

ASS. REC. BY:

REF:

077 / 22007375 K

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:

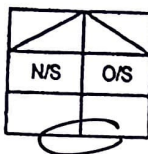
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMX 18496

Yr Regn:

02 17

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

Truck / Trailer or

Make:

Honda Civic

c.c.

1597

Colour

M. D. Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

91032

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MRHFC5050GT 001228

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / SRim / STD A/Rim or

Tyre Size:

F: Maxxis 225/45ZR17

R:

Pir

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

TOYO / YOKO or

Front

R/Bal.

P

mm

Rear

R/Bal.

P

mm

L/Bal.

P

mm

L/Bal.

P

mm

D.O.A.

29/7/12

D.O.I.

4/8/2022

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?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

TOTAL

Report Format :

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



FALCON-AIR

AHMAD AIZAT BIN AHMAD ZAINI
C/O 176 SIN MING DRIVE #01-06/07
SIN MING AUTOCARE 575721Attention : Motor Claim Department
Contact : 97776647

FALCON - AIR AUTO SERVICES PTE LTD

Co. Reg. No.: 199501140D
GST Reg. No.: 199501140D*Not Authorized
Return B4 pain
4 days*

Estimate : ES012417

Date : 04/08/2022
Vehicle Num. : SMX 1849G
Make/Model : HONDA CIVIC VTI CVT-2016
Chassis/Eng#: MRHFC5650GT001228
Accident Date : 29/07/2022
Claim No. : SNM22D205326C02
Reference : TP - AXA AGT CHINA TAIPING
Policy No. : GA571093

S/N	Quantity	Particular	Unit Price	Amount S\$
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- | | | | | |
|----|------|---------------------------|--|--|
| 1. | 1 PC | LIST ITEMS : | | |
| 2. | 1 PC | REAR BUMPER | | |
| 3. | 1 PC | REAR BUMPER LOWER | | |
| 4. | 1 PC | REAR BUMPER REINFORCEMENT | | |
| | | BOOT COVER | | |

List TotalS\$:
20.00% Discount S\$:1,477.10
295.42

1,181.68

- | | | | | |
|----|-------|----------------------|--|--|
| 1. | 1 SET | SPECIAL NETT ITEMS : | | |
| | | ASSORTED CLIPS | | |

Special Nett Total S\$:

60.00

LABOUR :
TO REMOVE/REFIX BOOT COVER MECHANISM
TO REMOVE/REFIT REVERSE SENSOR INTO NEW BUMPER
TO REPAIR REAR END PANEL INCLUDING REPLACEMENT OF PARTS
TO SPRAY PAINT ON BOOT COVER, REAR BUMPER, REAR
END PANEL100.00
50.00
550.00

750.00

Labour Total S\$:

1,450.00

E. & O.E.

Total S\$: 2,691.68

for FALCON AIR AUTO SERVICES PTE LTD

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

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:

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

Head Office : Blk 176 Sin Ming Drive #01-06/07/13, #05-17 Sin Ming Autocare S[575721] Tel: 6452-0880 / 6458-0880 Fax: 6454-7862

Branches : Tampines Str 93 Blk 9006 #01-200 S[528840] Tel: 6789-7997 Fax: 6788-7997 • No 8 Pandan Loop (Blk 1/Blk K) S[128226] Tel: 6779-5665 Fax: 6779-1110
Website: www.falconair.com.sg Email: email@falconair.com.sg

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 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 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	30/07/2022 12:01 (SGT)
Reported by	Both
Date of Accident	29/07/2022 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG SLE TOWARDS WOODLANDS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX1849G

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AHMAD AIZAT BIN AHMAD ZAINI
NRIC No	SXXXX087Z
Email Address	shunmusica@gmail.com
Mobile Phone No	(Phone) +65-97776647
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	CIVIC 1.6 VTI CVT
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1597

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA571093

DRIVER

Name of Driver	AHMAD AIZAT BIN AHMAD ZAINI
NRIC No	SXXXX087Z
Date Of Birth	23/08/1986
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

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

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



Florence
Woh

Sketch Plan

