

ASS. REC. BY: Taufikh

REF:

LIP

### 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: \$38K  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 4 days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SLK 6554D Yr Regn: 2017 / 01  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Honda Shuttle c.c. 1496  
 Colour: white A/C: Insured / Std / NI / NA  
 Sp. Reading: 333980 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: GK81004719  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Mod: NI / S/Rim / STD A/Rim or  
 Tyre Size: F: 205 / 50R16  
 R: ~ ~  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Falken  
 Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. 6 mm R/Bal. 6 mm  
 L/Bal. 6 mm L/Bal. 6 mm  
 D.O.A. \_\_\_\_\_ D.O.I. 16/7/24  
 Survey held at Kim Hoe Tyre  
 Des. of Damages: Frt / Rear / O/S / N/S / U/G / Rooftop or  
Rear o/s  
 The U/G / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Taufikh finalised LS \$2100, 4 days (Red \$5215.4, 71%)

Date/Time, File Pass to? ☐ : Prell. Report  
 12/09 Typist ☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 4

Resurvey No. of Trip: 2

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

Survey Fee:	
Transportation:	
\$ + RS. \$	
Photos	
Others	
TOTAL	

Rep. Format: TP  
 Lump Sum H.B. (\$ 2100)



# LBC DELIVERY PTE. LTD.

Company Registration No. 202314690E

67 Tampines Central 7 #15-35 Citylife@Tampines, Singapore 528598

Email : lbcdelivery2023@gmail.com

Tel : 8512 7719

ONG SHER HUNG, IRIS

BLK 10B BOON TIONG RD

#18-535

SINGAPORE 164010

ESTIMATE  
Accident Date: 13/07/2024

Vehicle No.: SLK6554D

Model: HONDA SHUTTLE 1.5G A

Chassis/Eng#: GK81004719/L15B3535525

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 repairs must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature:  
Date:

No	Description Of Parts		Qty	Unit Price	Amount
1	REAR TAILGATE	L	1	\$ 1,195.00	\$ 1,195.00
2	REAR TAILGATE HINGES L/R	L	2	\$ 50.00	\$ 100.00
3	REAR TAILGATE RH REFLECTOR	L	1	\$ 395.00	\$ 395.00
4	REAR TAILGATE RH INNER RUBBER STOPPER	L	1	\$ 18.50	\$ 18.50
5	REAR TAILGATE WEATHER STRIP	L	1	\$ 168.50	\$ 168.50
6	REAR TAILGATE WINDSCREEN MOULDING	L	1	\$ 120.00	\$ 120.00
7	REAR TAILGATE 'SHUTTLE' EMBLEM	L	1	\$ 65.00	\$ 65.00
8	REAR BUMPER	L	1	\$ 1,350.00	\$ 1,350.00
9	REAR BUMPER SIDE RETAINER L/R	L	2	\$ 58.00	\$ 116.00
10	REAR BUMPER RH REFLECTOR	L	1	\$ 62.00	\$ 62.00
11	REAR BUMPER RH REFLECTOR GARNISH	L	1	\$ 50.00	\$ 50.00
12	REAR BUMPER TOW HOOK COVER	L	1	\$ 25.00	\$ 25.00
13	REAR RH FENDER	L	1	\$ 869.00	\$ 869.00
14	REAR RH FENDER INNER AIR VENT	L	1	\$ 78.00	\$ 78.00
15	REAR RH FENDER INNER SHIELD	L	1	\$ 98.00	\$ 98.00
16	REAR RH FENDER GLASS MOULDING	L	1	\$ 120.00	\$ 120.00
17	REAR RH TAILLAMP	L	1	\$ 520.50	\$ 520.50
Subtotal before discount:					\$ 5,350.50
Percentage discount 20%:					\$ 1,070.10
Sub-total 1					\$ 4,280.40

18	REAR BUMPER CLIPS - SET	S	1	\$ 80.00	\$ 80.00
19	REAR BUMPER REVERSE SENSOR - SET	S	1	\$ 280.00	\$ 280.00
20	REAR RH FENDER INNER SHIELD CLIPS - SET	S	1	\$ 40.00	\$ 40.00
21	REAR RH FENDER GLASS SEALANT	S	1	\$ 80.00	\$ 80.00
22	REAR RH TAILLAMP CLIPS - SET	S	1	\$ 25.00	\$ 25.00
Subtotal before discount:					\$ 505.00
Percentage discount 0%:					0.00
Sub-total 2					\$ 505.00
Parts-total					\$ 4,785.40

1	To remove, reinstall electrical wiring harness, check lighting, and rewire for parking sensor.	\$ 80.00
2	To remove, reinstall tailgate windscreen	\$ 150.00
3	To remove, reinstall roof top trim upholstery, cushion seat, trim garnish, trim liner carpet. (to FR)	\$ 100.00
4	To re-spray painting on the change bodyparts, repair portion, and where consistent to the accident.	\$ 1,000.00
5	To provide labour, workmanship to change the above damaged bodyparts, repair, re-construct and re-align body structure, body alignments and damaged consistent to the accident.	\$ 1,000.00
6	To apply anti-rust chemical on repaired and replaced panel.	\$ 120.00
7	To remove, reinstall tailgate mechanism and check for function	\$ 80.00
Labour total		\$ 2,530.00
Parts & Labour total		\$ 7,315.40

Tanfah 97445742  
wsp 16/7/24 24pm  
C/S Resurvey after repair  
Tanfah 97445742  
34 day

LABOUR

# 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	15/07/2024 12:01 (SGT)
Reported by	Actual Driver
Date of Accident	13/07/2024 10:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TIONG BAHRU ROAD TOWARDS LENG KEE ROAD SLIP ROAD INTO LOWER DELTA ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK6554D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ONG SHER HUNG IRIS
NRIC No	S8201418G
Email Address	FREE_COSMO@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-92381130
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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

## INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5097685610-06

## DRIVER

Name of Driver	ZHANG MING YU
NRIC No	S8207387F
Date Of Birth	14/03/1982

Occupation  
Driving Pass Date  
Driving experience  
Gender  
Mobile Number  
Alt. Phone Number  
Email Address  
Address

Outdoor  
31/05/2002  
22 YEARS AND 2 MONTHS  
Male  
(Phone) +65-90911130  
-  
FREE\_COSMO@YAHOO.COM.SG  
BLK 10B #18-535 BOON TIONG ROAD TIONG BAHRU VIEW  
SINGAPORE 164010

Address complement  
Postcode  
Is the driver the policyholder?  
If No, Relationship of the Driver with the Insured  
Does Driver Own Other Vehicles?  
Vehicle Registration Number of Other Vehicle Owned by Driver  
Insurance Company of Other Vehicle Owned by Driver

-  
-  
No  
Spouse  
No  
-  
-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
Weather Conditions  
Road Surface

Collision - Head to Rear  
Clear  
Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?  
Number of vehicles involved in the accident  
Was anybody injured in the Accident?  
Was any injured conveyed to hospital by ambulance?  
Was any other vehicle or property damaged?  
Number of Passengers (Including Driver)  
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  
Translator's name  
Translator's ID  
Translator's phone number  
Translator's email  
Original language used in the statement

No  
2  
No  
-  
Yes  
4  
No  
-  
-  
-  
-

#### PASSENGER 1

Name  
Gender

PASSENGER  
Female

#### PASSENGER 2

Name  
Gender

PASSENGER  
Female

#### PASSENGER 3

Name  
Gender

PASSENGER  
Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?  
Was notice of intended Prosecution given?  
If yes, against whom?

No  
No  
-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE SEE ATTACHED

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 FILE TOO BIG

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGW1023Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SHI JI YU
Contact Number	(Phone) +65-98388018
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-


Describe Circumstance of the Accident

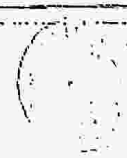
As of above date & time, I was driving my vehicle (SLK6554D) along Trong Bahu Road towards Leng Kee Road Slip Rd on a 2 Laned Slip Rd into Lower Delta Road. I slowed down & stopped my vehicle behind the driveway line due to on coming traffic. Out of a sudden, vehicle B (SGW10232) collided into the rear portion of my vehicle.

Declaration

(We declare the foregoing particulars are true in every respect)

1/2/15  
Policyholder's Signature / Date & Time

 13/07/24 14:54  
Driver's Signature (if driver is not the policyholder) / Date & Time

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

**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 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 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 my 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 making 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/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/are 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.

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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**

