	POIZ
ASS. REC. BY:	SPR 1 23 00 75 09 /Km
Kenneth	13091Kn
From:	ASSIGNMENT
Estimated Cost:	Veh No: SME 6073U Yr Regn: O 1 18
OD TP MS / TP RES / OD RES / EVA / INV / MV	Type: M.Car / M.Cycle / Bus / Van & Lorry / Taxl / Prime Mover /
To Inspect Vehicle No:	Truck / Trailer or
81 Workshop m/s	Make: Big Careas ss 1686
of Prenit	Colour Rev A/C: Insured / Std / NI / NA
Insured:	Sp.Reading T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No.	Gen Cond: 050215-112 146
Sum Insured: Excess:	- Burnt
(Client's Record)	Steering: Ingrear / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Inorder / Jammed / Leaked / Burnt or
	Modi: NII / S/Rim / STE A/Rim or
(Policy Condition)	Tyre Stra: Euratum 205/53R16
Remark: The veh had common and to	Walla
repair at the time of inspection.	N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Bal. or Market Value: 8 89/	TOYO/YOKO or
	Eron! Rear
CIA : TES OF NO	R/Bai. 9' mm . Broat 7
C.C. Tes or No	7 mm 1/201 7
TODONO.	
udys Res.: Yes or No	DOA 21/11/22
Lum Sum: 20 % 3 Val.: Yes or No	D.O.A. 21/7/22 DOI 21/7/0
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS	D.O.A. 21/7/23 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / LUC / Davids
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS	D.O.A. 21/7/23 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or NI Rear
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date:Person Contacted:	D.O.A. 21/7/23 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or NI Rear
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date:Person Contacted: Vehicle: Date / Time Action / Instruction	D.O.A. 21/7/23 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or IN/OUT The U/C / Chassis frame / Body Structure affected due to collision.
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date:Person Contacted:	D.O.A. 21/7/23 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or IN/OUT The U/C / Chassis frame / Body Structure affected due to collision.
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date:Person Contacted: Vehicle: Date / Time Action / Instruction	D.O.A. 21/7/23 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or IN/OUT The U/C / Chassis frame / Body Structure affected due to collision.
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Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date:Person Contacted: Vehicle: Date / Time Action / Instruction	D.O.A. 21/7/23 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or IN/OUT The U/C / Chassis frame / Body Structure affected due to collision.
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Lum Sum: 20 % 3 Val.: Yes or No CA REV REP. 24 HRS Date: Person Contacted: Vehicle: Date Time Action Instruction No May to open door Preli. Report Final Report	D.O.A. 21/7/23 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. Days Of Repair:
Lum Sum: Do % 3 Val.: Yes or No	D.O.A. 21/7/23 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.
Lum Sum: Do % 3 Val.: Yes or No	D.O.A. 21/7/23 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. Days Of Repair: Resurvey No. of Trip: Survey Fee:
Lum Sum: 20 % 3 Val.: Yes or No CA REV REP. 24 HRS Vehicle: Date Time Action Instruction	D.O.A. 21/7/23 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. Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation S-RS St
Lum Sum: 20 % 3 Val.: Yes or No CA REV REP. 24 HRS Vehicle: Date Time Action Instruction	D.O.A. 21/7/23 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. Days Of Repair: Resurvey No. of Trip: Survey Fee: I Fee: Site Insp (\$)S - RSSI Interview (\$)
Lum Sum: Do % 3 Val.: Yes or No	DOA 21/7/23 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. Days Of Repair: Resurvey No. of Trip: Survey Fee: I Fee: Site Insp (\$) S-RS SI Interview (\$) Fire S
Lum Sum: 20 % 3 Val.: Yes or No CA REV REP. 24 HRS Vehicle: Date Time Action Instruction	DOA 2/7/23 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. Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportable I Fee: Site Insp (\$) S-RS, SI Interview (\$) Feets Tech Invs (\$) Others
Lum Sum: Do % 3 Val.: Yes or No	DOA 21/7/23 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. Days Of Repair: Resurvey No. of Trip: Survey Fee: I Fee: Site Insp (\$) S-RS SI Interview (\$) Fire S
Lum Sum: Do % 3 Val.: Yes or No	D.O.A. 21/7/23 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. Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: I Fee: Site insp (\$
Lum Sum: Do % 3 Val.: Yes or No	DOA 2/7/23 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. Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportable I Fee: Site Insp (\$) S-RS, SI Interview (\$) Feets Tech Invs (\$) Others

