

Steve

CS/SMR22010322/EWY3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OO / 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.

N/S	O/S
XX	

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Sean: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMA 31031 Yr Regn: 27/11/15

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

Truck / Trailer or

Make: Nissan Note c.c. 1198

Colour: Red A/C: Insured / Std / Nil / NA

Sp. Reading 171842 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: JN1TBAE1220982147

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 175/55R14

R: 11

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

TOYO / YOKO or _____

Front

R/Bal. 4 mm

L/Bal. 4 mm

D.O.A. 11/10/22

Survey held at Shy fort

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

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

Rear

R/Bal. 4 mm

L/Bal. 4 mm

D.O.I. 18/10/22

Date / Time

Action / Instruction

MR-49X

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / L.B.E. (\$)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

\$ + R.S. \$

Photos

Others

TOTAL



樹發汽車修理廠 SHU FATT AUTO WORKS

BLOCK 1009 BUKIT MERAH LANE 3 #01-90 SINGAPORE 159723 TEL: 6273 0119 FAX: 6270 7065

Email: shufatt@pacific.net.sg

Co. Reg. No. 09062400M GST Reg. No. 09-062400-M

Our Ref: WSK/jw/SF-quo

12th October 2022

MS-1st Capital- TP

SMA 3103 H NISSAN NOTE

Spare Parts			SS	
1	Rear boot. / <i>DD</i>		1199.10	
1	Rear boot logo. / <i>MC</i>		64.90	
1	Rear boot 'Note' emblem. / <i>MC</i>		110.00	
1	Rear boot 'Dig'S' emblem. / <i>MC</i>		110.00	
1	Rear windscreen moulding. / <i>MC</i>		117.30	
1	Rear support panel. / <i>?</i>		597.60	
1	Rear panel inner garnish. / <i>CRY</i>		125.40	
1	Set rear panel inner garnish clips. / <i>MC</i>	15	30.00	
1	Rear bumper. / <i>DD</i>		596.80	
2	Rear bumper brackets. N @ \$96.90 / <i>BA ?</i>		173.80	
1	Set rear bumper clips. / <i>MC</i>	30	60.00	
2	Rear bumper side retainers. @ \$49.10 / <i>BR</i>		98.20	
1	Rear bumper foam.		147.80	
2	Rear tail lights. @ \$380.80 / <i>X</i>		761.60	
1	Set rear bumper sensors. / <i>Shut?</i>	200	260.00	Snet
1	Rear windscreen inner seal. / <i>MC</i>	30	42.00	Snet
1	Rear windscreen sealant. / <i>MC</i>	40	55.00	Snet
			4549.50	
		Less 25%	1048.13	
			3531.37	
Labour	To knock, straighten rear inner panel, rear lower panel, rear side panel, rear floor board, rear spare wheel base, renew rear boot, rear support panel, rear lights, rear bumper and assembly.		980.00	
	To respray damaged parts.		900.00	600
	To remove, replace rear windscreen.		150.00	120
	To remove rear seats, rear upholstery, rear garnishes, rear carpets to facilitate repairs and assembly.		120.00	50
	To reseal joints, reinsulate, anti rust panels and assembly.		120.00	30
			5801.37	

Goodyear 185/65R15
JN1TBAE12ZD982147

LKK Auto Consultancy
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:

Steve (LKK)
18/10/22 4:30p
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L/K
M M y
4 dys

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	12/10/2022 13:07 (SGT)
Reported by	Both
Date of Accident	11/10/2022 13:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOYANG AVE TOWARDS CHANGI VILLAGE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA3103H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NEO SIEW MUI
NRIC No	S1350361C
Email Address	DORENEO28@GMAIL.COM
Mobile Phone No	(Phone) +65-96880280
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	NOTE 1.2 DIG-S CVT 2WD LED
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	1198

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	513008292-02

DRIVER

Name of Driver	NEO SIEW MUI
NRIC No	S1350361C
Date Of Birth	28/10/1959
Occupation	Outdoor

Date Of Driving Pass	11/05/1981
Driving experience	41 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96880280
Alt. Phone Number	-
Email Address	DORENEO28@GMAIL.COM
Address	BLK1F CANTONMENT ROAD #28-61
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB1088K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	SIMON NGIAM SHU LENG
NRIC No	S6940940G

Contact Number (Phone) +65-93873169
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

SKETCH PLAN

VEHICLE NO:
 DATE OF ACCIDENT:

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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.

Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

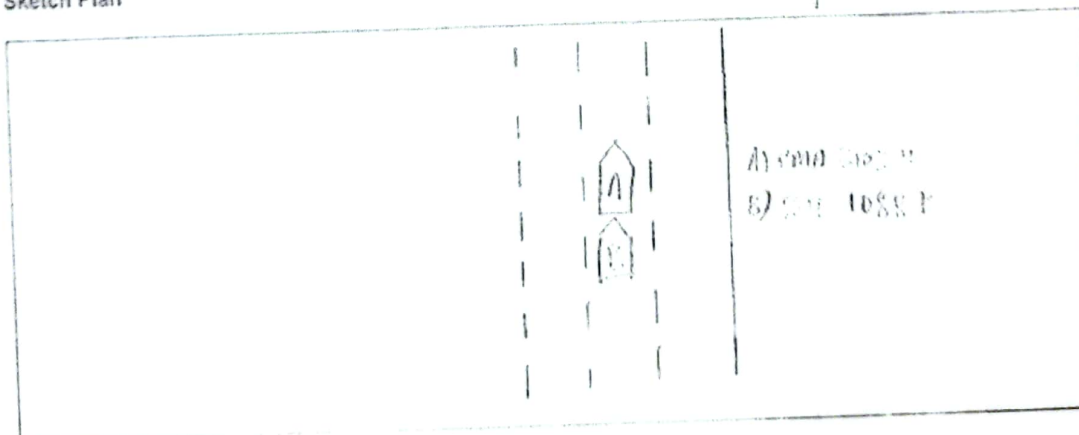
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 firms/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 firms/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 firms/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

Sketch Plan



DATE OF ACCIDENT: 01/01/2011

Declaration NOTE: DO NOT FORGET THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

Policyholder's Signature / Date &
Time 11/10/22 4.30 p.m.

Witnessed by Reporting Centre
Personnel