

AS/S. REC/SY: TouyREF: W/LPC 22610587/TUC

ASSIGNMENT

From: _____ Date: _____

Estimated cost: _____

☒ TP / ☐ VS / TP RES / OD RES / EVA / INV / MV

To Inspect/Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. 22/22/22/VC05/026458

Sum Insured: _____

Excess: 93000

(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: \$15K

IDAC Accident Report

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

CA / ☒ REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

AndyVeh No: GBC 9608ZYr Regn: 2014 March

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

Truck / Trailer or

Make: Renault KangooC.C. 1598Colour: Bronze

A/C: Insured / Std / NI / NA

Sp. Reading: 156231

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1FW14BA502* 48383Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: ☒ In order / Jammed / Leaked / Burnt orModi: ☒ M / S/Rim / STD A/Rim orTyre Size: F: 195/65R15R: 15

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

TOYO / YOKO or

Linglong

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 21/10/2022D.O.I. 26/10/22Survey held at Falcon BkDes. 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

Repair Unit \$8K.

9/12/22

Lump Sum \$8,000 confirmed by email (red 13,247, 62%)

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 9/12/22-typist

Report Form: ODLump Sum / \$8000Days Of Repair: 10Resurvey No. of Trip: 2

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. ins (\$

☐

Workload (\$

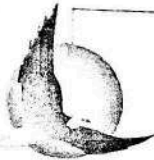
Survey Fee:

Transportation:

S + RS. \$

Photos

Others



FALCON-AIR

LONPAC INSURANCE BHD
300 BEACH ROAD #17-04/07
THE CONCOURSE 199555
ATTENTION: GERALD POH

Attention : Motor Claim Department

Contact : 62507388 Fax No. : 62962706

Page 1 / 3
FALCON - AIR AUTO SERVICES PTE LTD
Co. Reg. No.: 199501140D
GST Reg. No.: 199501140D

Estimate : ES012492

Date : 26/10/2022
Vehicle Num. : GBC 9608Z
Make/Model : RENAULT KANGOO II EXPRESS-2013/2
Chassis/Eng# : VF1FW1UBA50248383
Accident Date : 21/10/2022
Claim No. :
Reference : O/D
Policy No. : Z22VC05010613

S/N	Quantity	Particular	Unit Price	Amount S\$
PARTS PURCHASED :				
1.	1 PC	REAR BUMPER		380.00 <i>air</i>
2.	1 PC	TAILLAMP LOWER GARNISH		250.00 <i>air</i>
3.	1 PC	RH REAR WHEEL HUB CAP		120.00 <i>air</i>
4.	1 PC	RH SLIDING DOOR		750.00 <i>air</i>
5.	1 PC	RH SLIDING DOOR PROTECTOR PAD		115.00 <i>air</i>
6.	1 PC	RH SLIDING DOOR OUTER HANDLE		135.00 <i>air</i>
7.	1 PC	RH FRONT DOOR		1,800.00 <i>air</i>
8.	1 PC	RH FRONT DOOR PILLAR A		1,300.00 ?
9.	1 PC	RH FRONT DOOR HINGE (TOP)		200.00 ?
10.	1 PC	RH FRONT DOOR HINGE (BOTTOM)		200.00 ?
11.	1 PC	RH FRONT DOOR PROTECTOR PAD		130.00 <i>air</i>
12.	1 PC	RH FRONT DOOR OUTER HANDLE		140.00 <i>air</i>
13.	1 PC	RH FRONT DOOR INNER LOCK		430.00 ?
14.	1 PC	RH FRONT DOOR GLASS		380.00 <i>air</i>
15.	1 PC	RH FRONT DOOR GLASS OUTER MOULDING		280.00 ?
16.	1 PC	RH FRONT DOOR GLASS CHANNEL RUBBER		280.00 <i>air</i>
17.	1 PC	RH SIDE MIRROR BASE		380.00 <i>air</i>
18.	1 PC	RH SIDE MIRROR GLASS		130.00 <i>air</i>
19.	1 PC	RH SIDE MIRROR BACK COVER		170.00 <i>air</i>
20.	1 PC	RH FRONT FENDER		345.00 <i>air</i>
21.	1 PC	RH FRONT FENDER LAMP		160.00 <i>air</i>
22.	1 PC	RH FRONT FENDER UNDERSHIELD		180.00 ?