(e) Signature of surveyor

Afternun 31/7/27



Next Munday Premier Automotive Services Division 1:#02-02/93 PAuto Kranji: 60 Jalan Lam Huat #02-02/03 Carros Centre Singapore 737869 Tel: +65 6255 2288 / Fax: +65 6265 5388 PAuto Changi: 23 Changi South Avenue 2 Singapore 486443 Tel: +85 6214 8880 / Fax: +65 6214 4498 GST: 200707743D / ROC: 200707743D

SPF **ESTIMATION REPORT**

Estimation No. : E23070016 : 25/07/2023

No.	Code	Description	Qty	U/P	Disc %	Amt
-	Section:	Parts Parts			0.1	
1		REAR RIM R16 LH	1.00	750.00	0.00	
2		REAR BUMPER	1.00	660.00	0.00 CM 660.00 U	
3		REAR EMBLEM " KIA LOGO "	1.00	96.00	$0.00 \text{ No. } 96.00 \text{ X}$ $0.00 \text{ No. } 48.00 \text{ X}$ $0.00 \text{ No. } 48.00 \text{ X}$ $0.00 \text{ No. } 315.00 \cdots$	
4		REAR TAIL GATE LETTERING " CARENS "	1.00	48.00		
5		REAR TAIL GATE LETTERING " CRDI "	1.00	48.00		
6		REAR BUMPER SECOND LAYER (BLACK)	1.00	315.00		
7		REAR BUMPER THIRD LAYER (SIVER)	1.00	210.00		, _{210.00} X
		REAR REFECTOR LAMP LH	1.00	195.00	0.00 1 195.00 🗶	
8		REAR FENDER LH	1.00	1,500.00	$_{0.00}$ $n_{1,500.00}$ χ	
9		REAR FEINDER EIT		108	Subtotal S\$	3,822.00
9	Section: 9	Special nett				
.0		BUMPER CLIP	7.00	7.00	0.00	12 49.00 <u> </u>
					Subtotal	S\$ 49.00
<u> </u>	Section: Labour					600
1		TO DISMANTLE & REPLACE REAR BUMPER, REAR FENDER LH. AND ETC	1.00	1,000.00	0.00	1,000.00
2		TO CHECK ELECTRIC WIRING FOR PROPER FUNCTION	1.00	120.00	0.00	120.00 <i>13</i>
		TO APPLY RUST PROOFING	1.00	120.00	0.00	120.00
		TO CONDUCT 4 WHEEL ALIGNMENT & BALANCING	1.00	120.00	0.00	120.00
		TO RESPRAY REAR BUMPER, REAR FENDER LH, AND ETC	1.00	800.00	0.00	800.00

Subtotal S\$ 2,160.00

LKK Auto Consultants hence notify the Repairer of the following:

To resurvey before/after spray painting

Remarks: To display damaged part(s) during resurvey
DOA: 21/Third party survey is on a "Without Prejudice" basis

TP CLAIM 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:

(a) C:

Pate:

Mot lutherster !!

LIRA B

Menny After Pains

Yelan.

Parts Subtotal S\$ 3,822.00 Special nett Subtotal S\$ 49.00 SP1B23700001 / PREMIER AUTOMOTIVE SERVICES PTE LTD [737869] ENTRY DATE & TIME: 24/07/2023 15:58 (SGT) SUBMITTED BY: LIM JIA HAW VERSION: 1 (24/07/2023 15:58 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
 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 Reported by

Date of Accident **Exact Location of Accident**

Additional Location Information

Country/State of Loss

24/07/2023 15:58 (SGT)

Actual Driver

21/07/2023 11:00 (SGT)

Singapore

SLE TOWARS WOODLANDS

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SME6073U

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address Mobile Phone No

Alternative Phone No

Yes

BIS MOTORING PTE LTD

2XXXXXX055D

KEIFTAN@BISMOTORING.COM.SG

(Phone) +65-86881311

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission

CC

INSURANCE COMPANY

Policy Number / Cover Note Number

Name of Insurance Company

DRIVER

Name of Driver NRIC No

Kia Carens

Private hire

No - Claiming third party

Private hire

Auto

1700

Allianz Insurance Singapore Pte. Ltd.

SP2002451400

LIM BOON KWANG

SXXXX669A

SKETCH PLAN	
	VEWLE A - SME GOTZU
	VEHICLE A - SME 60734 VEHICLE B - QX1809A
	A VENICE & CATION,
	SLE Towards Woodlands
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT
0.	4 - 4 - 4 - 1
Kefer	to ponce Report T/20230721/2071.
CLARATION	igulars are true in every respect
	iculars are true in every respect.
	/, selkanne
	Alm - Transfer
cyholder's Signature e & Time:	Driver's Signature Reporting Centre Personnel's Signature
c a lille.	(If driver is not the policyholder) Name: NRIC/FIN No.:

GIANMC SketchPlanForm_V3