

AE-S. REC-BY: Tan REF: CS/1112201161/Tny3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD/TP/VS/TP RES/OD RES/EVA/INV/MV
To Inspect Vehicle No: _____
at Workshop m/s _____
of _____
Insured: _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: tbq
(Client's Record)
Make of Veh: _____

| | |
|-----|-----|
| | |
| N/S | O/S |
| | |

(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: 486k
IDAC Accident Report: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: _____ days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: Mr Tan Vehicle: IN / OUT

Veh No: SMT1891D Yr Regn: 2020 March
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Kia Cerato C.O. 1591
Colour: White A/C: Insured / Std / NI / NA
Sp. Reading: _____ T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: KWA F1416MLS069430
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or _____
Brake: Inorder / Jammed / Leaked / Burnt or _____
Modl: NI / S/Rim / STD A/Rim or _____
Tyre Size: F: 175/65R15
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Kapsen
Front: _____ Rear: _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.I. 8/11/22
Survey held at KPS
Des. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or _____
The U/C / Chassis frame / Body Structure affected due to collision.

| Date/Time | Action / Instruction |
|-----------|----------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Date/Time, File Pass to? ☐ : Preli. Report
☐ : Final Report

1) _____
Date/Time, File Return to?
2) _____

Rep. Form: _____
Lum. Sum / L.Bal. _____

Days Of Repair: _____
Resurvey No. of Trip: _____

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

Survey Fee: _____
Transportation: _____
S + RS. \$ _____
Photos _____
Others _____



簡福星摩多工廠

KAN FOOK SING MOTOR WORKSHOP

Headquarter: Blk 8 JTC Defu Industrial City #04-29 Defu South Street 1, S533758

Tel: (65) 6747 9560, 6743 5344 • Fax: (65) 6748 1006

E-mail: ryan@kanfs.net / patricia@kanfs.net

Branch: 1 Kaki Bukit Avenue 6 #01-13, Singapore 417883

Tel: (65) 6481 5150 • Fax: (65) 6481 8683

INDIA INTERNATIONAL INSURANCE PTE LTD
64 CECIL STREET
#04-05 IOB BUILDING
SINGAPORE 049711

DATE : 08-11-2022

VEHICLE NO. : SMT1891D
ACCIDENT DATE : 02-11-2022 20:00
THIRD PARTY REF. : SHA2050S

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEHICLE SMT1891D KIA CERATO 1.6(A) LX

| # | QTY | PARTS DESCRIPTION | AMOUNT (SG\$) |
|----|-----|---------------------------------------|---------------------------------|
| 1 | 1 | FRONT BONNET | 580.00 <i>bt</i> |
| 2 | 1 | FRONT BONNET LOCK | 43.00 <i>bt</i> |
| 3 | 2 | FRONT BONNET HINGES@\$22.00 | 44.00 <i>bt</i> |
| 4 | 1 | FRONT BONNET CABLE | 26.00 ? |
| 5 | 1 | FRONT SUPPORT PANEL | 280.00 <i>cur</i> |
| 6 | 1 | FRONT SUPPORT TOP GARNISH | 65.00 <i>cur</i> |
| 7 | 8 | FRONT SUPPORT TOP GARNISH CLIP@\$2.50 | 20.00 <i>nes</i> |
| 8 | 1 | FRONT GRILLE | 110.00 <i>over</i> |
| 9 | 1 | FRONT EMBLEM | 23.00 <i>cut</i> |
| 10 | 2 | FRONT HEADLAMP@\$390.00 | <i>RH?</i> 780.00 <i>LH cur</i> |
| 11 | 2 | FRONT HEADLAMP LOWER BRACKET@\$18.00 | 36.00 ? |
| 12 | 2 | FRONT FENDER@\$165.00 | 330.00 <i>Rx</i> |
| 13 | 2 | FRONT FENDER SHIELD @\$58.00 | 116.00 <i>x</i> |
| 14 | 20 | FRONT FENDER SHIELD CLIP@\$2.50 | 50.00 <i>x</i> |
| 15 | 1 | FRONT BUMPER | 270.00 <i>de</i> |
| 16 | 1 | FRONT BUMPER FOAM | 48.00 <i>de</i> |
| 17 | 1 | FRONT BUMPER REINFORCEMENT | 200.00 <i>ht</i> |
| 18 | 2 | FRONT BUMPER SIDE RETAINER@\$20.00 | 40.00 <i>nes</i> |
| 19 | 1 | FRONT BUMPER LOWER GRILLE | 150.00 <i>de</i> |
| 20 | 2 | FRONT BUMPER FOGLAMP@\$115.00 | 230.00 <i>x</i> |
| 21 | 1 | FRONT BUMPER TOP BEAM | 110.00 ? |
| 22 | 1 | FRONT BUMPER FOGLAMP COVER LH | 50.00 <i>cut</i> |
| 23 | 1 | FRONT BUMPER LAMP LH | 95.00 ? |



