

ASS. REC. BY:

REF:

CT21 22 00 7693/KV

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:

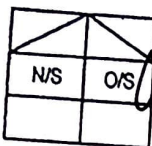
Excess:

(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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05

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

Veh No:

SLC 9810 L Yr Regn: 05, 16

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

Truck / Trailer or

Make:

Kia Fore K3 c.c. 1591

Colour

M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading

110080

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KNAFX 411MG 5596348

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:

205/55R16

R:

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

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

8/8/22

D.O.I.

15/8/2022

Survey held at

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

O/S body

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

Date/Time, File Pass to?



: Prell. Report

1)

Date/Time, File Return to?



: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

F. m. s.

Others

TOTAL

Report Format :

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



方商昭噴漆 POON SIANG SEOW

Sin Ming Autocity, No. 160 Sin Ming Drive, #05-13, Singapore 575722.
Tel: 6453 7511 Fax: 6453 8046 Email: sitt1@singnet.com.sg Regn. No. 05396600K

LEE SWEE HONG
BLK 525 JURONG WEST
STREET52 #09-273
SINGAPORE 640525

Not at home
L1 Rep &
Resurvey After Pain
5 days

Dear sir

Estimate cost of repair to vehicle no. SLC 9810L

To supply

| | |
|------------------------------------|-----------------------------|
| 1. Front door | <i>Rs</i> 1,284.00 <i>✓</i> |
| 2. Rocker panel | <i>Rs</i> 1,864.00 <i>✓</i> |
| 3. Front door hinge x2 | <i>Rs</i> 120.00 <i>✓</i> |
| 4. Front door sticker x2 | <i>Rs</i> 65.00 <i>✓</i> |
| 5. Front door power motor and gear | 560.00 <i>7</i> |
| 6. Front door outer moulding | <i>Rs</i> 150.00 <i>✓</i> |
| 7. Front door lock | <i>Rs</i> 279.00 <i>✓</i> |

Labour charges

200

| | |
|----------------|---------------------|
| Rust proofing | 80.00 <i>600</i> |
| Panel beating | 1,200.00 <i>600</i> |
| Spray painting | 880.00 <i>400</i> |
| Total | 6,417.00 |

Your faithfully

ALBERT POON

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 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 | 10/08/2022 16:45 (SGT) |
| Reported by | Driver |
| Date of Accident | 08/08/2022 12:16 (SGT) |
| Exact Location of Accident | 787 Upper Serangoon Rd, Singapore 534654 |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SLC9810L |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | Lee Swee Hong |
| NRIC No | S1794185B |
| Email Address | beccachia@hotmail.com |
| Mobile Phone No | (Phone) +65-96950222 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Kia |
| Model | Forte |
| 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 | 1600 |

INSURANCE COMPANY

| | |
|-----------------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Policy Number / Cover Note Number | 5118485872-01 |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | Chia Kai Xin |
| NRIC No | S9227660J |
| Date Of Birth | 13/08/1992 |
| Occupation | Outdoor |

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

LA

V1

10/10/2012