

ASS. REC. BY:

REF:

LPC/22 0073561Kc

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:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

3/8 Cannot in.

Veh No:

GBF 8202P

Yr Regn:

01, 17

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

Truck / Trailer or

Make:

NIS Cabstar

C.C.

2953

Colour

M. Gold

A/C:

Insured / Std / NI / NA

Sp. Reading

297549

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JNISC 2F2470 859152

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size:

F: BS

195R15X8

R: Yoko

155R12X801

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

88

mm

L/Bal.

7

mm

L/Bal.

88

mm

D.O.A.

2/7/22

D.O.I.

3/8/2022

Survey held at

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

NIS 15

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

Date/Time, File Pass to?

☐

: Prel. 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

Report Format :

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

TOTAL

# H C AUTO PTE LTD

160 Sin Ming Drive #05-09 Sin Ming Auto City Singapore 575722

Tel : 6457 0678 Fax : 6457 8287

Co. and GST Reg. No. : 200820153N

Date : 28 / 01 / 2022

## ESTIMATE COSTS OF REPAIR

### M/s BIO-DESIGN PTE LTD

C/o 160 Sin Ming Drive

#05-09 Sin Ming Auto City

Singapore 575722

Dear Sir / Madam ,

Vehicle no. : GBF 6202 P - Nissan Cabstar 3.0 5M/T

Accident date : 02 - 07 - 2022

*Not within  
11pm @  
Penny Ate Paim  
2 days*

Quantity	Descriptions	Amount ( S\$ )
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1	1 pc	n/s front door
2	2 pcs	n/s front door hinge 1 @ 108.10
3	1 pc	n/s front door rubber
21	1 pc	n/s front door outer handle
4	1 pc	n/s front door checker
5	1 pc	n/s front door weather strip
6	1 pc	n/s front door inner lock
7	1 pc	n/s front door regulator gear
8	1 pc	n/s front door regulator gear motor
9	1 pc	n/s front door glass
10	1 pc	n/s front door glass outer molding
11	1 pc	n/s front door glass rubber

\$	1,696.40	n	✓
\$	216.20	n	X
\$	298.65	n	?
\$	144.10	n	✓
\$	53.70	n	X
\$	172.70	n	?
\$	143.20	n	X
\$	87.30	n	X
\$	458.30	n	X
\$	633.30	n	X
\$	113.40	n	X
\$	80.90	n	X

Less 10%

**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

\$ 4,098.15

\$ 409.82

\$ 3,688.34

12	1 pc	company letter
17	1 pc	advertise sticker

\$ 100.00 sn 25sn

\$ 250.00 sn 60sn

\$ 4,038.34

Labour charges

To putty and re-spray painting

Re-seal anti rust

To check wiring

To transfer n/s front door

To check wheel alignment

\$ 1,200.00 200l

\$ 1,000.00 200l

\$ 200.00 30l

\$ 80.00 20l

\$ 120.00 60l

\$ 120.00 X

\$ 6,758.34

Plus 7% GST

\$ 473.08

Grand total

\$ 7,231.42

# 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 ..... 04/07/2022 15:41 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 02/07/2022 11:30 (SGT)  
Exact Location of Accident ..... Ang Mo Kio Ind Park 2, Singapore  
Additional Location Information .....  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBF6202P

## INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... BIO-DESIGN PTE LTD  
Company Reg No ..... 2XXXXX534G  
Email Address ..... lim@biodesign.com.sg  
Mobile Phone No ..... (Phone) +65-90092065  
Alternative Phone No .....

## VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Cabstar  
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 - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2953

## INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Policy Number / Cover Note Number ..... 5120233324-01

## DRIVER

Name of Driver ..... LIM SOI TEE  
NRIC No ..... SXXXX350I  
Date Of Birth ..... 30/01/1961  
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.






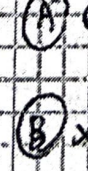
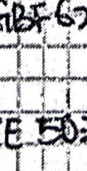








Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan

<div style="writing-mode: vertical-rl; transform: rotate(180deg);">                 Chao Chong             </div>	 A	 B	 C	 D	 E	 F	 G	 H	 I	 J	 K	 L	 M
<div style="position: relative;"> <div style="position: absolute; top: 10px; left: 10px; font-size: 20px;">                 A) GBT 6202 P             </div> <div style="position: absolute; top: 40px; left: 10px; font-size: 20px;">                 B) XE 5032 P             </div> </div>													