

ASS. REC. BY:

REF: AG21Kenneth

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: _____

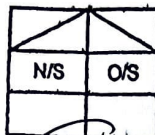
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Rpt: _____

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SNK 29934Yr Regn: 06.17

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

Truck / Trailer or _____

Make: Honda Shuttle

c.g

Colour: M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 169505

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: AK8

1103534

Gen. Cohd: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / 8/Rim / STD A/Rim orTyre Size: F: 185/60R15R: mic

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

TOYO / YOKO or Continental

Front

Rear

R/Bal. 7 mmR/Bal. 8 mmL/Bal. 7 mmL/Bal. 8 mmD.O.A. 28/8/24D.O.I. 4/10/2024

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: _____

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech Invs (\$ _____)

☐

: Weekend (\$ _____)

) S - RS. SI

) P. DAYS

) Others

Report Format :

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

TOTAL

Date: 4/10/2024

Vehicle No: SNK2993Y

Model: HONDA SHUTTLE

Chassis: GK81103534

Reg. Year: 2017

Not with work

6/1 Sep &

Resurvey After Paint

Third Party Insurer: AUTO & GENERAL

Third Party Veh No: SJK3898E

Date of Accident: 28/8/2024

Estimator: JONATHAN

Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
	RR BOOTLID			\$ <i>12</i> 1,250.00 ✓
	RR WEATHERSTRIP			\$ 180.00 7
	RR BOOT INNER TRIM BOARD			\$ 280.00 7
	RR END PANEL			\$ 560.00 7
	RR END PANEL TOP GARNISH			\$ 170.00 7
	RR BUMPER			\$ <i>32</i> 980.00 ✓
	RR EMBLEM (SHUTTLE)			\$ <i>12</i> 110.00 ✓
SUB TOTAL				\$ 3,530.00
Less 20%				-\$ 706.00
PARTS TOTAL				\$ 2,824.00

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
	RR BUMPER CLIPS			\$ <i>12</i> 50.00 ✓
	RR BOOT INNER TRIM BOARD CLIPS			\$ <i>12</i> 50.00 X
	RR W/SCREEN SEALANT			\$ <i>12</i> 100.00 <i>Gain</i>
S/N TOTAL				\$ 200.00

LABOUR CHARGES:

To remove, replace, repair, readjust & refix RR affected areas	\$	800.00 7
To perform wiring checks on electrical systems	\$	30.00 201
To remove, putty, repair, sand and respray affected areas	\$	600.00 ✓
To remove, replace & refix bumper sensors	\$	30.00 ✓
To remove, replace & reinstall Bootlid inner mechanism	\$	30.00 ✓

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:

Print:

LABOUR TOTAL \$ 1,490.00

TOTAL \$ 4,514.00

JONATHAN

Head office

6 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind. Park 2A #01-06 Singapore 566047
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011



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	29/08/2024 16:58 (SGT)
Reported by	Actual Driver
Date of Accident	28/08/2024 10:30 (SGT)
Exact Location of Accident	Jurong Town Hall Rd, Singapore
Additional Location Information	TOWARDS WEST COAST ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNK2993Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	IRENE OOI CAI LING
NRIC No	S9529747A
Email Address	SOTIRENE0825@GMAIL.COM
Mobile Phone No	(Phone) +65-98629231
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1496
Vehicle Fuel	Petrol
First Registration Date	-
Chassis no	GK81103534
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5135920058-01

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 reputate 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 aforesaid.

5. 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 be 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 purposes 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 be 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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan