

ASS. REC. BY:

REF:

MSG / 22008466/KC

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

1030-11am

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

83500

IDAC Accident Report:

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

11/22

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SOE 4331U

Yr Regn:

12, 07

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

Truck / Trailer or

Make:

Dai

Materis

c.c

1495

Colour

M. Green

A/C:

Insured / Std / NI / NA

Sp. Reading

273103

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JDA M4025001006247

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rlm / STD / A/Rlm or

Tyre Size:

F:

R:

195/55R15

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

TOYO / YOKO or

Habitead

Front

Rear

R/Bal.

2

mm

R/Bal.

2

mm

L/Bal.

2

mm

L/Bal.

2

mm

D.O.A.

30/6/22

D.O.I.

2/8/2022

Survey held at

10.25am

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

O/S Acc

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

218 21 Sep @ 1600

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 (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

S + RS. SI

F. &amp; S.

Others

TOTAL

Report Format :

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

# 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 Notation  
112up @ 1600h Max  
Putting After Rain  
3 days*

## ESTIMATE

Date : 25th July 2022

Mr **Lim Jie**  
Blk 491G Tampines St 45, #10-266  
Singapore 526491

Veh No : **SDE 4331U**  
Make/Model : **Daihatsu Materia**  
Chassis No : JDAM402S001006247  
Date of Acc : 30.06.22  
TP Veh No : SLV 1517L

S/No	Qty	Description	Unit Price	Amount
<b>Materials (Nett)</b>				
1	1 pc	Rear Bumper	CM\$ 780.00	✓
2	1 pc	Rear Bumper Side Retainer RH	\$ 0.1 55.00	✓
3	1 pc	Rear Bumper Bracket RH	\$ " 75.50	X
4	1 pc	Rear Lamp RH	my car 324.00	✓
5	1 pc	Rear Fender RH	\$ " 636.00	X
6	1 pc	Rear Fender Liner RH	\$ CM 161.40	✓
			158 \$ 2,031.90	
		Less 10%	\$ 203.19	
			\$ 1,828.71	
<b>Special Nett</b>				
7	1 set	Rear Bumper Clips	\$ " 45.00	✓
8	1 set	Rear Fender Liner Clips	\$ " 35.00	✓
9	1 pc	Rear Sport Rim RH	\$ " 450.00	250m
		Parts Total	\$ 2,358.71	
<b>Labour</b>				
1		To remove & rearrange electrical wirings, check lightings	\$ 80.00	201
2		To remove & replace upholstery, cushion seat & trim garnishes.	\$ " 100.00	X
3		To remove, repair & replace damaged bodyparts and where consistent to the accident.	\$ 500.00	2501
4		Putty and respray painting on affected portions.	\$ 600.00	4001
5		To remove & refit reverse sensor	\$ 100.00	501
6		Rust proofing on affected portions.	was \$ 100.00	X
		Labour Total	\$ 1,480.00	
		<b>Total Parts &amp; Labour</b>	<b>\$ 3,838.71</b>	

  
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	01/07/2022 17:44 (SGT)
Reported by	Both
Date of Accident	30/06/2022 20:10 (SGT)
Exact Location of Accident	Tampines Street 44, Singapore
Additional Location Information	Tampines Street 44 (Blk 478) driveway
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SDE4331U

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Lim Jie
NRIC No	S8738909Z
Email Address	sskheng@yahoo.com.sg
Mobile Phone No	(Phone) +65-98285438
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Daihatsu
Model	Materia
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
Policy Number / Cover Note Number	5096272477-04

### DRIVER

Name of Driver	Lim Jie
NRIC No	S8738909Z
Date Of Birth	07/12/1987
Occupation	Outdoor

## 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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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  
(Name as in NRIC/ID card)

### Sketch Plan

