ASS. REC. BY: Kenneth | REF: SMR/220069651Kc

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Yee

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 3-4 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: SDX 8112J Yr Regn: 10, 15

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

Make: NIS Qashqai c.c 1997

Colour M.P. White A/C: Insured / Std / NI / NA

Sp.Reading 145997 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: SJNFBAJ11U1455500

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: 225/45ZR19

R: _____

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

Front		Rear	
R/Bal.	2 mm	R/Bal.	2 mm
L/Bal.	2 mm	L/Bal.	2 mm
D.O.A.	20/7/22	D.O.I.	22/7/2022

Survey held at _____

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Parking _____

Others _____

TOTAL _____

YEE AUTO PTE LTD

160 Sin Ming Drive #02-17/#07-12 Sin Ming AutoCity Singapore 575722
Tel: 6457 5768 Fax: 6252 8459 Mobile: 9687 4031
Email: yeeautopteltd@gmail.com
Registration No.: 201719251W GST No: 201719251W

M/S : First Capital Insurance Ltd
36 Robinson Road
#16-01 City House
Singapore 068877

Not Authorised
C/Less &
Repair After Paint
3-4days

ATTN: Motor Claim Department

Estimate No: **ES2200041**
Date: 21 Jul 2022
Policy No:
Veh Reg No: **SDX8112J**
Make/Model: NISSAN QASHQAI 2.0 CVT ABS D/AIRBAG 2WD 5DR S/R
Chassis No: SJNFBAJ11U1455500
Engine No: MR20369100W
Reg. Date: 06/10/2015

Your Ref No: -
Claim Type: Third Party
Accident Date: 20/07/2022
TP Veh Reg No: SHB5203T

Estimate Repair Cost to Vehicle No :SDX8112J

	Description	U/Price	Quantity	List Price S$	Amount S$
	Net Price				
1	REVERSE SENSORS	400.00	1 SET	Tn 400.00 ✓	400.00
				400.00	
	Spare Parts				
2	FRONT BUMPER	1,350.50	1 PC	Sn 1,350.50 X	
3	FRONT BUMPER CLIPS	60.00	1 SET	Na 60.00 X	
4	FRONT BUMPER SIDE RETAINER - LH	83.50	1 PC	Sn 83.50 X	
5	FRONT BUMPER SIDE RETAINER - RH	83.50	1 PC	Sn 83.50 X	
6	FRONT HEADLAMP - LH	2,650.50	1 PC	Sn 2,650.50 X	
7	FOG LAMP - LH	315.00	1 PC	Sn 315.00 X	
8	FOG LAMP COVER - LH	115.20	1 PC	Sn 115.20 X	
9	REAR BUMPER	Bad wy 1,450.10	1 PC	1,450.10 ✓	
10	REAR BUMPER REINFORCEMENT	520.50	1 PC	520.50 ?	
11	REAR BUMPER CLIPS	50.00	1 SET	Na 50.00 ✓	
12	REAR BUMPER REFLECTOR - LH	141.39	1 PC	Sn 141.39 X	
13	REAR BUMPER REFLECTOR - RH	141.39	1 PC	Sn 141.39 X	
14	REAR BUMPER SIDE RETAINER - LH	70.50	1 PC	Sn 70.50 X	
15	REAR BUMPER SIDE RETAINER - RH	70.50	1 PC	Sn 70.50 X	
16	REAR BUMPER TOWING COVER	60.00	1 PC	Sn 60.00 X	
17	REAR BUZZER SENSOR	170.00	1 PC	170.00 ?	
18	REAR END PANEL OUTER	792.05	1 PC	R 792.05 ?	
19	REAR END PANEL INNER GARNISH	253.71	1 PC	Sn 253.71 X	
20	REAR END PANEL TOP GARNISH	288.90	1 PC	Sn 288.90 X	
21	REAR EXHAUST MUFFLER	1,890.20	1 PC	R 1,890.20 X	
22	REAR TAILGATE	1,625.49	1 PC	R 1,625.49 X	
23	REAR TAILGATE EMBLEM 'LOGO'	85.60	1 PC	Na 85.60 X	
24	REAR TAILGATE EMBLEM 'QASHQAI'	113.31	1 PC	Na 113.31 X	
				12,381.84	12,381.84
	Labour				
25	TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY.	1,200.00	1 JOB	1,200.00	3cd
26	TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION.	1,200.00	1 JOB	1,200.00	4cd
27	TO APPLY RUST- PROOFING ON REPAIRED, REPLACED PANEL.	200.00	1 JOB	Na 200.00 X	
28	TO CHECK WIRING FUNCTIONS.	80.00	1 JOB	80.00	2cl

YEE AUTO PTE LTD

160 Sin Ming Drive #02-17/#07-12 Sin Ming AutoCity Singapore 575722
Tel: 6457 5768 Fax: 6252 8459 Mobile: 9687 4031
Email: yeeautopteltd@gmail.com
Registration No.: 201719251W GST No: 201719251W

M/S : First Capital Insurance Ltd
36 Robinson Road
#16-01 City House
Singapore 068877

ATTN: Motor Claim Department

Your Ref No: -
Claim Type: Third Party
Accident Date: 20/07/2022
TP Veh Reg No: SHB5203T

Estimate No: **ES2200041**
Date: 21 Jul 2022
Policy No:
Veh Reg No: **SDX8112J**
Make/Model: NISSAN QASHQAI 2.0 CVT ABS D/AIRBAG 2WD 5DR S/R
Chassis No: SJNFBAJ11U1455500
Engine No: MR20369100W
Reg. Date: 06/10/2015

Estimate Repair Cost to Vehicle No :SDX8112J

	Description	U/Price	Quantity	List Price S$	Amount S$
29	COMPUTER DIAGNOSTIC RESET	280.00	1 JOB	280.00	?
				2,960.00	2,960.00

Total	S$ 15,741.84
Add GST @ 7%	1,101.93
Total Amount Payable	S$ 16,843.77

TOTAL: SINGAPORE DOLLAR SIXTEEN THOUSAND EIGHT HUNDRED FORTY THREE AND CENTS SEVENTY SEVEN ONLY

For Yee Auto Pte Ltd

AUTHORISED SIGNATURE

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:

SS2E227L0001 / S & H Motor Pte Ltd
ENTRY DATE & TIME: 21/07/2022 10:49 (SGT)
SUBMITTED BY: Wong Kee Nyuk
VERSION: 1 (21/07/2022 10:49 (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	21/07/2022 10:49 (SGT)
Reported by	Driver
Date of Accident	20/07/2022 07:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE before Balestier Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDX8112J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Ong Tian Soo
NRIC No	S1501296Z
Email Address	alicia.ngss@hotmail.com
Mobile Phone No	(Phone) +65-97590900
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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	2000

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA126171/1

DRIVER

Name of Driver	Ng Seow San
NRIC No	S7115878J
Date Of Birth	26/04/1971
Occupation	Indoor

IMPORTANT NOTICE

SKETCH PLAN

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