 09:53 (SGT))

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	18/06/2022 09:53 (SGT)
Date of Accident	17/06/2022 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Thomson rd By Balestier Rd
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX1965C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM SWEE FONG, WENDY
NRIC No	S8005558G
Email Address	MELNWENZ@GMAIL.COM
Mobile Phone No	(Phone) +65-90120113
Alternative Phone No	+65-90120113

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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	5086267928-05
Cover Note Number	-

DRIVER

Name of Driver	LEE TZE WEI, MELVIN
NRIC No	S8406605B

Date Of Birth	07/03/1984
Occupation	Indoor
Date Of Driving Pass	18/12/2009
Driving experience	12 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98793483
Alt. Phone Number	-
Email Address	MELNWENZ@GMAIL.COM
Address	590B ANG MO KIO ST 51 #31-27
Address complement	-
Postcode	562590
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WENDY
Gender	Female

PASSENGER 2

Name	JAYNE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I was travelling straight on the 3rd lane from the left of 4 lanes. The lane on my left(2nd lane) had road works and closed. Lane 1 was live lane and only going straight. As i was crossing the junction, a car from the 1st lane tried to make a right turn and partially blocked my lane. After which i collided onto the vehicle.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	File too large, advised to send to motorvideo@income.com.sg
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM7687K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SHI JINGLIN
NRIC No	S7277578C
Contact Number	(Phone) +65-91006631
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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 lodgment 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.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

   (e) the information so collected under (d) above may be shared / disclosed:

   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

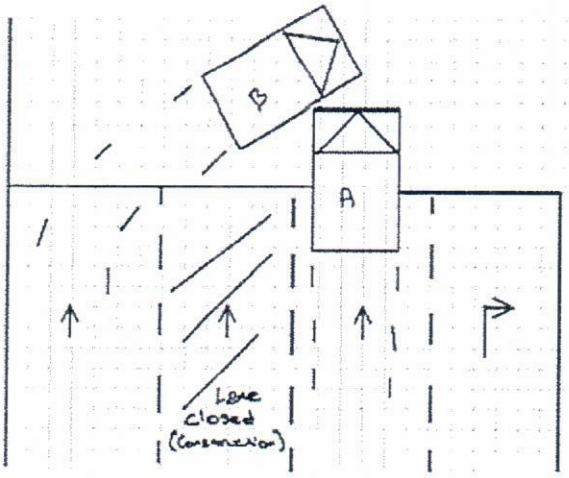
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:18/06/2022 09:40hrs	Driver's Signature (if driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: Ash Kamal NRIC/FIN No.:S9218370Z

SKETCH PLAN #2

SKETCH PLAN

A: SKR1965C
B: SJM7687K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Report

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time 16/06/2022 0940hrs	Reporting Centre Personnel's Signature Name: Ash Kamal NRIC/FIN No.: S9943[illegible]6