

ASS. REC. BY: Tauhit REF: CS/CT124100263/Tgh3

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

Bal. or Market Value: 1190k
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seent: _____ Consistent? : Yes or No
Est. Repairs: 4 days Res.: Yes or No
Lum Sumt: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SNS 89875 Yr Regn: 2024 / 09
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Honda Stepwagon c.c. 1993
Colour: Black A/C: Insured / Std / NI / NA
Sp. Reading: 6679 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: RP81057581
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Mod: NIT / S/R / STD A/Rlm or
Tyre Size: F: 205 / 55 R17
R: _____

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

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm
D.O.A. _____	D.O.I. <u>15/10/24</u>

Survey held at Mirai Ant

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
17/10/25	Submit \$3017.20, 4 days (wksp did not agreed our COR & repair days)

Date/Time, File Pass to?

☒ : Prel. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 4
Resurvey No. of Trip: 3

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee: _____
Transportation: _____
S + RS: _____
Photos: _____
Others: _____
TOTAL: _____

Rep. Format: _____
Lump Sum / L.B.B. (): _____

MIRAI AUTO PERFORMANCE PTE LTD

KKK 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

Estimation

Date: 16/10/2024

Vehicle: SNS8987J

Make / Model: HONDA STEPWAGON

No.	Description	Unit	Unit Price	Amount
Parts Replacement:				
1	SIDE SKIRTING RH	1	\$ 989.00	\$ 989.00 X
2	SIDE SKIRTING CHROME RH	1	\$ 211.00	\$ 211.00 X
3	SLIDING DOOR RH	1	\$ 2,259.45	\$ 2,259.45 68-
4	SLIDING DOOR INNER LOCK RH	1	\$ 321.00	\$ 321.00 ?
5	SLIDING DOOR GLASS RH	1	\$ 1,025.00	\$ 1,025.00 X
6	SLIDING DOOR OUTER MOULDING RH	1	\$ 211.00	\$ 211.00 ?
7	SLIDING DOOR WEATHERSTRIP RH	1	\$ 311.00	\$ 311.00 ?
8	SLIDING DOOR FRAME RUBBER RH	1	\$ 325.00	\$ 325.00 ?
9	SLIDING DOOR GLASS BLACK STICKER SET RH	1	\$ 159.00	\$ 159.00 40-
10	SLIDING DOOR INNER TRIM BOARD RH	1	\$ 698.00	\$ 698.00 X
11	SLIDING DOOR GLASS REGULATOR RH	1	\$ 458.00	\$ 458.00 ?
12	SLIDING DOOR GLASS MOTOR RH	1	\$ 712.00	\$ 712.00 X
13	SLIDING DOOR ROLLER C/W BRACKET LOWER RH	1	\$ 358.00	\$ 358.00 ?
14	SLIDING DOOR INNER STEP GARNISH RH	1	\$ 311.00	\$ 311.00 X
15	REAR FENDER RH	1	\$ 1,259.00	\$ 1,259.00 X
16	REAR FENDER QUARTER GLASS MOULDING RH	1	\$ 159.00	\$ 159.00 X
	TOTAL PART			\$ 9,766.45
	LIST DOWN	20%		\$ 1,953.29
	AFTER LIST DOWN			\$ 7,813.16
S/N				
1	REAR FENDER SEALANT	1	\$ 150.00	\$ 150.00 X
2	SLIDING DOOR INNER TRIM CLIPS SET	1	\$ 50.00	\$ 50.00 30
3	SIDE SKIRTING CLIPS SET	2	\$ 50.00	\$ 100.00 X
	TOTAL SPECIAL NETT			\$ 300.00
Labour to:				
1	RESET TROUBLE CODE	1	\$ 300.00	\$ 300.00 X
2	TO CHECK ELECTRICAL WIRING	1	\$ 200.00	\$ 200.00 X
3	REMOVE AND REFIX REAR UPHOLSTERY	1	\$ 300.00	\$ 300.00 X
4	REMOVE AND REFIX SLIDING DOOR GLASS MECHANISM	1	\$ 300.00	\$ 300.00 60
5	REMOVE AND REFIX REAR FENDER QUARTER GLASS	1	\$ 100.00	\$ 100.00 X
6	ANTI RUST COAT	1	\$ 150.00	\$ 150.00 40
7	PANEL BEATING ON AFFECTED AREA	1	\$ 800.00	\$ 800.00 250
8	SPRAY ON AFFECTED AREA	1	\$ 800.00	\$ 800.00 200
				\$ 2,950.00
Taufik 97995749 2-3 days. WP 15/10/24 4pm p/p Resurvey before paint Taufik e/haan			Parts Replacement Amount	\$ 8,113.16
			Total Amount for Labour	\$ 2,950.00
			Total Amount	\$ 11,063.16

