ASS. REC. BY: Kenneth

REF: AGV 23 003040/Kn

ASSIGNMENT

From: ____________ Date: ____________

Estimated Cost: ____________

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

To Inspect Vehicle No: ____________

at Workshop m/s Lim Tan

of 2090

Insured: ____________

Policy No. ____________

Claims No. ____________

Sum Insured: ____________ Excess: ____________

(Client's Record)

Make of Veh: ____________

11am

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: ____________

IDAC Accident Rport: ______ Consistent? : Yes or No

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

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

Lum Sum: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: ____________ Person Contacted: ____________

Veh No: SNE 872H Yr Regn: 02, 19

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

Make: N/S GTR c.c 3799

Colour M.P. White A/C: Insured / Std / NI / NA

Sp.Reading 6332 T/Radio: Insured / Std / NI / NA

Eng/No: ____________

C/No: R35 · 120287

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: 255/40ZR20

R: 285/35ZR20

BS / (DUN) / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or ____________

Front		Rear	
R/Bal.	9 mm	R/Bal.	8 mm
L/Bal.	9 mm	L/Bal.	8 mm
D.O.A.	10/3/23	D.O.I.	24/3/2023

Survey held at ____________

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

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

Date / Time	Action / Instruction
1)	
2)	

Date/Time, File Pass to?

1) ____________

Date/Time, File Return to?

2) ____________

☐ : Prell. Report

☐ : Final Report

Days Of Repair: ____________

Resurvey No. of Trip: ____________

Survey Fee:

Transportation

$ - RS. ___ S/

Parking

Others

TOTAL

Add Fee: ☐ : Site Insp ($ ____________)

☐ : Interview ($ ____________)

☐ Tech Invs ($ ____________)

☐ Weekend ($ ____________)

Report Format :

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

Not Withair
Resurvey B4 paint
5 days

LIM TAN MOTOR

ESTIMATE TO REPAIR

SURVEYOR NAME	:
DATE OF SURVEY	:
TIME OF SURVEY	:

VEHICLE NO. : SNE 872 H
MAKE : NISSAN
MODEL : GTR PURE EDITION
YEAR : 2019
CHASSIS NO : R35120287

DATE : 16-Mar-23
DATE OF ACCIDENT : 10-Mar-23
THIRD PARTY REF SMW 9123 U
THIRD PARTY REF AUTO & GENERAL INS (S) PTE LTD

Qty	Parts Description/ Labour	Type	Unit Price	Nett Item Amt	Amount
1 pc	Rear bumper	S/N			$ 4,644.00
1 pc	Rear bumper retainer	S/N			$ 116.10
1 pc	Rear bumper lower lid	S/N			$ 1,873.30
1 pc	Rear bumper GTR emblem	S/N			$ 299.10
1 pc	Rear bumper reflector	S/N			$ 133.50
1 pc	Rear RH fender	S/N			$ 3,346.00
1 pc	Rear RH rim	S/N			$ 3,096.30
1 pc	Rear RH knuckle arm	S/N			$ 1,221.60
1 pc	Rear RH kunckle bearing	S/N			$ 631.70
1 pc	Rear RH lower arm	S/N			$ 359.30
1 pc	Rear RH top arm	S/N			$ 1,100.30
1 pc	Rear RH trailer arm	S/N			$ 492.70
1 pc	Rear RH shock absorber	S/N			$ 2,700.00
	To putty & spray paint				$ 600.00
	To check wheel alingment				$ 80.00
	To replace rear under carriage				$ 280.00
	To anti rust				$ 80.00
	Labour charge			600	1,000.00
TG/ZX	TOTAL				$ 22,053.90

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:

Lim Tan Motor Pte Ltd
Blk 176 Sin Ming Drive #03-09 Sin Ming Autocare Singapore 575721
Tel: 65-64520693 Fax: 65-64569127 Email: edmund@LTM.sg
GST Reg No. M2-0019086-0

SA1B233A0004 / AH LIM MOTOR COMPANY (BRANCH)
ENTRY DATE & TIME: 13/03/2023 13:57 (SGT)
SUBMITTED BY: GERALD CHEW
VERSION: 1 (13/03/2023 13:57 (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	13/03/2023 13:57 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/03/2023 15:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BALESTIER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE872H

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FITNESS FACTORY PTE LTD
Company Reg No	2XXXXX209D
Email Address	AUGUSTINE@FITNESSFACTORY.COM.SG
Mobile Phone No	(Phone) +65-96588644
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	GTR
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	3800

INSURANCE COMPANY

Name of Insurance Company	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number	MA026886

DRIVER

Name of Driver	AUGUSTINE LEE KONG SEONG
NRIC No	SXXXX259C
Date Of Birth	11/09/1954
Occupation	Indoor

Ftiga

Vehicl : SNE 8727H

13/03/2023

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 Authorised 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 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

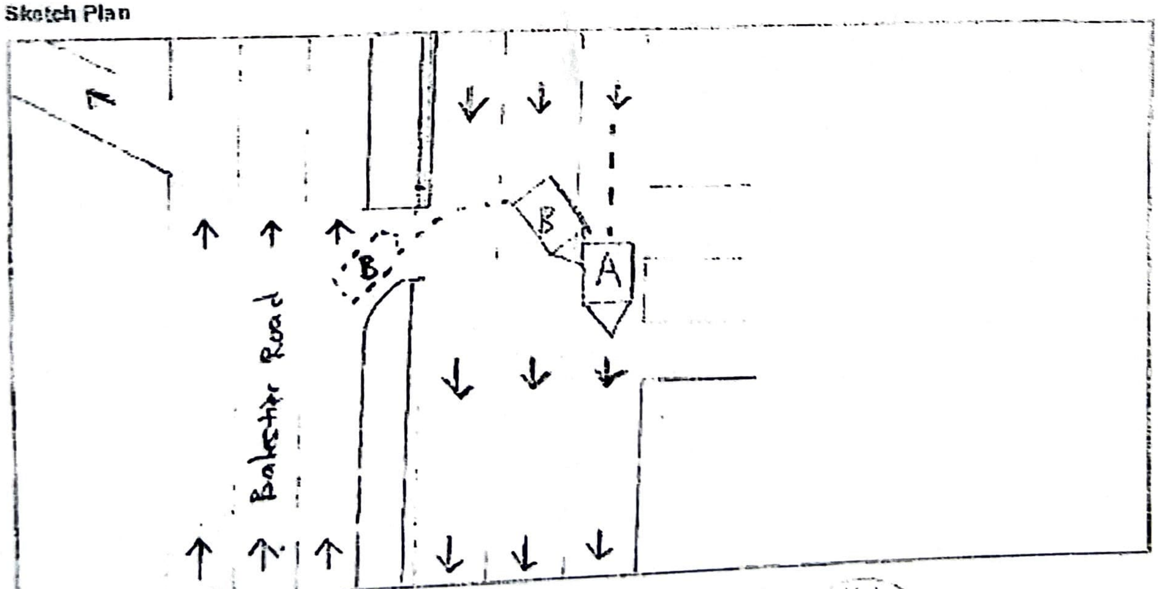
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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.

Sketch Plan



Factory Pte Ltd

13/03/2023

Policyholder's Signature / Date and Time

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

Witnessed by Reporting Centre Personnel