ASS. REC. BY: [illegible] REF: CS/EG1230001468/Rqy3 212K

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SMA 6527Z

at Workshop m/s KOK HANN

of 1, SUNG LEE ST #06-40

Insured: EG1

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

Bal. or Market Value: 79K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMA6527Z Yr Regn: 2018 JUN

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: NISSAN QASHQAI 1.2DIG-T c.c 1197

Colour WHITE A/C: Insured / Std / NI / NA

Sp.Reading 106642 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: SJNFEAJ11U2236262

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 215/60R17

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 10/01/23 D.O.I. 13/02/23

Survey held at KOK HANN

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

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

Date / Time	Action / Instruction
	REPAIR LIMIT - 44K
	Raoul finalised US $3450, 3 days, Cred $3772.15, 48%)

Date/Time, File Pass to?

1) [illegible]

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : INTER-TP

Lump Sum / I.B.I.'s: 3450

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Photos _____

Others _____

TOTAL _____

Kok Wang Car Grooming
1 Soon Lee Street #06-40 Pioneer Centre
Singapore 627605
Hp: 91839633 E-mail: vianong@ymail.com

ESTIMATE REPORT

Vehicle Number : SMA6527Z
Make And Model : Nissan Qashqai
Date of Accident : 10 January 2023

S/No	Parts	QTY	Unit Price	List Price
1	Front bumper sand	1		$ 737.50 717
2	Front bumper side holder RH ? X nn	1		$ 25.90 X
3	Front bumper finisher RH sand	1		$ 119.30 ✓
4	Front bumper sponge X nn	1		$ 118.80 X
5	Front fender RH repair	1		repair XR
6	Front fender arch garnish RH sand	1		$ ~~584.20~~ 266
7	Front headlamp RH set	1		$ 3,496.80 2850
	3952.30			$ 5,082.50
	10%		Less 10%	$ 508.25
	3557.07		**Total**	**$ 4,574.25**

Special Nett Item

1	Front bumper clips ✓	1 set		$ ~~60.00~~ 30
2	Front bumper fog lamp RH X nn	1	30	$ 278.40 X
3	Front bumper fog lamp bracket RH X nn	1		$ 149.50 X
			Total	**$ 487.90**

Labour & Misc Charges

To dismantle, replace & panel beating affected portion.			$ ~~800.00~~ 300
To spray paint on affected portion.		730	$ ~~700.00~~ 400
To apply anti-rust on affected areas.	3557.07		$ 60.00 X nn
To check wiring.	30.00		$ ~~50.00~~ 30
	730.00	**Total**	**$ 1,610.00**
	4317.07	**Grand Total :**	**$ 6,672.15**
	20%		
	3453.65		
	L/S - $3,450		

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:

Rank
Hp 90010068
3 days
L/S
13/02/23 @ 1555
Req after repair

SM0Z231B0001 / MODERN AUTOMOTIVE PTE LTD
ENTRY DATE & TIME: 11/01/2023 13:52 (SGT)
SUBMITTED BY: HO MEEI HUEY
VERSION: 1 (11/01/2023 13:52 (SGT))

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	11/01/2023 13:52 (SGT)
Reported by	Both
Date of Accident	10/01/2023 20:10 (SGT)
Exact Location of Accident	Lor 15 Geylang, Singapore
Additional Location information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA6527Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM KWANG HUAY
Passport No/FIN	G8050212K
Email Address	KWANGHUAY@HOTMAIL.COM
Mobile Phone No	(Phone) +65-93371709
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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	1197

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5128887226

DRIVER

Name of Driver	LIM KWANG HUAY
Passport No/FIN	G8050212K
Date Of Birth	08/09/1986
Occupation	Outdoor

Date Of Driving Pass	03/05/2018
Driving experience	4 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93371709
Alt. Phone Number	-
Email Address	KWANGHUAY@HOTMAIL.COM
Address	112 TOA PAYOH LOR 1 #07-388
Address complement	-
Postcode	310112
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	Hit and run / Vandalism / Damaged whilst parked
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

I WAS PARKED AT PARKING LOT NO. 9 ALONG GEYLANG LOR 15. I WAS INSIDE THE CAR. SUDDENLY, VEHICLE B CAME AND HIT ONTO MY VEHICLE'S FRONT LEFT PORTION.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ2661C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle

Name of Driver	TAN TOH HWEE
Contact Number	(Phone) +65-93069448
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

SKETCH PLAN

SKETCH PLAN

IMPORTANT NOTICE

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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, settlements, 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 any 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.

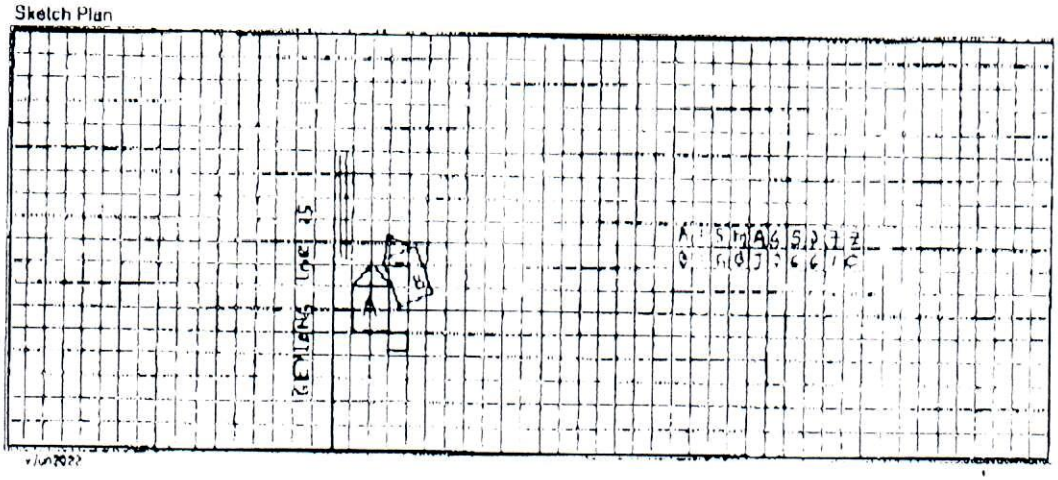
12:10 pm

Policyholder's Signature / Date & Time

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

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

Sketch Plan



SKETCH PLAN #2

Describe Circumstance of the Accident

I was parked at parking lot no. 9 along Geylang lor 15
I was inside the car. Suddenly, vehicle 2 come and
hit onto my vehicle's front left portion.

Declaration

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

Policyholder's Signature / Date & Time
12.10 p.m

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

Witnessed by Repairing Centre Personnel (Name as in NRIC/FIN card)