CONTINUE / ...

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 St 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: 6779-1112
Website: www.falconair.com.sg Email: email@falconair.com.sg



FALCON - AIR AUTO SERVICES PTE LTD

Co. Reg. No.: 199501140D
GST Reg. No.: 199501140D

FALCON - AIR

LONPAC INSURANCE BHD
300 BEACH ROAD #17-04/07
THE CONCOURSE 199555
ATTENTION: GERALD POH

Attention: Motor Claim Department

Contact: 62507388 Fax No.: 62962706

Estimate: ES012492

Date: 26/10/2022

Vehicle Num.: GBC 9608Z

Make/Model: RENAULT KANGOO II EXPRESS-2013/2

Chassis/Eng#: VF1FW1UBA50248383

Accident Date: 21/10/2022

Claim No.:

Reference: O/D

Policy No.: Z22VC05010613

S/N	Quantity	Particular	Unit Price	Amount S\$
23.	1 PC	RH FRONT STEEL RIM		240.00 <i>bt</i>
24.	1 PC	RH FRONT WHEEL HUB CAP		120.00 <i>cut</i>
25.	1 PC	RH FRONT SHOCK ABSORBER		155.00 ?
26.	1 PC	RH FRONT SHOCK ABSORBER TOP MOUNTING		70.00 ?
27.	1 PC	RH FRONT SHOCK ABSORBER TOP BEARING		60.00 ?
28.	1 PC	RH FRONT SHOCK ABSORBER COVER		65.00 ?
29.	1 PC	RH FRONT KNUCKLE ARM		750.00 ?
30.	1 PC	RH FRONT WHEEL BEARING HUB		130.00 ?
31.	1 PC	RH FRONT LOWER ARM		200.00 ?
32.	1 PC	RH FRONT STABILIZER BAR		380.00 ?
33.	1 PC	RH FRONT STABILIZER BAR LINK		155.00 ?
34.	1 PC	RH HEADLAMP		550.00 <i>cut</i>
35.	1 PC	RADIATOR SUPPORT PANEL		550.00 <i>cut</i>
36.	1 PC	RH REAR FENDER		2,000.00 <i>Rp</i>
Total Parts Purchased S\$:				13,680.00
15.00% Of The Above Parts S\$:				2,052.00
Based On Cost Plus S\$:				15,732.00
SPECIAL NETT ITEMS:				
1.	1 PC	RH FRONT DOOR COMPANY NAME STICKER		50.00 <i>cut</i>
2.	1 PC	RH FRONT TYRE		140.00 ?
3.	1 PC	SEALANT		45.00 <i>cut</i>

CONTINUE / ...

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Branches: Tampines St 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



FALCON - AIR AUTO SERVICES PTE LTD

Co. Reg. No.: 199501140D
GST Reg. No.: 199501140DLONPAC INSURANCE BHD
300 BEACH ROAD #17-04/07
THE CONCOURSE 199551R
ATTENTION: GERALD POH

Attention: Motor Claim Department

Contact: 62507388 Fax No.: 62962706

Estimate: ES012492

Date: 26/10/2022
Vehicle Num.: GBC 9608Z
Make/Model: RENAULT KANGOO II EXPRESS-2013/2
Chassis/Eng#: VF1FW1UBA50248383
Accident Date: 21/10/2022
Claim No.:
Reference: O/D
Policy No.: Z22VC05010613

S/N	Quantity	Particular	Unit Price	Amount S\$
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4.	10 PCS	RH FRONT FENDER CLIP	8.00	80.00 ⁶⁰
5.	1 SET	ASSORTED CLIPS		80.00 ³⁰⁰⁰

Special Nett Total S\$:

395.00

LABOUR:

