



Century Motors

Century Motors (Singapore) Pte Ltd  
6 Marsiling Lane  
Singapore 739145



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GST No.: 192800002R

Page No.1

AUTOMOBILE ASSESSMENT REPORT

Our Ref: **SNL5025S**  
Your ref: **SMB1476P**

Date: **16-Oct-24**

BY EMAIL ONLY  
(claims@autoinsure.com.sg)

ATTENTION: MOTOR CLAIMS DEPT

EMAIL: motor\_claims@first-insurance.com.sg

First Capital Insurance Limited

6 Raffles Quay #21-00  
Singapore 048580

Assessed Vehicle No : **SNL5025S**  
Car Make and Model : **HYUNDAI OS KONA EV**  
Date of Accident : **12-Oct-24**  
Date of Assessment : **15-Oct-24**

We have carried out a physical assessment of SMQ5362D at our workshop **Century Motors (Singapore) Pte Ltd** sustained damages to the **FRONT** portion of the vehicle.

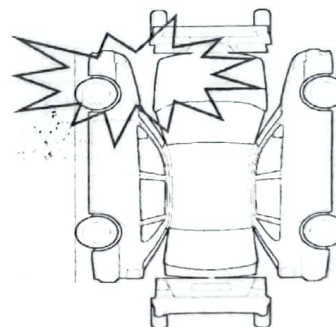
4. DESCRIPTION OF DAMAGE

At the time of the inspection observed that this vehicle had sustained damages to the **FRONT** portion of the vehicle.

Please see attached schedule for details.

Remarks: NIL

Estimated Amount : **P/P**  
Adjusted Amount : **\$ 11,768.59**  
Est. Repair Days : **10**



Pursuant to your instruction, we have **NOT AUTHORIZED** repair.  
The assessment was conducted on a **"WITHOUT PREJUDICE"** basis.

If we are not notified of anything within 14 Days from the date hereof, this report shall be treated as correct.

Disclaimer

This report is intended for the exclusive use of the addressee solely in relation to the loss of occurrence in which the assessed vehicle is involved.

No liability or responsibility whatsoever shall be held by

**Century Motors (Singapore) Pte Ltd** For any reliance on this report by any third party.

Our Ref: **SNL5025S**

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S/NO	QTY	DESCRIPTIONS	ASSESSED CONDITION	EST. BY WORKSHOP
<b>PARTS REPLACEMENT - LIST ITEMS</b>				
1	1	FRT BUMPER / <i>BR</i>		\$ 590.30
2	1	FRT BUMPOER LOWER GRILLE / <i>CH</i>		\$ 486.50
3	1	FRT BUMPER SIDE RETAINER LH / <i>BR</i>		\$ 45.80
4	1	FRT BUMPER SPONGE <del>X</del> / <i>BR</i>		\$ 85.60
5	1	HEAD LAMP LH / <i>P CH</i>		\$ 1,385.80
6	1	HEAD LAMP LOWER BRACKET LH / <i>BR</i>		\$ 35.80
7	1	HEAD LAMP MOULDING LH / <i>BR</i>		\$ 87.50
8	1	FRT BUMPER AIR DUCT LH / <i>CH</i>		\$ 55.40
9	1	FRT BUMPER AIR DUCT BRACKET LH / <i>CH</i>		\$ 38.80
10	1	FRT DAYLIGHT LH <del>X</del>		\$ 978.50
11	1	FRT FENDER LH <del>X</del> <i>R</i>		\$ 735.60
12	1	FRT WHEEL ARCH LH / <i>CH</i>		\$ 95.50
13	1	FRT FENDER INNER SHIELD LH / <i>TH</i>		\$ 85.60
14	1	FRT CHARING PORT COVER <del>X</del>		\$ 120.50
15	1	FRT CHARING PORT BRACKET <del>X</del>		\$ 1,595.65
16	1	HORN LH <del>X</del>		\$ 73.50
17	1	FRT WHEEL RIM LH / <i>CH</i>		\$ 1,251.90
18	1	FRT RADIATOR UPPER COVER <del>X</del>		\$ 120.50
			SUB TOTAL	\$ 7,868.75
			LESS 10%	\$ 786.88
			TOTAL AMOUNT	\$ 7,081.88

