

ASS. REC. BY:

REF:

FC2/230072791KV

Kenneth

MOTOR

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

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.

Bal. or Market Value:

IDAC Accident Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.A.

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?

: Prel. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. SI

F. P. S.

Others

Add Fee:

: Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

TOTAL

Report Format:

Lump Sum / I.B.I: (\$

Report Format:

Interview (\$

) P. S.



☎ 6453 4730  
☎ 6457 1931  
✉ enquiry@sh-motor.com

**WORKSHOP**  
160 Sin Ming Drive  
#07-02 Sin Ming AutoCity  
Singapore 575722

**S&H Motor Pte Ltd**  
Co. Reg. No. : 198701322K  
GST Reg. No.: M2-0076269-0

*Monnerh Not Notarised*  
*96910663 U1 Sing &*  
*Monnerh Hong@lkkauto.com Recovery After Painting*  
*5 days*

The Motor Claims Department  
M/s First Capital Insurance Ltd  
36 Robinson Road #16-01  
City House  
Singapore 068877

File No : SH/2014/003/02/003/TP  
Date : 18-July-2023

Policy no: XXXXXXXXXXXX  
Policy no: XXXXXXXXXXXX

Accident Date: 15.10.2009  
Accident Date: 15.10.2009

Description	Quantity	Cost Price
bonnet <i>Bu</i>	1	
LH Bonnet hinge <i>Rx</i>	1	
RH Bonnet hinge <i>Rx</i>	1	
bonnet inner rubber seal <i>Smx</i>	1	
bonnet lock <i>Dit</i>	1	
bonnet front chrome <i>Od</i>	1	
Front bumper <i>Bu/Od</i>	1	
Front bumper clips (1set) <i>Ru</i>	1	
LH Front bumper retainer <i>Smx</i>	1	
RH Front bumper retainer <i>Smx</i>	1	
Front bumper top garnish <i>Cm</i>	1	
Front bumper grille <i>Cm</i>	1	
Front bumper "emblem" <i>Ru</i>	1	
Front bumper tow cover <i>Od</i>	1	
Front reinforcement <i>?</i>	1	
Front reinforcement sponge <i>Cm</i>	1	
LH headlamp <i>?</i>	1	
RH headlamp <i>?</i>	1	
LH headlamp support panel <i>?</i>	1	
RH headlamp support panel <i>?</i>	1	
Front support panel <i>Ru</i>	1	
front brace support panel <i>?</i>	1	
RH front fender (repair)	1	
front number plate <i>Od</i>	1	
S/NETT	1	

LESS 10%

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:



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To remove front damaged parts, to jack out front support panel, front body, and cut out damaged parts, to straighten out front chassis, reshape and repair bonnet hinge panel, front fender and inner panel, head lamp inner panel, front support panel, front chassis member, to replace damaged parts and adjust body panel alignment ✓

\$ 600.00

To disconnect wire harness to facilitate repairs and check for damage and reconnect wiring system and check for full functionality 201

\$ 80.00

To spray paint affected front and inner damaged portion inclusive of preparatory works and material

\$ 600.00 ✓

\$ 1,280.00

\$ -



# 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	17/07/2023 12:50 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/07/2023 17:45 (SGT)
Exact Location of Accident	Sembawang Rd, Sembawang Park, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SJQ8094T

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAI PENG SE
NRIC No	SXXXX028G
Email Address	IFRANKLAI@GMAIL.COM
Mobile Phone No	(Phone) +65-97676978
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
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	1498

### INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC23A00142000

### DRIVER

Name of Driver	LAI PENG SE
NRIC No	SXXXX028G
Date Of Birth	12/12/1972
Occupation	Indoor



## 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. The 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.
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.
  - (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.

*[Signature]*

Policyholder's Signature / Date &  
Time 17/07/2023

Sketch Plan

*[Signature]*

Driver's Signature (if driver is not the policyholder) / Date  
& Time 17/07/2023

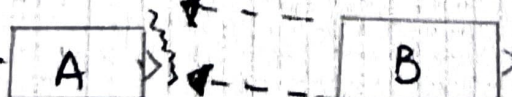
*[Signature]*

Witnessed by Reporting Centre  
Personnel

Sembawang  
Road

Shop Houses

Stationary



A : SJQ 80947

B : GBK 39804

parking vehicles .