ASS. REC. BY: | REF: TW /

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s: S Thru

of: 0695

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: $52K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 4-5 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: SLF 59845 Yr Regn: 08, 16

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

Make: Peugeot 5008 c.c 1560

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

Sp.Reading 129839 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: VF30EBHZTGS075817

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: 215/55R17

R: _____

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	3 mm
L/Bal.	4 mm	L/Bal.	3 mm

D.O.A. 25/4/23 D.O.I. 9/5/2023

Survey held at ✓

Des. of Damages : Frt / 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?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ S - RS - SI

Parking: _____

Others: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

TOTAL: _____

Report Format :

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

Not Authorised
L/Sup &
Recovery After Paint

S THREE AUTOMOTIVE RECOVERY PTE LTD

S THREE Automotive Recovery Pte Ltd
Reg No 201325741R

TO : **INDIA INTERNATIONAL INSURANCE**
ATTN : **MOTOR CLAIM DEPT.** T/P VEH. NO. : **FBR7378X**

ESTIMATE REPORT 1st QUOTATION JOB NO :_____
OWNER'S PARTICULAR
NAME : **ZULKINIA BIN SUKIMAN** CONTACT :
ADDRESS :
LICENSE NC **SLF5484E** TRANS. : CHASSIS NO :
MAKE / MODEL : **PEUGEOT 5008** ENGINE NO :
OWNER'S INSURER **HL ASSURANCE**
JOB-CODE : **TP** S/A : **JOEY** ACCDENT DATE : **25-Apr-23**

CLAIM DETAIL

	MATERIALS		QTY	QUO-PRICE	DISC. %	DISC-PRICE	SUR. DISP	REV. PRICE
1	REAR BUMPER	Rel/CM	1.00	1350.00	10.00	1215.00	Y	✓
2	REAR BUMPER BRACKET LH	R	1.00	80.00	10.00	72.00	Y	X
3	REAR BUMPER BRACKET RH	R	1.00	80.00	10.00	72.00	Y	X
4	REAR BUMPER RETAINER LH	R	1.00	80.00	10.00	72.00	Y	X
5	REAR BUMPER RETAINER RH	R	1.00	80.00	10.00	72.00	Y	X
6	TAILGATE	R	1.00	1452.00	10.00	1306.80	Y	✓
7	TAILGATE STOPPER	R	1.00	80.00	10.00	72.00	Y	X
8	TAILGATE OUTER HANDLE	R	1.00	280.00	10.00	252.00	Y	X
9	TAILGATE EMBLEM PEUGEOT	R	1.00	75.00	10.00	67.50	Y	X X
10	TAILGATE LOGO	R	1.00	112.00	10.00	100.80	Y	X X
11	TAILGATE EMBLEM 5008	R	1.00	52.00	10.00	46.80	Y	✓
12	TAILGATE RUBBER BEADING	R	1.00	128.00	10.00	115.20	Y	X
13	TAILGATE LOCK	R	1.00	85.00	10.00	76.50	Y	X
14	TAILGATE LOCK CATCH	R	1.00	155.00	10.00	139.50	Y	X
15	TAILGATE INNER TRIM	R	1.00	243.00	10.00	218.70	Y	X
16	TAILLAMP RH	R	1.00	543.00	10.00	488.70	Y	X

17	REAR END PANEL		1.00	680.00	10.00	612.00	Y	?
18	REAR BUMPER REINFORCEMENT		1.00	485.00	10.00	436.50	Y	?
19	TOWING COVER	SR	1.00	46.00	10.00	41.40	Y	X
20	NO. PLATE LAMP	SR	1.00	138.00	10.00	124.20	Y	X
21	REAR BUMPER LAMP RH	R	1.00	334.00	10.00	300.60	Y	X
22	REAR BUMPER SPONGE		1.00	175.00	10.00	157.50	Y	?
23	REAR BUMPER SWITCH OPEN	SR	1.00	305.00	10.00	274.50	Y	X
24	REAR END PANEL INNER GARNISH	SR	1.00	138.00	10.00	124.20	Y	X
25	REAR SEAT RH	SR	1.00	2650.00	10.00	2385.00	Y	X
	TOTAL (PARTS) :			9826.00		8843.40		

SPECIAL NETT ITEM

1	REVERSE SENSOR		1.00	280.00	0.00	280.00	Y	?
2	REAR BUMPER CLIPS	RR	1.00	50.00	0.00	50.00	Y	—
3	REAR END PANEL SEALANT	R	1.00	180.00	0.00	180.00	Y	?
4	REAR END PANEL GARNISH CLIPS	RR	1.00	50.00	0.00	50.00	Y	X
5	TAILGATE INNER TRIM CLIPS	RR	1.00	50.00	0.00	50.00	Y	X
6	REAR NO. PLATE	SR	1.00	50.00	0.00	50.00	Y	X
	TOTAL (PARTS) :			660.00		660.00		

LABOUR

1	STRENGTHEN & PANEL BEAT ACCIDENT ARE/		1.00	1500.00	0.00	1500.00	Y	?
2	RESPRAY ACCIDENT AREA& SPARE TYRE COMPARTMENT		1.00	1500.00	0.00	1500.00	Y	50%
3	R&R TAILGATE COMPONENTS		1.00	180.00	0.00	180.00	Y	60%
4	R&R SPARETYRE BOARD, CARPET & TRIM		1.00	180.00	0.00	180.00	NA	X
5	CHECK & REPAIR WIRING SYSTEM		1.00	120.00	0.00	120.00	Y	20%
6	RESPRAY TUFF KOTE ON ACCIDENT AREA		1.00	280.00	0.00	280.00	Y	30%
7	RESET AUTO SWITCH SYSTEM		1.00	280.00	0.00	280.00	Y NN	X
8	R&R REAR SEAT CARPET & TRIM		1.00	180.00	0.00	180.00	Y NN	X

TOTAL (LABOUR) :	4220.00	4220.00
TOTAL PARTS & LABOUR	14706.00	13723.40

EXCESS : : S$_____

NO. OF DAY : 4-5days

RE-SURVEY : ~~BEFORE~~ / AFTER PAINTING

~~PART-BY-~~PART OR LUMP-SUM : S$_____

DATE OF SURVEY : 9/___/___

SURVEY BY : Kenneth

CONTACT N : _____ FAX NO : _____

NOTE : LUMP-SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED.

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:

Your NCD will be affected due to late reporting

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	28/04/2023 14:52 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/04/2023 10:15 (SGT)
Exact Location of Accident	Woodlands Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF5484E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Zulkinia Bin Sukiman
NRIC No	S7033069E
Email Address	hawa.zulkinia@gmail.com
Mobile Phone No	(Phone) +65-97952963
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Peugeot
Model	5008
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Policy Number / Cover Note Number	MP320306

DRIVER

Name of Driver	Zulkinia Bin Sukiman
NRIC No	S7033069E
Date Of Birth	13/09/1970
Occupation	Indoor

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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, 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

4Q

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)

Woodlands Ave 2

Sketch Plan