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	14/10/2024 15:26 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/10/2024 17:45 (SGT)
Exact Location of Accident	440 Jurong West Street 42, Singapore 640440
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNS8987J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE WAN KAM
NRIC No	S7897183E
Email Address	ZQUIZZON9@GMAIL.COM
Mobile Phone No	(Phone) +65-98275457
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stepwagon
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	0
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	5148678607

DRIVER

Name of Driver	HIEW CHIN CHONG
NRIC No	S8870727C
Date Of Birth	28/07/1988
Occupation	Outdoor
Driving Pass Date	10/02/2010
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	14 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98275457
Alt. Phone Number	-
Email Address	ZQUIZZON9@GMAIL.COM
Address	BLK 432 JURONG WEST STREET 42 #07-562
Address complement	-
Postcode	640432
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	BROTHER-IN-LAW
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	Hit and run / Vandalism / Damaged whilst parked
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	LEE WAN KAM
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

ON THE STATED DATE AND TIME, MY VEHICLE (SNS8987J) WAS PARKED IN A LOT. VEHICLE B (YQ9277Z) REVERSED AND HIT ONTO MY RIGHT SIDE DOOR. HOWEVER, VEHICLE B (YQ9277Z) IS AWARE HENCE HE STILL CONTINUED TO REVERSE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TP WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY


Vehicle Registration Number	YQ9277Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KHOR CHEE HAU
Contact Number	(Phone) +65-83436726
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

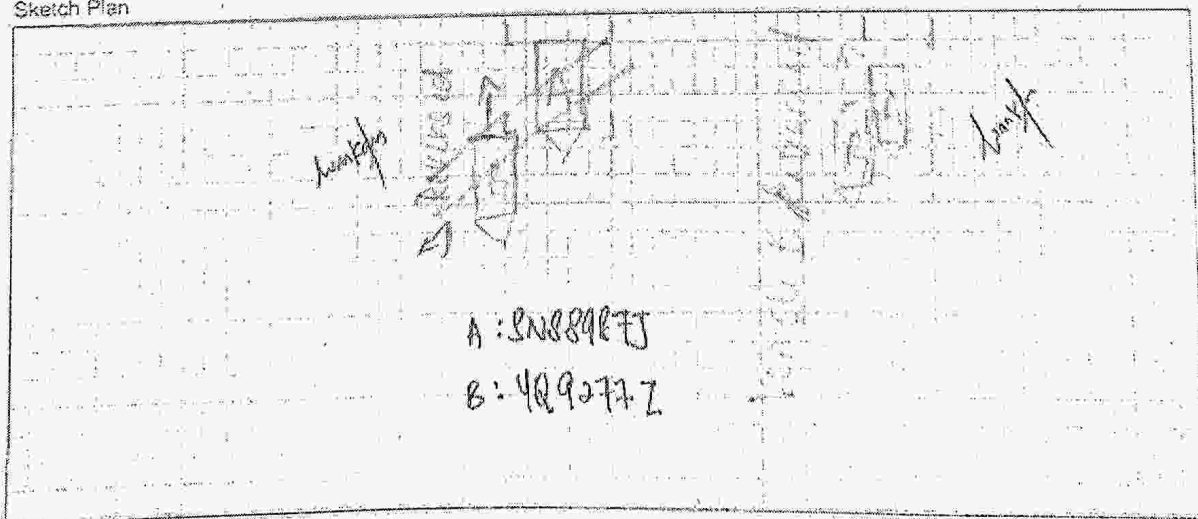
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to void the 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.
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 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
(Name as in NRIC/ID card)

Sketch Plan



A: 8N8894ET
B: 4Q9277Z

Describe Circumstance of the Accident

On the stated time & date, my vehicle (SNS 89273) was parked in a lot. Vehicle B (SNS 4Q 92772) reversed and hit onto my right side door. However, vehicle B (4Q 92772) is aware hence he still continued to reverse.

Declaration

I/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
(Name as at NRCC ID card)