ASS. REC. BY: Kenneth | REF: GISB/2300284B/K

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Messine

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

Bal. or Market Value: $8.8ok

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SLT8741U Yr Regn: 11, 17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A) : Wagon

Make: Honda Freed c.c 1496

Colour M. Grey A/C: Insured / Std / NI / NA

Sp.Reading 126706 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GB7 - 1048296

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: 185/65R13

R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	7 mm
L/Bal.	6 mm	L/Bal.	7 mm
D.O.A.	19/3/23	D.O.I.	21/3/2023

Survey held at _____

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

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

Date / Time	Action / Instruction
1	
2	
3	
4	
5	
6	
7	
8	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ - RS. _____ SI

Parking _____

Others _____

TOTAL _____

Report Format :

Lump Sum / I.B.I: ($ _____)

Massive Trading & Auto

Blk 5038 #01-405 Ang Mo Kio Industrial Pk 2 Singapore 569541
H/p 91082728

NOT Authorise
C/Rep &
Resurvey After Paint
5days

Lee Kian Shing
Blk 433B Sengkang West Way
#10-531 Singapore 792433

Vehicle No : SLT 8741 U
Make : Honda Freed
Year : 2017

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:

Qty	Description	Unit Price	Amount
Estimate cost of repair			
1 pc	Rear o/s sliding door assy	B/Wrap	$1,507.10
1 pc	Rear o/s sliding door weatherstrip with auto sensor wire socket		$624.70
1 pc	Rear o/s door inner trim board		$520.50
1 pc	Rear o/s door glass regulator motor		$420.00
1 pc	Rear o/s door pillar weatherstrip		$245.60
1 pc	Rear o/s sliding door glass frame black sticker		$75.90
1 pc	Rear o/s fender		$925.60
1 pc	Rear bumper - colour code		$1,196.50
1 pc	Rear o/s bumper side retainer		$55.70
1 pc	O/S rocker panel		$655.70
1 pc	Rear o/s shock absorber		$387.50
1 pc	Rear axle		$1,623.20
1 pc	Rear o/s hub		$399.80
1 pc	Rear o/s hub bearing		$155.70
			$8,793.50
		less 20 %	$1,758.70
			$7,034.80
S Nett			
1 pc	Rear n/s tyre rim	N/C	$480.00 2Rels
Labour Charges			
Remove/renew the above parts. Knock out & straighten n/s door centre pillar etc			$1,200.00 5oc
To putty & spray paint on accident affected portion.			$1,000.00 6oc
Check/reconnect wiring.			$40.00 2c
Remove/refit rear o/s door glass, mechanism, inner lock, trim board to new door.			$120.00 6c
		balance c/f	$9,874.80

SLT 8741 U

	balance b/f	$9,874.80
Labour charges		
Remove/renew rear o/s undercarraiges.		$400.00
Check and realign wheel alignment.		$80.00
		$10,354.80

SS36233K0003 / SU Brothers Motor Workshop
ENTRY DATE & TIME: 20/03/2023 18:49 (SGT)
SUBMITTED BY: Su Kia Wee
VERSION: 1 (20/03/2023 18:49 (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 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	20/03/2023 18:49 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/03/2023 22:40 (SGT)
Exact Location of Accident	Geylang Rd, Singapore
Additional Location Information	GEYLANG ROAD TOWARDS LAVENDER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT8741U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE KIAN SHING (LI JIANXUN)
NRIC No	SXXXX931D
Email Address	charles_les@yahoo.com
Mobile Phone No	(Phone) +65-98794980
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125050610-01

DRIVER

Name of Driver	LEE KIAN SHING (LI JIANXUN)
NRIC No	SXXXX931D
Date Of Birth	11/11/1973
Occupation	Outdoor

IMPORTANT NOTICE

SKETCH PLAN

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	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