TO REMOVE/REFIT RH SLIDING DOOR GLASS	100.00 ⁸⁰
TO CHECK WIRING AND RE-FOCUS HEADLAMP	50.00 ³⁰
COMPUTERISE WHEEL ALIGNMENT	120.00 ⁸⁰
TO TRANSFER FRONT DOOR MECHANISM	100.00 ⁵⁰
TO TRANSFER REAR DOOR MECHANISM	100.00 ⁵⁰
TO TRANSFER TYRE TO NEW RIM AND BALANCING	50.00 ³⁰
TO VACUUM, RE-OIL AND RE-GAS AIR CON	120.00 ¹⁰⁰
TO REMOVE/REFIX TRIM BOARD, CARPETS, GARNISHES TO FACILITATE REPAIRS	280.00 ¹²⁰
TO REMOVE/REPLACE UNDERCARRIAGE PARTS	400.00 ^{280?}
TO CUT OUT/RE-WELD RH REAR FENDER, RH FRONT DOOR PILLAR REPAIR RH WINDSCREEN PILLAR, RH ROCKER PANEL, CENTRE PANEL INCLUDING REPLACEMENT OF PARTS	1,800.00 ¹⁵⁰⁰
TO SPRAY PAINT RH FRONT FENDER, RH FRONT DOOR PILLAR, RH FRONT DOOR, RH SLIDING DOOR, RH REAR FENDER, RH ROCKER PANEL, RH CENTRE PANEL, RH WINDSCREEN PILLAR	2,000.00 ¹⁵⁰⁰

Labour Total S\$:

5,120.00

E. & O.E.

Total S\$: 21,247.00

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:

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 St 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

Taufan 97495749
Ex - \$3000 26/10/22
Not Antwaise @ 330pm
L/S Resurvey before paint
taufan @ lkhauto.com
10 days
To check repair limit

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	109E
Vehicle Details	
Vehicle No.:	GBC9608Z
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Oct 2022
Vehicle Make:	RENAULT
Vehicle Model:	KANGOO II EXPRESS 1.6L AT ABS AB 2WD 6DR
Primary Colour:	Brown
Manufacturing Year:	2013
Engine No.:	K4MZ835D004760
Chassis No.:	VF1FW1UBA50248383
Maximum Power Output:	-
Open Market Value:	\$17,848.00
Original Registration Date:	17 Mar 2014
First Registration Date:	17 Mar 2014
Transfer Count:	1
Actual ARF Paid:	\$893.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	16 Mar 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$56,302.00
COE Rebate Amount:	\$7,797.00
Total Rebate Amount:	\$7,797.00

The information contained herein is correct as at 26 Oct 2022

OK

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 22/10/2022 12:40 (SGT)
Reported by Both
Date of Accident 21/10/2022 17:47 (SGT)
Exact Location of Accident Singapore
Additional Location Information SUNGEI KADUT ST 2 TO ST 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC9608Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MALFORD CERAMICS PTE LTD
Company Reg No 1XXXXX109E
Email Address FRANCIS@MALFORD.COM.SG
Mobile Phone No (Phone) +65-96382766
Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Renault
Model Kangoo
Variant
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Goods vehicle
Transmission Manual
CC 1600

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Policy Number / Cover Note Number Z22VC05010613

DRIVER

Name of Driver AMIN MD AL
Work Permit No GXXXX384R
Date Of Birth 15/10/1998
Occupation Outdoor

Date Of Driving Pass	13/05/2022
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89241613
Alt. Phone Number	-
Email Address	FRANCIS@MALFORD.COM.SG
Address	NA
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SUB CON
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 - Major/Minor Rd
Weather Conditions	Raining
Road Surface	Wet

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 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	YQ4017R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

SKETCH PLAN

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 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

[Signature]

