ASS. REC. BY: Kenneth | REF: CTI CS/CTI22006595/Kqy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s EM

of 041N

Insured: _____

Policy No. _____

Claims No. SNM22D204790/C02

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: 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: GBC 7561 X Regn: 03 / 17

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

Make: Toy (Hiace) c.c 2982

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

Sp.Reading 199935 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KDH 201 0210454

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rlm / STD A/Rlm or _____

Tyre Size: F: 195R15 x8

R: _____

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	4 mm	L/Bal.	4 mm
D.O.A.	8/7/22	D.O.I.	13/7/2022

Survey held at _____

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

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

Date / Time	Action / Instruction
	26/07/22@11.13am revised to Jacqueline Tan via Merimen.

Date/Time, File Pass to? 1) _____ ☐ : Prell. Report ☐ : Final Report

Date/Time, File Return to? 2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ S - RS _____ SI

Add Fee: ☐ : Site Insp ($ _____) Expenses _____

☐ : Interview ($ _____) Others _____

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

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 Authorise
Lift &
Resurvey After Paint
7days

ESTIMATE

Date :

M/s **Crystal Clear Contractor Pte Ltd**
Blk 1032 Eunos Ave 5A, #01-30
Singapore 409702

Veh No : **GBF 7561X**
Make/Model : **Toyot Hiace**
Chassis No : KDH2010210454
Date of Acc : 08.07.22
TP Veh No : GBD 1200M

S/No	Qty	Description		Unit Price	Amount
		Materials			
1	1 pc	Frt Door LH			
2	1 pc	Frt Door Wing Mirror LH			
3	1 pc	Frt Door Outer Handle			
4	1 pc	Frt Door Lock LH			
5	1 pc	Frt Door Weatherstrip			
6	1 pc	Sliding Door LH			
7	1 pc	Centre Pillar LH			
8	1 pc	Petrol Tank Panel			
9	1 pc	Rear Body Panel LH			
					$ -
				Less 25%	$ -
					$ -
10	1 pc	Frt Door Co's Sticker	S/Nett		$ 50.00
11	1 pc	Rear Road Rim LH			$ 350.00
				Parts Total :	
		Labour			
1		To remove & rearrange electrical wirings, check lightings			$ 80.00
2		To remove, transfer front door components			$ 80.00
3		To remove, transfer sliding door component			$ 80.00
4		To remove, repair & replace damaged bodyparts and where consistent to the accident.			$ 1,000.00
5		Putty and respray painting on affected portions.			$ 1,000.00
6		Rust proofing on affected portions.			$ 100.00
				Labour Total :	$ 2,340.00
				Total Parts & Labour :	

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	12/07/2022 11:37 (SGT)
Reported by	Driver
Date of Accident	08/07/2022 11:40 (SGT)
Exact Location of Accident	Mistri Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7561X

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Crystal Clear Contractor Pte Ltd
Company Reg No	201205041N
Email Address	yeekiat@hotmail.com
Mobile Phone No	(Phone) +65-81027542
Alternative Phone No	-

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	Commercial vehicle
Transmission	Auto
CC	3000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5107376871-03

DRIVER

Name of Driver	Goh Yee Kiat
NRIC No	S8537626H
Date Of Birth	06/11/1985
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.

CONTRACTOR PTE LTD

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