

ASS. REC. BY:

REF:

CS/SMR 24080508/Tnp3

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.

N/S	O/S
A	X

Bal. or Market Value:

470K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SM55493X

Yr Regn:

2019, 03

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

Truck / Trailer or

Make:

Honda Shuttle Hybrid

c.c

1496

Colour

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

245629

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

GP72002453

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/55R15

R:

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

TOYO / YOKO or

Firenza

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

29/8/24

Survey held at

Yew Tee

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

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

Date / Time

Action / Instruction

12/02/25 submit preli report

revised \$9871.40

check items \$2576

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

6

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Rep. Format:

Lump Sum / L.B.E. ()

YEW TEE AUTOMOBILE TECH PTE LTD

39 WOODLANDS CLOSE #01-12 MEGA@WOODLANDS S(737856)

25 KAKI BUKIT ROAD 4 #01-61 SYNERGY@KB S(417800)

To: FIRST CAPITAL INSURANCE

DATE: 28.08.2024

Dear Sir / Madam:

RE: VEHICLE REPAIR ESTIMATE

Owner : QUEK SIOW KHIM

Model : HONDA SHUTTLE

Reg : SMJ5493X Chassis : GP72002453

DOAccident : 28.08.2024

THIRD PARTY CLAIM AGAINST

We are please to submit our estimate of repairs to the above mention vehicle.

		Parts	Labour
1	REAR BUMPER	\$ 1,455.00	dec
2	REAR BUMPER SIDE RETAINER LH	\$ 85.00	?
3	REAR BUMPER SIDE RETAINER RH	\$ 85.00	nn
4	REAR BUMPER BRACKET LH	\$ 95.00	x nn
5	REAR BUMPER BRACKET RH	\$ 95.00	x nn
6	REAR BUMPER REFLECTOR LH	\$ 120.00	?
7	REAR BUMPER REFLECTOR RH	\$ 120.00	x nn
8	REAR TAILGATE	\$ 1,740.00	bt
9	REAR TAILGATE HINGES LH	\$ 115.00	x nn
10	REAR TAILGATE HINGES RH	\$ 115.00	x nn
11	REAR TAILGATE RUBBER	\$ 225.00	mi
12	REAR TAILGATE LOCK	\$ 395.00	bt
13	REAR TAILGATE LOCK CATCH	\$ 84.00	x nn
14	REAR TAILGATE LOCK CABLE	\$ 285.00	x nn
15	REAR TAILGATE INNER BOARD	\$ 360.00	?
16	REAR TAILGATE LOGO	\$ 85.00	nei
17	REAR TAILGATE SHUTTLE EMBLEM	\$ 98.00	nei
18	REAR TAILGATE HYBRID EMBLEM	\$ 95.00	nei
19	REAR TAILGATE REFLECTOR LH	\$ 660.00	qua
20	REAR TAILGATE REFLECTOR RH	\$ 660.00	?
21	REAR TAILGATE OUTER GARNISH	\$ 690.00	de
22	REAR TAILGATE OUTER GARNISH LOGO	\$ 85.00	na
23	REAR TAILGATE OUTER GARNISH CHROME MOULDING	\$ 330.00	ana
24	REAR WINDSCREEN GLASS	\$ 1,280.00	bro
25	REAR WIPER ARM	\$ 65.00	wt
26	REAR WIPER MOTOR	\$ 385.00	x nn
27	REAR TAILLAMP LH	\$ 1,080.00	ana
28	REAR TAILLAMP RH	\$ 1,080.00	wt
29	REAR TAILLAMP PANEL LH	\$ 580.00	x nn
30	REAR FENDER LH	\$ 1,480.00	x nn
31	REAR FENDER RH	\$ 1,480.00	x nn
32	REAR FENDER INNER TRIM BOARD LH	\$ 645.00	x nn
33	REAR FENDER INNER TRIM BOARD RH	\$ 645.00	x nn
34	REAR FENDER GLASS LH	\$ 650.00	x nn

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35	REAR END PANEL	\$	855.00	?
36	REAR END PANEL INNER GARNISH	\$	495.00	de
37	REAR END PANEL KEYLESS SENSOR	\$	240.00	?
38	REAR SPARE TYRE PANEL	\$	1,890.00	X nn
39	REAR SPARE TYRE PANEL TOP BOARD	\$	900.00	?
40	REAR SPARE TYRE PANEL INNER TOOLBOX HOLDER	\$	420.00	X nn
Total Parts		\$	22,247.00	
Less 20%		\$	4,449.40	
		\$	17,797.60	