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



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

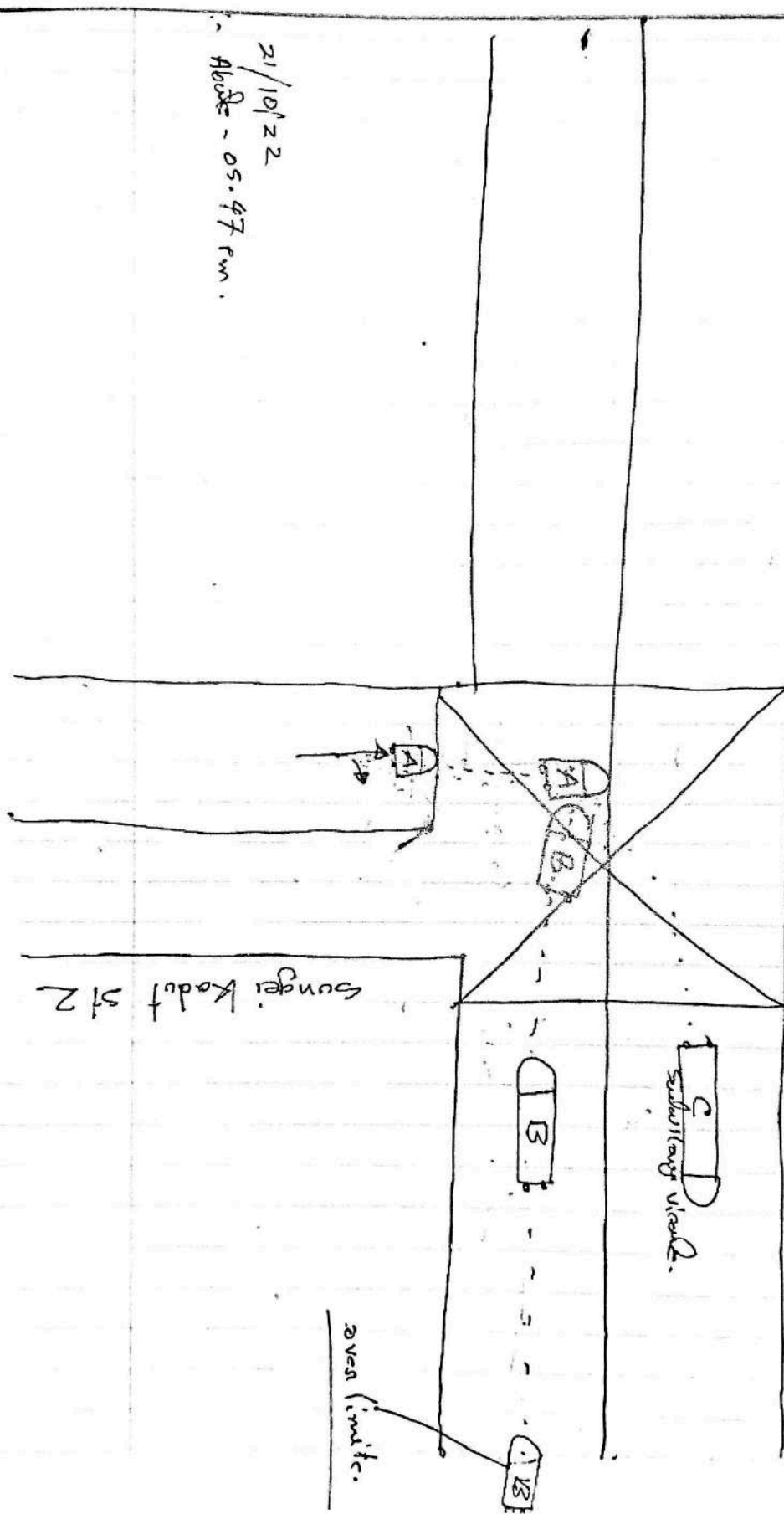
Sketch Plan

Refer attached

vJun2022

A = 5BC9608Z (mc.)
 B = YR4017R
 C = Unknown Vehicle (long)

Sungei Kadut St 1



Describe Circumstance of the Accident

On 21/10/2022 at about 5.47pm, I was travelling along Sungai Kadut st 2 intending to turn right to Sungai Kadut st 1. There was an extremely long heavy vehicle in front of my vehicle moving relatively slow. ~~I was~~ vehicle B (YQ4017R) coming very fast on my right & collided onto the right side of my vehicle.

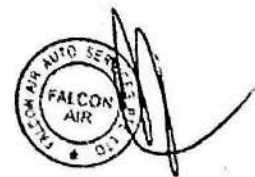
Declaration

I/We declare the foregoing particulars are true in every respect.



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)