Our Ref: **SNL5025S**

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S/NO	QTY	SPECIAL NETT ITEMS	ASSESSED CONDITION	EST. BY WORKSHOP
1	1	FRT BUMPER CLIPS / <i>MC</i>		\$ 30.00
2	1	AIRCOND GAS <del>X</del>		\$ 100.00
3	1	RADIATOR COOLANT <del>X</del>		\$ 50.00
4	1	FRT NUMBER PLATE & HOLDER <del>X</del>		\$ 35.00
5	1	FRT WHEEL TYRE LH <del>X</del>		\$ 300.00
			SUB TOTAL	\$ 515.00
			TOTAL PARTS COST	\$ 7,596.88

Our Ref: **SNL5025S**

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S/NO	DESCRIPTION	EST. BY WORKSHOP	
<b>LABOUR &amp; PAINTWORK</b>			
1	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; PANEL BEAT & RESHAPE THE AFFECTED AREAS AND REPLACED THE DAMAGED PARTS AND COMPONENTS	\$ 450	1,800.00
2	WHEEL ALIGNMENT & BALANCING	\$ 80	100.00
3	TO RESET FRT RADAR SENSOR	\$ 100	200.00
4	TO RESPRAY AND SUPPLY EXPANDABLE ITEMS & PUFFY ON PARTS REPLACED	\$ 500	1,000.00
5	TO VACUUM, WAXING & CLEAN	\$ X	50.00
6	SUNDRIES (SAND PAPER, WELDING WIRE ETC.)	\$ 20	50.00
		TOTAL BEFORE GST	\$ 10,796.88
		GST 9%	\$ 971.72
		TOTAL (PARTS & LABOUR):	\$ 11,768.59

#### Adjustments / Recommendations

Our estimator have thoroughly inspected each and every item on the estimate against physical damage found on the vehicle and have listed the breakdown of our finding and recommendation.

Our Workshop has agreed to undertake the job at a **sum of \$11,768.59** for lump sum with the third party insurance.

Yours Faithfully,

**Ck Loh**  
Claims Estimator

Steve (LKK)  
16/10/24, 2.30pm  
w R  
PIP  
by RL by  
4 days

<p><b>LKK Auto Consultants</b> hence notify the Repairer of the following:</p> <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> <p>Acknowledged by Repairer Signature: _____ Date: _____</p>
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## 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 21:11 (SGT)
Reported by	Actual Driver
Date of Accident	12/10/2024 19:30 (SGT)
Exact Location of Accident	Bukit Merah, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNL5025S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	GET GO SG SPV A PTE LTD
Company Reg No	2XXXXX916D
Email Address	fleet@getgo.sg
Mobile Phone No	(Phone) +65-69113830
Alternative Phone No	(Office) +65-69113830

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	OS KONA EV
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	Electric
First Registration Date	-
Chassis no	KMHK281HUPU184612
Effective Date/Time of Ownership	-

### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	24-MAB00276-R00

### DRIVER

Name of Driver	KALIDASAN S/O PANEERSELVAM
NRIC No	SXXXX783I
Date Of Birth	26/04/1993
Occupation	Outdoor
Driving Pass Date	16/09/2024
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96272693
Alt. Phone Number	-
Email Address	fleet@getgo.sg
Address	57 TELOK BLANGAH HEIGHTS #05 - 125
Address complement	-
Postcode	100057
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Change/cross lane
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)	3
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	UNKNOWN
Gender	Male

