

ASS. REC. BY:

REF: TP 1Kenneth

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

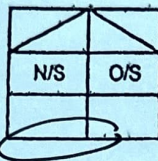
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: \$ 62k

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 3-6 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: SME 6590TYr Regn: 10, 18

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

Truck / Traller or _____

Make: Honda Shuttlec.c. 1496Colour: M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 658034

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GP71217405Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 19/11/24D.O.A. 21/11/2024

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

1 Got BZ

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 (\$

) \$ + RS. \$

) Fines

) Others

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 SME6590T

Not Authorized
1/1 Rm &
Recovery After Paim
5-6 days

No.	Qty	List Items	
1	1	Rear bumper	\$ Bz 1,150.60 ✓
2	2	Rear bumper side reflector cover	n/s? \$/L sen 110.00
3	2	Rear bumper side reflector	\$ Rn 119.00 X
4	2	Rear bumper side retainer	\$ Rn 57.00 X
5	2	Rear bumper inner side foam	\$ 113.00 ?
6	1 set	Rear bumper clips	\$ Rn 40.00 ✓
7	1	Rear tailgate	\$ Bz 1,293.00 ✓
8	2	Rear tailgate side lamp	n/s? n/s? 790.00 ✓
9	1	Rear tailgate outer chrome garnish/handle	\$ wrap 383.00 ✓
10	2	Rear tailgate number plate lamp	\$ Rn 96.00 X
11	1	Rear tailgate reverse camera	\$ 1,150.00 ?
12	1	Rear tailgate centre "H" logo	\$ Rn 38.00 ✓
13	1	Rear tailgate LH "SHUTTLE" emblem	\$ Rn 64.00 ✓
14	1	Rear tailgate RH "HYBRID" emblem	\$ Rn 58.00 ✓
15	1	Rear tailgate top lock	\$ Rn 157.00 ✓
16	1	Rear tailgate lower lock catch	\$ Rn 27.50 X
17	1	Rear tailgate weatherstrip	Dis/du 168.00 50 Rn
18	1	Rear tailgate inner trim board	Rn 320.00 ✓
19	1 set	Rear tailgate inner trim board clips	\$ Rn 60.00 ✓
20	1 set	Rear tailgate windscreen moulding	\$ Rn 120.00 ✓
21	2	Taillamp	\$ Rn 1,040.00 ✓
22	1	Rear end panel	\$ Bz 560.80 ✓
23	1	Rear end panel top garnish	\$ Bz 155.50 ✓
24	1	Rear end panel keyless sensor	\$ 85.00 ?
25	1	Rear spare tyre panel top board	\$ 550.00 ?
26	1	Rear LH fender inner side garnish	\$ Rn 489.00 X
27	1 set	Rear fender inner side garnish clips	\$ Rn 60.00 X
28	1	Front top windscreen moulding	\$ Rn 59.50 X
29	1	Front bottom windscreen moulding	\$ Rn 36.90 X
			\$ 9,350.80
Less 20%			\$ 1,870.16
Total :			\$ 7,480.64

Special Nett Items

30	1 set	Reverse sensors	\$ Rn 280.00 X
31	1	Rear number plate	\$ Rn 50.00 45 Rn
32	1 set	Rear windscreen sealant	\$ Rn 60.00 40 Rn
33	1 set	Rear end panel sealant	\$ Rn 60.00 30 Rn
Total :			\$ 450.00

Labour

1	Labour Charges for remove/refit, cutting/welding and replacement of damages.	\$ 1,000.00 6001
2	To putty and spray Spray Paintings charges.	\$ 1,000.00 6001
3	To remove, refix rear windscreen glass.	\$ 140.00 1201
4	To check wirings and lightings.	\$ 40.00 201
5	To remove, refit reverse sensors & reverse camera.	\$ 150.00 701

6	To remove, refit rear tailgate fittings.	\$	80.00	601
7	To remove, refit rear upholstery & attachments.	\$	120.00	601
8	To supply and apply anti rust treatment	\$	80.00	601
Total :		\$	2,610.00	

Total Parts and Labour : \$ 10,540.64

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:



**SINGAPORE
POLICE FORCE**



T/20241119/2081

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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Report No. T/20241119/2081

CONTINUATION OF REPORT

Driver			
Name	CHENG TIM SOON	ID No.	S0030309G
Related Vehicle	SME6590T (Sedan car)	Contact No.	93863939
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	19/11/2024	Date Discharge	19/11/2024
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	Rosli B Abdullah	ID No.	S7912560A
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 1450hrs, I was driving along Beach Road towards Lavender. I am a Private Hire Driver with Grab, I was sending a passenger to Kallang Ave City Hub. I was at the traffic light junction of Beach road and Ophir road waiting for the traffic light to turn green when suddenly another vehicle hit me from my rear. The impact was hard and caused me to move forward. As I was the first vehicle I did not hit onto any other vehicle. I then went out of my vehicle to check on my car and the other driver had also alighted from his vehicle. The driver then told me to lodge a police report and we then exchange particulars. However we did not exchanged contact numbers.

I took photos of the damages for my car and also the other car involved. My rear boot of my car was dented and damaged and the other car had slight damages to front bumper of his car. I had checked on my passenger who informed me that he is fine and did not require any medical attention. I had also advised him to go and see the doctor but he declined. After that I then continued with the journey to send my passenger to his destination. I had suffered some pain on my neck due to the impact. I went to Mount Alvernia Hospital to get my neck checked and I was given 5 days MC from 19/11/2024 to 23/11/2024.



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	20/11/2024 14:24 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/11/2024 14:45 (SGT)
Exact Location of Accident	Beach Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME6590T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHENG TIM SOON
NRIC No	SXXXX309G
Email Address	lindachengluiling@gmail.com
Mobile Phone No	(Phone) +65-93863939
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
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	5104523976-06

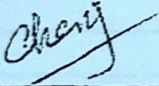
DRIVER

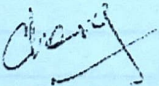


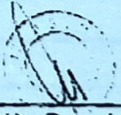
IMPORTANT NOTICE

SKETCH PLAN

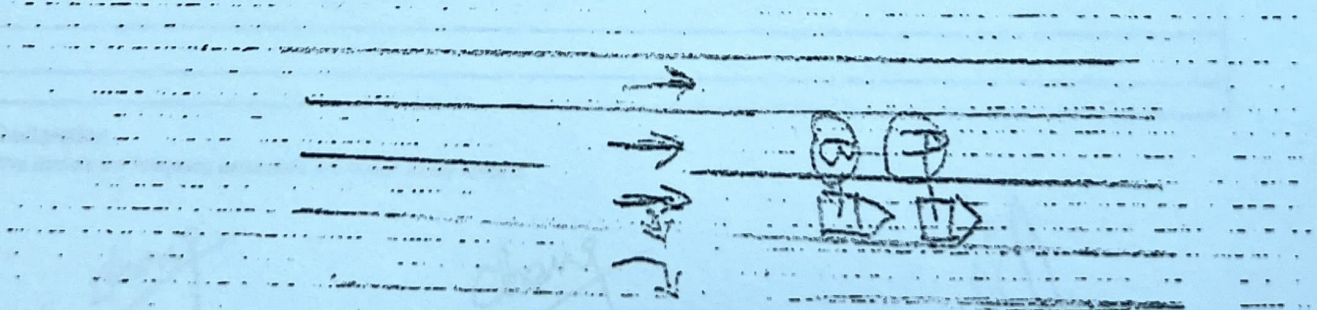
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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 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.
 - (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

Sketch Plan



A - SME 6590T

B - GBM 4560G