ASS. REC. BY:	2/22011138/Kg
Kenneth	ASSIGNMENT
From: Date:	Veh No: STD 3655R Yr Regn: 03, 08
OD TP INS ITP RES I OD RES I EVA I INV I MY	Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
To Inspect Vehicle No:	
at Workshop m/s EM	Colour M. Grand AIC: Insured / Std / NI / NA
of	Sp.Reading /58/07 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CNO: JIAMED 163085 214286
Claims No.	Gen. Cond; Good) Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inora@ Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inpres / Jammed / Leaked / Burnt or
Make of Veh:	
	Modi: NII / S/RIm / SPO A/Rim or
(Policy Condition)	Tyre Size: F: 205/55R16
Remark: The veh had commenced its N/S	R:
repair at the time of inspection.	O/S/ BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
1	TOYO / YERO Or
	<u>Front</u> Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 9 mm R/Bal. 7 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 9 mm L/Bal. Z mm
Est. Repairs: Of days Res.: Yes or No	D.O.A. 6/11/22 D.O.I. 9/11/202
Lum Sum: 20 % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS  03/13 Vehicle: IN	Des. of Damages : Fit / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted: Vehicle: IN	
Date / Time   Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
F.	
	The second secon
0.00	The state of the s
Date/Timo, File Pass to? : Prell. Report	Days Of Repair:
i) : Final Report	
Outa/Fime, File Return to?	Resurvey No. of Trip: Survey Fee:
7	Transportation
Add	Fee: Site Insp (\$ ) s-Rssi
· ·	Interview (\$
Report Format:	
	Tech Invs (\$ ). Others
Lump Sum / I.B.I: (S	Weekend (\$

# E M Solution Pte Ltd

160 Sin Ming Drive #03-18/19, Sin Ming Autocity Singapore 575722

Fax: 64584500 Tel: 64560226 GST Reg. No: 201016308K

Not Nothain 1/ Lay & Renny Afre Painy 4day

**ESTIMATE** 

Date: 8th November 2022

314-32-C6Z5

Mdm Tan Chai Hoon

Blk 340 Clementi Ave 5, #07-218

Singapore 120340

Veh No: SJD 3655B Make/Model: Honda Civic Chassis No: JHMFD16308S214296

Date of Acc: 06.11.22 TP Veh No: GBK 8671D

6/3:0	Otv	Description	NO.	Unit Price	Amount	
5/No 1 2 3 4 5 6 7 8 9 10 11 12 13 14	1 pc 1 pc 1 pc 1 pc 1 pc 1 pc 1 pc 2 pcs 1 pc 1 pc 1 pc 1 pc 1 pc 1 pc	Description  Materials Frt Door RH Frt Door Glass Outer Mo Frt Door Outer Handle R Frt Door Protector RH Frt Door Frame Sticker R Frt Door Window Glass F Frt Door Hinge, Top & Lo Frt Door Center Checker Frt Door Wing Mirror RH Front Fender RH Frt Fender Quarter Glass Frt Fender Mudflap RH Side Rocker Panel RH Frt Door Inner Trim Boar	H RH RH ower RH RH R	\$ 48.20	\$ \$\mathbb{A}_7  \text{981.20} \\ \$ \$\mathbb{A}_1   \text{96.60} \\ \$ \$\mathbb{A}_1  \text{162.20} \\ \$ \$\mathbb{A}_1  \text{121.60} \\ \$ \$\mathbb{A}_2  \text{58.30}  \text{58.30}  \text{56.30}  \text{46.20} \\ \$ \$\mathbb{A}_1  \text{620.50} \\ \$ \$\mathbb{A}_1  \text{691.50}  \text{56.30}  \text{56.30}	
14 15 16 17 1 2 3 4	1 pc 1 pc 1 pc 1 pc 1 pc 1 pc 1 pc 1 set	Frt Door Regulator Gear Frt Door Weatherstrip R Frt Door Mechanism Ld  Special Nett Quarter Glass Sealant Quarter Glass Solar Film Door Glass Solar Film Door Trim Board Clips	Assy RH H  K RK Auto Consultants hence the Repairer of the following:  • To resurvey before/after spray pain  • To display damaged part(s) during  • Parts prices are subject to confirma  • Third party survey is on a "Without  • No illegal modification(s) is allowed  • Supplementary item(s) must be rediscipled to final approval from Instantian Acknowledged by Repairer  Signature:	ting Less 20% resurveyrts Total ation Prejudice" basis d surveyed and	\$ 483.90 \$ 128.50 7 \$ 128.50 7 \$ 128.50 7 \$ 5,358.60 \$ 5,358.60 \$ 1,071.72 \$ 4,286.88 \$ 40.00 \$ 150.00 6 \$ 150.00 6 \$ 150.00 6 \$ 150.00 6	
1 2 3 4 5 6	To remove, t To remove, t To remove, and where co Putty and res	rearrange electrical wiring replace fender quarter glass ransfer frt door component repair & replace damaged consistent to the accident. Spray painting on affected gon affected portions.	s ts bodyparts, realign bodywor	k Labour Total	\$ 80.00 \$ 80.00 \$ 100.00 \$ 800.00 \$ 80.00	501 601 4501 6001 301



Total Parts & Labour: \$

6,541.88



## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> 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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

07/11/2022 17:25 (SGT)

Both

06/11/2022 09:15 (SGT)

Singapore

MEI LING STREET MARKET CARPARK ENTRANCE

Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SJD3655B

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

**Email Address** 

Mobile Phone No

Alternative Phone No

Nο

TAN CHAI HOON

S1130031F

TCHTCH1130@GMAIL.COM

(Phone) +65-91992472

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

**Transmission** 

CC

Honda

CIVIC 1.8L A

Private use

No - Claiming third party

Private car

Auto

1799

**INSURANCE COMPANY** 

Name of Insurance Company

Policy Number / Cover Note Number

**ECICS Limited** 

MPC22B00008401

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

TAN CHAI HOON

S1130031F

05/10/1955

Indoor



# SKETCH PLAN

- IMPORTANT NOTICE
- Please report correctly the details of the accident to speed up the claims process.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reputite to a structure of the companies to reputite to the companies to reputite the companies to reputate the companies to the companies to reputate the companies to the companies thand the companies the companies the companies the companies the c 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 folio 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)
- (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

Ech!

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

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

