ASS. REC. BY: Kenneth | REF: CT21

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cavan Motor

of 0856

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
X	X

Bal. or Market Value: $68K

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 07 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMH 3399J Yr Regn: 01 / 19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Honda Vezel (A) c.c 1498

Colour M.C. Mocan A/C: Insured / Std / NI / NA

Sp.Reading 46471 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU1 - 1309951

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 215/60R16

R: _____

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	4 mm
L/Bal.	3 mm	L/Bal.	4 mm
D.O.A.	16/9/24	D.O.I.	18/9/2024

Survey held at _____

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

N/S Rr body & u/c

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ $ - RS. ___ SI

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____), Parking

☐ Tech Invs ($ _____), Others

☐ Weekend ($ _____)

TOTAL _____

Report Format :

Lump Sum / I.B.I: ($ _____)

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 HP: 9742 6003

Not Withoin L/Sup & Retuny Afte Paint 7days

REPAIR ESTIMATE SMH3399J

No.	Qty			
		Nett Items		
1	1	Front bumper	$ CM	947.40 ✓
2	1	Front bumper grille	$ Sn	385.00 X
3	1	Front bumper LH fog lamp cover	$ Sn	45.00 X
4	1	Front bumper LH fog lamp	$	327.00 ?
5	1	Front bumper lower black skirting	$ DIY	429.00 ✓
6	1	Front bumper LH side retainer	$ CM	25.00 ✓
7	1	Front bumper inner reinforcement	$ R	321.00 X
8	1 set	Front bumper clips	$ Sn	50.00 ✓
9	1	LH headlamp	CM $	2,050.00 ✓
10	1	LH headlamp lower bracket	$	35.00 ?
11	1	Front LH fender	$ By	444.70 ✓
12	1	Front LH fender lower black garnish	$ By	178.00 ✓
13	1 set	Front LH fender lower black garnish clips	$ Sn	40.00 ✓
14	1	Front LH fender under shield	$ DIY	129.00 ✓
15	1 set	Front fender under shield clips	$ Sn	30.00 ✓
16	1	Front LH wheel house panel	$	670.50 ?
17	1	Front LH wheel house extension	$	280.00 ?
18	1	Front LH side mirror body	$	623.00 ?
19	1	Front LH side mirror cover	$ R	84.40 X
20	1	Front LH door	$ By	950.00 ✓
21	2	Front LH door hinge (Top & bottom)	$ R	116.40 X
22	1	Front LH door checker	$ Sn	85.70 X
23	1	Front LH door weatherstrip	$ Sn	87.40 X
24	1 set	Front LH door inner trim board clips	$ Sn	50.00 X
25	2	Front sport rims LH/RH	$ Nel	1,645.80 ✓
26	2	Front shock absorber LH/RH	$	736.00 ?
27	2	Front lower arm LH/RH	$	933.00 ?
28	2	Front knuckle arm LH/RH	$	540.00 ?
29	1	Front LH drive shaft	$	1,018.70 ?
30	1	Front stabilizer bar	$	211.70 ?
31	1	Front stabilizer bar LH link rod	$	107.60 ?
32	2	Front wheel hub LH/RH	$	510.00 ?
33	2	Front wheel bearing LH/RH	$	300.00 ?
		20% Total :	$	14,386.30
		Special Nett Items		
34	1	Front LH tyre	$ Tn	220.00 50%w
		Labour		
1		Towing charges.	$	80.00 60%
2		Labour Charges for remove/refit, cutting/welding and replacement of damages.	$	1,600.00 ?
3		To putty and spray Spray Paintings charges.	$	1,200.00 80%
4		To check wirings and lightings.	$	40.00 2d
5		To remove, refit front door fittings.	$	80.00 60%
6		To remove, refix both front under carriages damage parts.	$	280.00 24d

7	To remove, refit engine & gearbox assy, to facilitate repair	$	350.00
8	To conduct computerise wheel allgnment test.	$	100.00
9	To supply and apply anti rust treatment	$	80.00
	Total :	$	3,810.00
	Total Parts and Labour :	**$**	**18,416.30**

