

ASS. REC. BY:

REF:

C72/ 22005944/KC

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

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.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value:

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

04

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:

GBC 6740

Yr Regn:

05.17

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

Truck / Trailer or

Make:

NIS

NV350

c.c

24H

Colour

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

184379

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JN1MC2426.8 0008008

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: N/I / S/Rim / STD A/Rim or

Tyre Size:

F: Triangle

195R15X8

Green Max

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

2

mm

L/Bal.

9

mm

L/Bal.

2

mm

D.O.A.

20/6/22

D.O.I.

27/6/2022

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

Date/Time, File Pass to?

☐

Prell. Report

Days Of Repair:

1)

☐

Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Report Format :

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



FALCON - AIR

ECON HEALTHCARE PTE LTD
C/O 176 SIN MING DRIVE #01-06/07
SIN MING AUTOCARE 575721
ATTN: MS IVY NG - 6496 8662

Attention : Motor Claim Department
Contact : 6447 8788

FALCON - AIR AUTO SERVICES PTE LTD

Co. Reg. No.: 199501140D
GST Reg. No.: 199501140D

Estimate : ES012408

Date : 21/06/2022
Vehicle Num.: GBG 674U
Make/Model : NISSAN NV350 EURO V-2016/2017
Chassis/Eng#: JN1MC2E26Z0008008
Accident Date : 20/06/2022
Claim No.: SNM22D204303
Reference : TP - MSIG AGT CHINA TAIPING
Policy No.: B 400001455 MKF

Not Notified

11/12/22

Missing After Repair

4 days

S/N	Quantity	Particular	Unit Price	Amount S\$
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- | | | | | |
|----|------|-------------------------------|--|--|
| 1. | 1 PC | NETT ITEMS : | | |
| 2. | 1 PC | LH HEADLAMP | | |
| 3. | 1 PC | LH FRONT CORNER PANEL | | |
| 4. | 1 PC | FRONT BUMPER | | |
| 4. | 1 PC | LH FRONT BUMPER SIDE RETAINER | | |

Gr 430.60 ✓
R1 534.60 ✓
my cm 571.90 ✓
cm 181.00 ✓
1,718.10

Nett Total S\$:

- | | | | | |
|----|--------|---|--|--|
| 1. | 14 PCS | SPECIAL NETT ITEMS : | | |
| 2. | 1 PC | FRONT BUMPER CLIP | | |
| 3. | 1 PC | LH FRONT DOOR COMPANY NAME STICKER | | |
| 3. | 1 PC | LH FRONT DOOR COMPANY LOGO, DOOR WRAP AND STEP PANEL WRAP | | |

3.00 *me* 42.00 ✓
me 40.00 *25m* ✓
(Bill) *me* 600.00 *7*

Special Nett Total S\$:

682.00

LABOUR :
TO FOCUS HEADLAMP
TO REPAIR LH FRONT DOOR PILLAR INCLUDING REPLACEMENT OF PARTS
TO SPRAY PAINT ON LH FRONT DOOR, LH FRONT DOOR PILLAR, LH FRONT CORNER PANEL, FRONT BUMPER

50.00 *2ol*
450.00 *30ol*
850.00 *50ol*

Labour Total S\$:

1,350.00

E. & O.E.

Total S\$: **3,750.10**

for FALCON AIR AUTO SERVICES PTE LTD

The quotation was prepared from visual inspection. Further materials and labour charges may be required after survey commences. We will advise you accordingly.

LKK Auto Consultants hence notify the Repairer of the following:
• To resurvey before water 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:

FALCON - AIR AUTO SERVICES PTE LTD
(a subsidiary of Falcon-Air Holdings Pte Ltd)

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 20/06/2022 16:06 (SGT)
Date of Accident 20/06/2022 07:55 (SGT)
Exact Location of Accident Singapore
Additional Location Information THOMSON ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG674U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ECON HEALTHCARE PTE LTD
Company Reg No 2XXXXX500K
Email Address SKTAN1305@GMAIL.COM
Mobile Phone No (Phone) +65-97701329
Alternative Phone No +65-97701329

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 Goods vehicle
Transmission Manual
CC 3000

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number B 400001455 MKF
Cover Note Number -

DRIVER

Name of Driver TAN SONG KEONG
NRIC No SXXXX464E

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 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