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VEHICLE NO. : SMT1891D
ACCIDENT DATE : 02-11-2022 20:00
THIRD PARTY REF. : SHA2050S

| # | QTY | PARTS DESCRIPTION | AMOUNT (SG\$) |
|--------------------|-----|------------------------------|-------------------|
| 24 | 10 | FRONT BUMPER CLIP@\$2.50 | 25.00 <i>net</i> |
| 25 | 1 | RADIATOR | 320.00 ? |
| 26 | 1 | RADIATOR TOP HOSE | 28.00 X |
| 27 | 1 | RADIATOR LOWER HOSE | 32.00 ? |
| 28 | 1 | RADIATOR FAN ASSY | 155.00 <i>eng</i> |
| 29 | 1 | SPARE TANK | 28.00 <i>der</i> |
| 30 | 1 | WASHER TANK | 40.00 X |
| 31 | 1 | WASHER TANK MOTOR | 38.00 X |
| 32 | 1 | AIR CON CONDENSER | 320.00 <i>bt</i> |
| 33 | 2 | AIR CON SIDE GARNISH@\$20.00 | 40.00 ? |
| 34 | 1 | AIR CON LIQUID PIPE | 115.00 ? |
| 35 | 1 | AIR CON SUCTION HOSE | 115.00 ? |
| 36 | 1 | AIR CON DISCHARGE HOSE | 125.00 ? |
| 37 | 1 | AIR DUCT | 65.00 <i>de</i> |
| 38 | 1 | AIR CLEANER BOX ASSY | 115.00 ? |
| 39 | 1 | RESONATOR BOX | 115.00 ? |
| 40 | 1 | RESONATOR HOSE | 65.00 ? |
| 41 | 1 | MANIFOLD INTAKE | 480.00 ? |
| | | | <hr/> |
| | | | 5,917.00 |
| ADD 20 % | | | <hr/> |
| TOTAL (A) | | | 1,183.40 |
| | | | <hr/> |
| | | | 7,100.40 |
| | | | <hr/> |
| SPECIAL NETT ITEMS | | | |
| 1 | 1 | FRONT NUMBER PLATE | <i>bt</i> 40.00 |
| | | | <hr/> |
| TOTAL (C) | | | 40.00 |
| | | | <hr/> |
| LABOUR CHARGES | | | <i>30</i> |
| 1 | 1 | TO CHECK WIRING SYSTEM | 50.00 |



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VEHICLE NO. : SMT1891D
ACCIDENT DATE : 02-11-2022 20:00
THIRD PARTY REF. : SHA2050S

| # | QTY | PARTS DESCRIPTION | AMOUNT (SG\$) |
|----------------|-----|--|---------------|
| 2 | 1 | TO REMOVE/REFIT/REFILL AIR CON GAS | 100.00 ✓ |
| 3 | 1 | TO REMOVE ALL NECESSARY AFFECTED PARTS WELD CUT PANEL BEAT AND FITTING NEW PARTS | 750.00 600 |
| 4 | 1 | SPRAYPAINTING CHARGES | 700 820.00 |
| TOTAL (D) | | | 1,720.00 |
| ESTIMATE TOTAL | | | 8,860.40 |

Taufik 92495749/62563561
Not Authorise 8/11/22 340pm
Ex! to be advise
6 days
taufik e lkhant.com
p/p, Resurvey before paint

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:

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 | 04/11/2022 17:29 (SGT) |
| Reported by | Driver |
| Date of Accident | 02/11/2022 20:00 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | TAMPINES ST 23 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SMT1891D |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | CRAFT LEASING PTE LTD |
| Company Reg No | 2XXXXX381N |
| Email Address | admin@craftleasing.com |
| Mobile Phone No | (Phone) +65-93833162 |
| Alternative Phone No | (Office) +65-69807818 |

VEHICLE PARTICULARS

| | |
|--|------------------|
| Manufacturer | Kia |
| Model | CERATO 1.6(A) LX |
| 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? | Yes |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 1591 |

INSURANCE COMPANY

| | |
|-----------------------------------|---------------------------------------|
| Name of Insurance Company | India International Insurance Pte Ltd |
| Policy Number / Cover Note Number | D21MFL0005172_01 |

DRIVER

| | |
|----------------|-----------------|
| Name of Driver | SABTU BIN MAJID |
| NRIC No | SXXXX628J |
| Date Of Birth | 11/09/1965 |
| Occupation | Indoor |

| | |
|--|---|
| Date Of Driving Pass | 28/05/2002 |
| Driving experience | 20 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98988304 |
| Alt. Phone Number | - |
| Email Address | admin@craftleasing.com |
| Address | APT BLK 277 TAMPINES ST 22 #04-192 (S) 520277 |
| Address complement | - |
| Postcode | - |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| 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 | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| 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 WITH ATTACHED.

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 | SHA2050S |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | - |
| Contact Number | - |

| | |
|---|---|
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|-------------|
| Vehicle Registration Number | SMC542H |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

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

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

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

Sketch Plan

Describe Circumstance of the Accident

I drove my car SRT1891D along ramping
st 23 on left lane.
vehicle in front brake and I follow.
However still not able to react
in time and hit into the rear
of taxi SRT 20505. Total 3 vehicles
involved.

Note: Please note that your insurer may have 14days time frame for you to submit an own damage claim under your own policy,
please check your policy for more information.

Declaration

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

Policyholder's Signature / Date & Time

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

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



24 NOV 20

1440 HRS