

ASS. REC. BY:

REF:

105/

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 Report:

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:

PK 7 8013 Yr Regn: 021 16

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

Truck / Trailer or

A1.

Make:

Honda Vezel c.c. 1496

Colour:

M.P. White

A/C: Insured / Std / Nil / NA

Sp. Reading

184272

T/Radio: Insured / Std / Nil / 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 / SRM / STD A/Rim or

Tyre Size:

F:

215/55 ZR17

R:

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

TOYO / YOKO or

Hunho

Front

R/Bal.

8

mm

Rear

R/Bal.

7

mm

L/Bal.

8

mm

L/Bal.

7

mm

D.O.A.

11/9/24

D.O.I.

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

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

TOTAL

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

REPAIR ESTIMATE SKZ8013T

No. Qty

Nett Items

1	1	Rear bumper -	\$	Per 571.80	✓
2	2	Rear bumper side reflector	\$	Per 170.80	X
3	2	Rear bumper side retainer	\$	Per 96.00	X
4	1 set	Rear bumper clips	\$	Per 50.00	✓
5	2	Rear corner cover	\$	Per 345.60	X
6	2	Rear corner cover retainer	\$	Per 72.00	X
7	1	Rear tailgate	\$	Per 1,290.00	✓
8	1	Rear tailgate LH "VEZEL" emblem	\$	Per 48.00	✓
9	1	Rear tailgate top lock	\$	121.00	?
10	1	Rear tailgate lower lock catch	\$	Per 34.00	X
11	1	Rear tailgate weatherstrip	\$	115.60	?
12	1	Rear tailgate inner trim board	\$	285.00	?
13	1 set	Rear tailgate inner trim board clips	\$	60.00	?
14	1	Rear end panel	\$	399.40	?
15	1	Rear end panel top garnish	\$	192.30	?
16	1	Rear end panel keyless sensor	\$	195.30	?
17	1	Rear end panel buzzer	\$	65.70	?
18	1	Rear spare tyre top board	\$	Per 228.70	X
19	1	Rear under splash cover	\$	290.00	?

LKK Auto Consultants hereby 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:

Special Nett Items

20	1 set	Reverse sensors	\$	280.00	?
21	1 set	Reverse camera	\$	Per 650.00	X
22	1	Rear number plate	\$	Per 50.00	X
23	1 set	Rear windscreen sealant	\$	Per 60.00	40.00
24	1 set	Rear end panel sealant	\$	60.00	?

Total : \$ 1,100.00

Labour

1	Labour Charges for remove/refit, cutting/welding and replacement of damages.	\$	1,000.00	?
2	To putty and spray Spray Paintings charges.	\$	1,000.00	400.00
3	To check wirings and lightings.	\$	40.00	20.00
4	To remove, refit rear windscreen glass.	\$	140.00	120.00
5	To remove, refit reverse sensors & reverse camera.	\$	150.00	80.00
6	To remove, refit tailgate fittings.	\$	80.00	80.00
7	To remove, refit rear upholstery and attachments.	\$	120.00	?
8	To supply and apply anti rust treatment	\$	80.00	?
Total :		\$	2,610.00	

Total Parts and Labour : \$ 8,341.20

Not Withain

1/1/2008

Money After Paint



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
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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

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 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.
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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 of 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

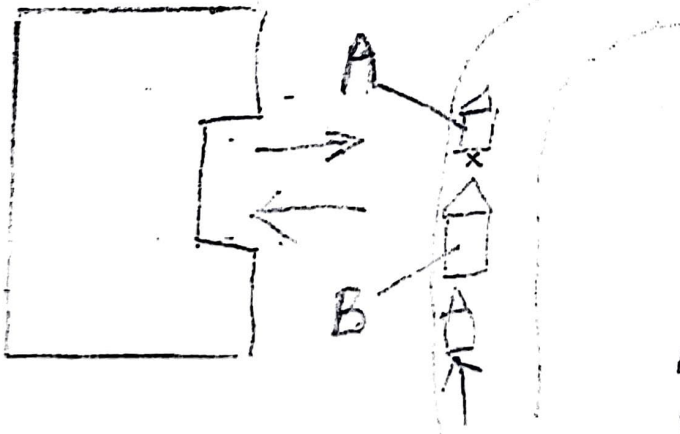
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan

School



A = SKZ 2013 T
B = SHG 1751 G