ASS. REC. BY: Kenneth | REF: SMR/22008702/kgy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Estem

of 176

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: 04 days Res.: Yes or No

Lum Sum: 1-B-1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SNC 745C Yr Regn: 09, 21

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

Make: Kia Cerato c.c 1591

Colour M-Black A/C: Insured / Std / NI / NA

Sp.Reading 89020 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAF1416MN 5115574

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: Triangle 195/65R15

R: Nexen

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	6 mm
L/Bal.	8 mm	L/Bal.	6 mm

D.O.A. 3/9/22 D.O.I. 20/9/2022 ✓

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or N/S 1st

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

Date / Time	Action / Instruction
/	
	Kenneth finalised LS $4200, 4 days. (Red $9463.20, 69%)

Date/Time, File Pass to? 02/03 Typist

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 2

Survey Fee:

Transportation: ___ $ + RS. ___ SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ Tech Invs ($) ☐ Weekend ($)

Report Format : TP

Lump Sum ~~I.D.I~~ : ($ 4200)

N3 First Cap. LKK.

ESTEEM PERFORMANCE PTE LTD
UEN 200005485N

HEADQUARTERS / SHOWROOM / WORKSHOP
385 Sin Ming Drive
Singapore 575718
(T) 6753 2112 (F) 6451 0394

WORKSHOP
176 Sin Ming Drive
Sin Ming Auto Care #01-14 , #01-15 , #01-16
Singapore 575721
(T) 6484 1221 (F) 6484 7829

ESTEEM

Repair Estimates SNC 745 C

Parts (a) Cost / List Price Items	$	11,673.00
Plus/Less 10%	$	1,167.30
Total of Cost / List	$	10,505.70
(b) Nett Price Items		
Less		
Total of Nett Item		
(c) **Special Nett Items**	$	730.00
Total Parts Cost	$	11,235.70
Labour	$	2,270.00
Total	$	13,505.70

The above total will be subjected to 7% G.S.T.

Not Authorised
Resurvey B4 Spraying

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:

Name of Surveyor : Kenneth

Company : LKK

Survey conducted on : 20/9/22 at _____

Remarks By Surveyor

(a) The repair of this vehicle is ~~authorized~~ / is not authorized until further notice.

(b) Recommended Days of Repair : 04 day(s)

(c) Resurvey : Required / ~~Not Required~~

(d) Excess :$_____

(e) Signature of surveyor : Le Date: 20/9/22

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Spare Parts

Vehicle No. : **SNC 745 C**
Make & Model : KIA CERATO
Chassis No : KNAF1416MN5115574

Submit By : Carmen Lim
Year Manufacture : 2021 Sep
Engine No. :

Cost / List

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Front bumper	1	$773.00		✓
2	Front bumper lower garnish	1	$468.00		X
3	Front bumper clip	10	$35.00		✓
4	Front bumper side retainer LH	1	$36.00		✓
5	Headlamp LH	1	$2,885.00		✓
6	Fog lamp LH	1	$662.00		X
7	Fog lamp cover LH	1	$115.00		X
8	LH front fender	1	$653.00		✓
9	LH front fender undershield	1	$115.00		X
10	LH front fender undershield clip	10	$35.00		X
11	LH front lower arm	1	$448.00		X
12	LH front shock absorber	1	$428.00		X
13	LH front shock absorber top mouting	1	$65.00		X
14	LH front knuckle arm	1	$405.00		✓
15	LH front knuckle bearing	1	$554.00		X
16	LH front wheel hub	1			
17	LH front tie rod	1	$115.00		X
18	LH front tie rod end	1	$98.00		X
19	LH front drive shaft	1	$898.00		X
20	LH front rim	1	$380.00	S.N	✓
21	LH front tyre	1	$350.00	S.N	X
22	Headlamp LH	1	$2,885.00		✓
23					

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

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Labour

Vehicle No. : **SNC 745 C** Submit By : : **Carmen Lim**

Make & Model : KIA CERATO Year of Manufacture : 2021 Sep

S/No	Labour Description	Esimated Price	Adjusted Price
1	TO RENEW DAMAGED PARTS & KNOCK OUT ACCIDENT		
	REPAIR AREA.(FRONT BUMPER , LHF FENDER,LHF DOOR)	$1,000.00	400
2	TO PUTTY, RESPRAY PAINT FOR AFFECTED ACCIDENT		
	REPAIR AREA.(FRONT BUMPER , LHF FENDER,LHF DOOR)	$800.00	400
3	To check wiring, focus headlamp	$50.00	20
4	To remove & refit undercarriage to assist work load. NA	$250.00	X
5	To do wheel alignment.	$120.00	60
6	To tuff coat	$50.00	30

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.

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 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	03/09/2022 18:48 (SGT)
Reported by	Driver
Date of Accident	03/09/2022 14:30 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	JUNCTION TOWARDS STEVENS ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC745C

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GRAB RENTALS PTE LTD
Company Reg No	2XXXXX200G
Email Address	gr.sg.accident@grab.com
Mobile Phone No	(Phone) +65-90905770
Alternative Phone No	(Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D21MFL0000447_01

DRIVER

Name of Driver	RICHARD LIM BOON CHAI
NRIC No	SXXXX825D
Date Of Birth	21/06/1959
Occupation	Outdoor

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 w illful misrepresentation or w ithholding 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. The report w ill be forw arded 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 w ill 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, acknow ledge, agree and consent that :

(a) My insurer , my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' law yers/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 w ith 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

(collectively the "**Purposes**")

(b) all insurer(s) w ho have insured vehicle(s) involved in this accident and the insurers' law yers/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 law yers/law firms), w hich 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
	03.09.22 1640HRS	HAKIM

Sketch Plan