41	REAR BUMPER CLIPS (SET)	nett	\$	45.00	net
42	REAR NUMBER PLATE	nett	\$	45.00	X nn
43	REAR BUMPER SENSORS (SET)	nett	\$	260.00	200 net
44	REAR CAMERA	nett	\$	180.00	X nn
45	REAR WINDSCREEN SEALANT	nett	\$	60.00	net
46	REAR WIPER BLADE	nett	\$	60.00	X nn
47	TO ELECTRICAL WIRING SERVICES		\$	50.00	30 net
48	TO DISMANTLE & REFIT REAR SENSORS		\$	60.00	30 net
49	TO DISMANTLE & REFIT REAR WINDSCREEN GLASS		\$	120.00	✓
50	TO DISMANTLE & REFIT REAR FENDER GLASS LH		\$	100.00	X nn
51	TO TRANSFER REAR TAILGATE		\$	180.00	60
52	To remove, refix, realign, adjust and replace all damaged parts.		\$	3,800.00	700
53	TO UNDERCOATING FOR RUST PROTECTION		\$	80.00	40
54	To respray paint of accident section.		\$	1,500.00	700
			\$	6,540.00	

Grand Total :

\$ 24,337.60

The above estimates are base on visual inspection and it is possible that further materials and labour may be required upon dismantling. Should this occur, we will submit supplementary quotation for further approval.

Shaun : 97432262

Taufik 97495749 / 62563561
wp 29/8/24 24 pm
taufik e/hkanto-u
6 days
L/S Resurvey after repair

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 third party confirmation(s) is allowed
- Supplementary item(s) must be received and is subject to final approval from insurance company

Acknowledged by Repaire:
Signature: _____



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 First Submission	28/08/2024 13:21 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/08/2024 09:54 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AFTER JUNCTION OF JLN KILANG TIMOR & BUKIT MERAH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ5493X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	QUEK SIOW KHIM
NRIC No	SXXXX497C
Email Address	SKQUEK1242@GMAIL.COM
Mobile Phone No	(Phone) +65-98771156
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	0
Vehicle Fuel	Petrol-Electric
First Registration Date	11/03/2019
Chassis no	GP72002453
Effective Date/Time of Ownership	11/03/2019 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5107972435-05

DRIVER

Name of Driver	QUEK SIOW KHIM
NRIC No	SXXXX497C
Date Of Birth	05/01/1957
Occupation	Outdoor
Driving Pass Date	31/01/1977
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	47 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98771156
Alt. Phone Number	-
Email Address	SKQUEK1242@GMAIL.COM
Address	APT BLK 418 FAJAR ROAD #05-437
Address complement	-
Postcode	670418
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes



DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SG5168E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 a/cressid.

6. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

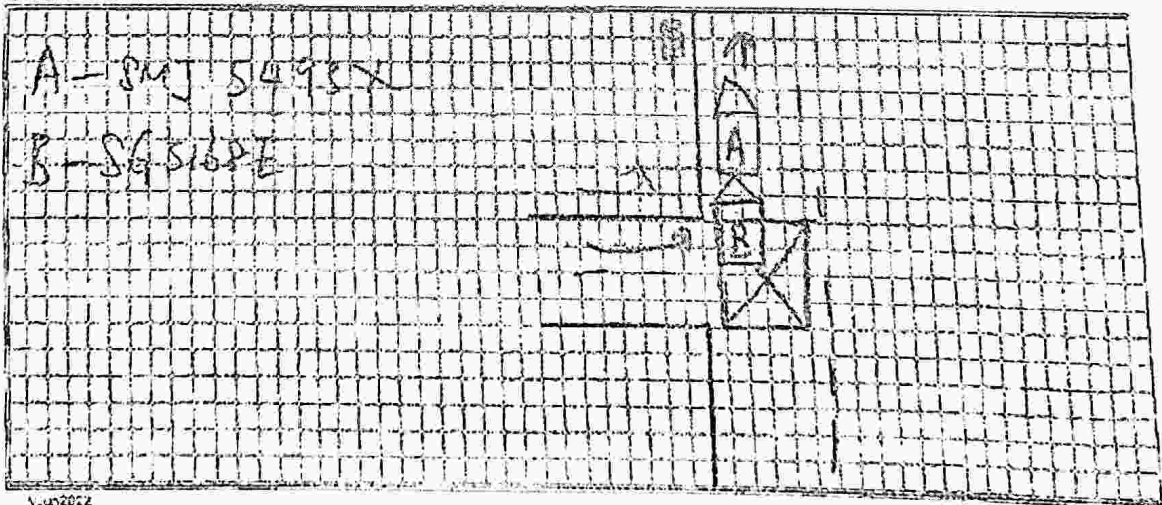
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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/small 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.

[Signature] 28/8/2024
Policyholder's Signature / Date & Time

[Signature] 28/8/2024
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

LENG
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

I was stopped at Jln Kilang Timor turning into Jln Bukit Merah. The GMR bus Service No 961 was stopped behind the yellow box. As it was Red light after the junction, I turned left into the yellow box. As I was into Jln Bukit Merah, slowing before the traffic light, the bus knocked into my back of the car.

Declaration

We declare the foregoing particulars are true in every respect.

[Signature] 28/8/2024

Policyholder's Signature / Date & Time

[Signature] 28/8/2024

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

LENG

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

WJ-2822

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