#### PASSENGER 2

Name	UNKNOWN
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 12102024 AROUND 1915HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER (SNL5025S) ALONG BUKIT MERAH HEADING TOWARDS HENDERSON RD. I HAPPENED TO ARRIVED AT TRAFFIC JUNCTION THEN THE LIGHT TURNS GREEN I WAS STAYING ON MY LANE WHICH IS THE SECOND RIGHT LANE THEN I PROCEED TO TURN RIGHT AS USUAL THEN I SAW VEHICLE (B) BEARING REGISTRATION NUMBER (SMB1476P) WAS ON MY LEFT SIDE SO I SLOWED DOWN TO AND GIVE HIM THE SPACE BECAUSE THE LANE WAS TOO SMALL FOR A BUS TO TURN SO I GAVE HIM THE SPACE BUT UNFORTUNATELY VEHICLE (B) STILL COULDN'T MAKE IT AND COLLIDED ONTO MY FRONTAL LEFT PORTION OF VEHICLE (A). THERE WERE NO INJURIES WERE PRESENTED DURING THIS INCIDENT HAPPENED.

ATTACHMENT(S)

Are accident photos available for attachment? Yes  
Was there any video captured by Car Camera? Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB1476P
Vehicle Manufacturer	Man
Vehicle Model	NL 320F (A22) 11L AUTO ABS TURBO
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	(Phone) +65-86610704
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT HAND SIDE
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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.
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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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 sit outside of Singapore, for one or more of the above Purposes.



*[Signature]*

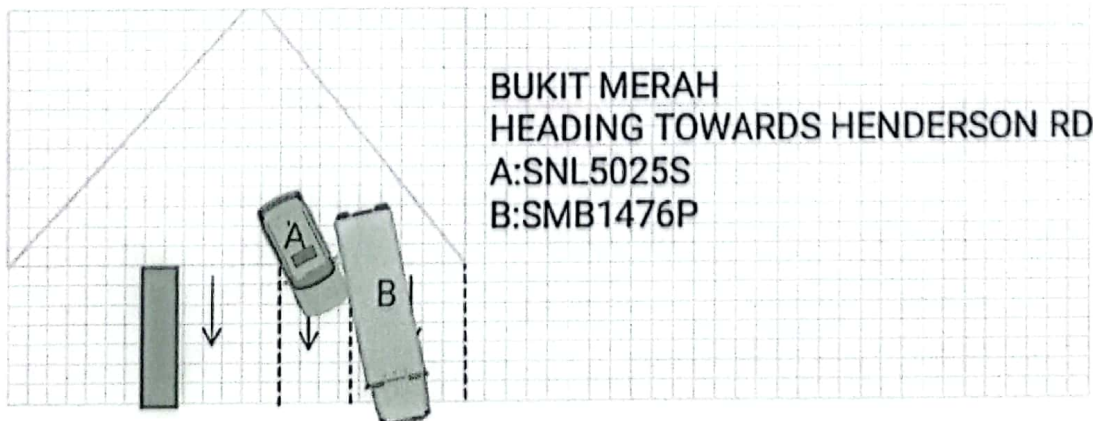
*[Signature]*



Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time **12102024--2300HRS**

Witnessed by Reporting Centre Personnel

**Sketch Plan**

## Describe Circumstances of the Accident

ON THE 12102024 AROUND 1915HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER (SNL5025S) ALONG BUKIT MERAH HEADING TOWARDS HENDERSON RD. I HAPPENED TO ARRIVED AT TRAFFIC JUNCTION THEN THE LIGHT TURNS GREEN I WAS STAYING ON MY LANE WHICH IS THE SECOND RIGHT LANE THEN I PROCEED TO TURN RIGHT AS USUAL THEN I SAW VEHICLE (B) BEARING REGISTRATION NUMBER (SMB1476P) WAS ON MY LEFT SIDE SO I SLOWED DOWN TO AND GIVE HIM THE SPACE BECAUSE THE LANE WAS TOO SMALL FOR A BUS TO TURN SO I GAVE HIM THE SPACE BUT UNFORTUNATELY VEHICLE (B) STILL COULDN'T MAKE IT AND COLLIDED ONTO MY FRONTAL LEFT PORTION OF VEHICLE (A). THERE WERE NO INJURIES WERE PRESENTED DURING THIS INCIDENT HAPPENED.

## 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 12102024-2300HRS



Witnessed by Reporting Centre Personnel