

ASS. REC. BY:

REF:

105 / CS / 10524090258 / knp3

C

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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:

\$24k

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

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:

PK 8 8013 Tr Regn: 021 16

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

Truck / Trailer or

Make:

Tolonda Vezel c.c. 1496

Colour

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

Sp. Reading

184272 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Rui 1110307

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 215/55 ZR17

R:

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

Kumho

Front

Rear

R/Bal.

8 mm

R/Bal.

7 mm

L/Bal.

8 mm

L/Bal.

7 mm

D.O.A.

11/9/24

D.O.A.

16/9/2024

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

17/9/24 Rm 83400d Cebu (Red. \$4941.20, 59%)

Date/Time, File Pass to?

☐

Prel. Report

☐

Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

5

Resurvey No. of Trip:

Survey Fee:

Transportation

S + RS. \$

Fees

Others

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

TOTAL

Report Format:

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

## 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	12/09/2024 16:28 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/09/2024 07:21 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FARRER PARK PRI SCHOOL
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ8013T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM BOON CHYE
NRIC No	SXXXX268C
Email Address	chye1188@gmail.com
Mobile Phone No	(Phone) +65-84821188
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1500
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5147057971

### DRIVER

Name of Driver	LIM BOON CHYE
NRIC No	SXXXX268C
Date Of Birth	26/09/1962
Occupation	Outdoor
Driving Pass Date	20/02/1992
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	32 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84821188
Alt. Phone Number	-
Email Address	chye1188@gmail.com
Address	BLK 263 WATERLOO STREET
Address complement	#11-218
Postcode	180263
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	(SPOUSE)
Gender	Female

#### 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 ATTACHED SKETCH PLANS

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNG1751G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MISS SIM
Contact Number	(Phone) +65-96985985
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.  
(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/con 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.

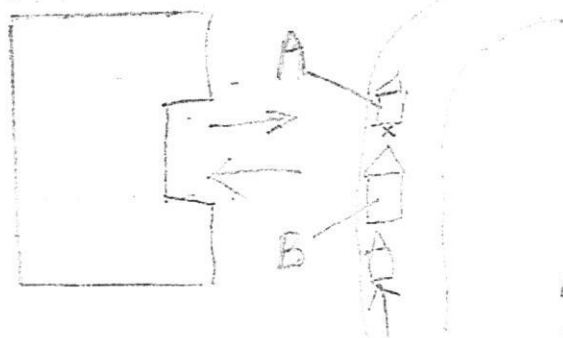
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

School



A = SK 28013 T  
B = SNG 1751 F

## Describe Circumstances of the Accident

On 11-9-2024 at 7.31 am

I vehicle (A) SKZ 8013T parked

my car outside Farrer park primary school

suddenly, vehicle (B) SNQ 1751G hit on to


my car vehicle (A) from behind It caused  
damages to my rear portion of my car  
vehicle (A)

## Declaration

We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature / Date &  
 Time

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

  
 Witnessed by Reporting Centre  
 Personnel

源摩哆廠

# GUAN MOTOR WORKS

Business Regn. No: 08102600F

176 Sin Ming Drive #02-03 Sin Ming Autocare Singapore 575721 Tel: 6453 6111 Fax: 6453 8292 H/P: 9742 6003

Not Withain  
11 Day @ 3400h  
Manny After Pain  
5day

## REPAIR ESTIMATE SKZ8013T

No.	Qty	Nett Items		
1	1	Rear bumper	\$ Bu	571.80 ✓
2	2	Rear bumper side reflector	\$ Su	170.80 X
3	2	Rear bumper side retainer	\$ Su	96.00 X
4	1 set	Rear bumper clips	\$ M	50.00 ✓
5	2	Rear corner cover	\$ Bu	345.60 X
6	2	Rear corner cover retainer	\$ Su	72.00 X
7	1	Rear tailgate 1099.20	\$ Bu	1,290.00 ✓
8	1	Rear tailgate LH "VEZEL" emblem	\$ M	48.00 ✓
9	1	Rear tailgate top lock	\$ Rd	121.00 ✓
10	1	Raer tailgate lower lock catch	\$ R	34.00 X
11	1	Rear tailgate weatherstrip 57.80	\$ Rd 101	115.60 500h
12	1	Rear tailgate inner trim board	\$ M 01	285.00 ✓
13	1 set	Rear tailgate inner trim board clips	\$ M	60.00 ✓
14	1	Rear end panel	\$ Bu	399.40 ✓
15	1	Rear end panel top garnish	\$ M, CM	192.30 ✓
16	1	Rear end panel keyless sensor 88.40	\$ Rd	195.30 ✓
17	1	Rear end panel buzzer	\$ Su	65.70 X
18	1	Rear spare tyre top board	\$ Bu	228.70 X
19	1	Rear under splash cover 269	\$ CM	290.00 ✓
Total:			\$	4,631.20
LKK Auto Consultants Hence notify the Repairer of the following:				
<ul style="list-style-type: none"> <li>To resurvey before/after spray painting</li> <li>To display damaged part(s) during resurvey</li> <li>Parts prices are subject to confirmation</li> <li>Third party survey is on a "Without Prejudice" basis</li> <li>No illegal modification(s) is allowed</li> <li>Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul>				
Acknowledged by Repairer				
Signature:			Total:	\$ 1,100.00
Date:				
Special Nett Items				
20	1 set	Reverse sensors	\$ Short	280.00 200h ✓
21	1 set	Reverse camera	\$ Su	650.00 X
22	1	Rear number plate	\$ Su	50.00 X
23	1 set	Rear windscreen sealant	\$ M	60.00 40h
24	1 set	Rear end panel sealant	\$ nec	60.00 30h
Labour				
1		Labour Charges for remove/refit, cutting/welding and replacement of damages.	\$	1,000.00 600h
2		To putty and spray Spray Paintings charges.	\$	1,000.00 400h
3		To check wirings and lighhtings.	\$	40.00 20h
4		To remove, refit rear windscreen glass.	\$	140.00 120h
5		To remove, refit reverse sensors & reverse camera.	\$	150.00 80h
6		To remove, refit tailgate fittings.	\$	80.00 80h
7		To remove, refit rear upholstery and attachments.	\$	120.00 80h
8		To supply and apply anti rust treatment	\$	80.00 80h
Total:			\$	2,610.00
Total Parts and Labour:			\$	8,341.20