

ASS. REC. BY:

REF:

SMR/ 22 0087021kg

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:

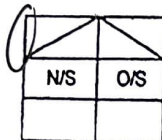
Excess:

(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:

04 days

Res.: Yes or No

Lum Sum:

1.8.1 %

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

Make:

Hig 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:

KNAF 1416MN 5115574

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

Triangle 195/65R15

R: Nexen

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

TOYO / YOKO or

Front

R/Bal.

8

mm

Rear

R/Bal.

6

mm

L/Bal.

8

mm

L/Bal.

6

mm

D.O.A.

3/19/22

D.O.I.

20/9/2022

Survey held at

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

N/S 151

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. 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

TOTAL

Report Format :

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

1/3 Trust Cap.
LKK



ESTEEM

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

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.

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

Company

Survey conducted on

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

Date: 20/9/22

**ESTEEM**ESTEEM PERFORMANCE PTE LTD
UEN 200006486NHEADQUARTERS / SHOWROOM / WORKSHOP
385 Sin Ming Drive
Singapore 575718
(T) 6753 2112 (F) 6451 0394WORKSHOP
176 Sin Ming Drive
Sin Ming Auto Care #01-14, #01-15, #01-16
Singapore 575721
(T) 6484 1221 (F) 6484 7829**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 <i>Bux</i>	1	\$773.00		✓
2	Front bumper lower garnish <i>Pu</i>	1	\$468.00		X
3	Front bumper clip <i>Nec</i>	10	\$35.00		✓
4	Front bumper side retainer LH <i>Diy</i>	1	\$36.00		✓
5	Headlamp LH <i>ht</i>	1	\$2,885.00		✓
6	Fog lamp LH <i>sn</i>	1	\$662.00		X
7	Fog lamp cover LH <i>sn</i>	1	\$115.00		X
8	LH front fender <i>Bu</i>	1	\$653.00		✓
9	LH front fender undershield <i>sn</i>	1	\$115.00		X
10	LH front fender undershield clip <i>sn</i>	10	\$35.00		X
11	LH front lower arm <i>sn</i>	1	\$448.00		X
12	LH front shock absorber <i>sn</i>	1	\$428.00		X
13	LH front shock absorber top mounting <i>sn</i>	1	\$65.00		X
14	LH front knuckle arm <i>sn</i>	1	\$405.00		X
15	LH front knuckle bearing <i>sn</i>	1	\$554.00		X
16	LH front wheel hub <i>sn</i>	1			
17	LH front tie rod <i>sn</i>	1	\$115.00		X
18	LH front tie rod end <i>sn</i>	1	\$98.00		X
19	LH front drive shaft <i>sn</i>	1	\$898.00		X
20	LH front rim <i>sn</i>	1	\$380.00	S.N	✓
21	LH front tyre <i>sn</i>	1	\$350.00	S.N	X
22	Headlamp LH <i>ht</i>	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.



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

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 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 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 willful 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. The 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.

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' 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 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' 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), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

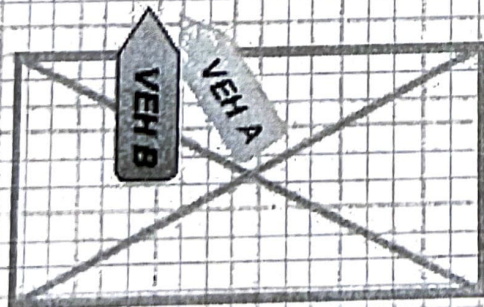
Driver's Signature (If driver is not the policyholder) / Date & Time

03.09.22 1640HRS

Witnessed by Reporting Centre Personnel

HAKIM

Sketch Plan



BUKIT TIMAH RD
JUNCTION TOWARDS
STEVENS ROAD

VEH A : SNC745C
VEH B : SG5959P