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:

SS2S249H0001 / SIN MING AUTOCARE BFG PTE LTD
ENTRY DATE & TIME: 17/09/2024 11:27 (SGT)
SUBMITTED BY: SMBFG Admin
VERSION: 1 (17/09/2024 11:27 (SGT))

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 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 First Submission	17/09/2024 11:27 (SGT)
Reported by	Actual Driver
Date of Accident	16/09/2024 16:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE/PIE BEF JALAN TOA PAYOH NEAR L/P 658F
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH3399J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN WOON SZU
NRIC No	SXXXX025G
Email Address	jhao.tan@hotmail.com
Mobile Phone No	(Phone) +65-96832749
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 Regisration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5142232296

DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE4492L
Vehicle Manufacturer	Nissan
Vehicle Model	Cabstar
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAY BIKASH
Contact Number	(Phone) +65-93376277
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 Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any w illful misrepresentation or w ithholding 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 w ill be forw arded 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 w ill 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, acknow ledge, agree and consent that :

(a) My insurer , my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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 w ith 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

(collectively the "Purposes")

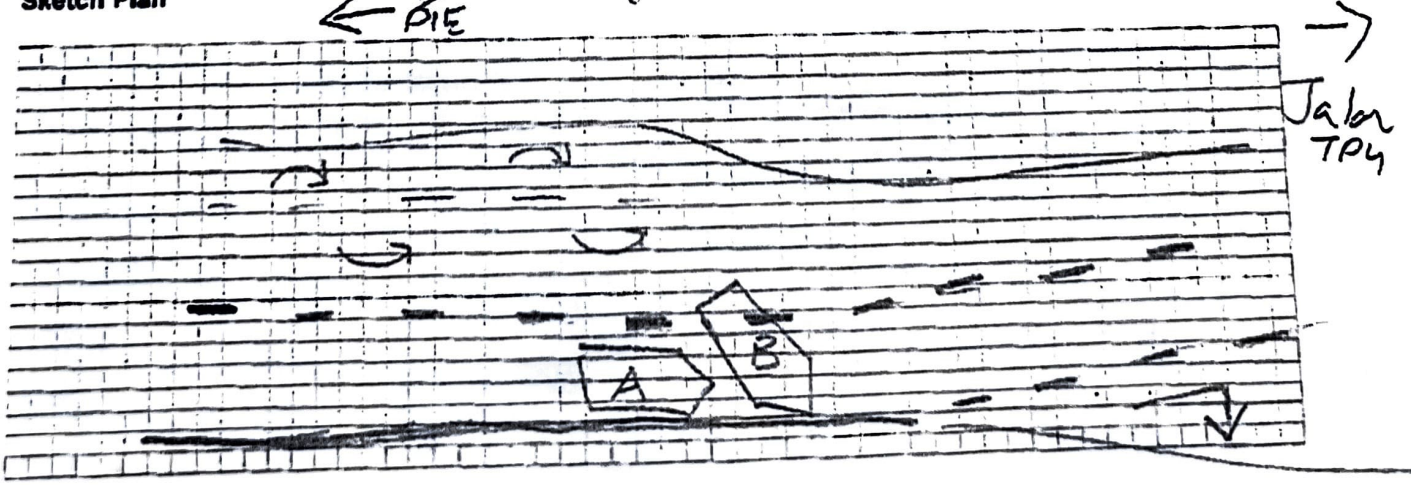
(b) all insurer(s) w ho have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 law yers/law firms), w hich may be sited outside of Singapore, for one or more of the above Purposes.

17/9/24

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



A = SMH 3399 J

B = GBE 4492L

Describe Circumstances of the Accident

On 16/9/24 at 16:07, I was travelling straight out along road before Jalan Toa Payoh after exit CTE IPE to Serangoon Road when one lorry GBE 4492L change to my lane causing my vehicle SMH 3399J to mount the curb.

And refer to police report

☐ Claim OD ☐ Claim Third Party ☑ Claim ~~OD~~/TP at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop :

Email address :

Myself email :

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

I/We declare the foregoing particulars are true in every respect.

17/9/24

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel