

ASS. REC. BY:

REF: AGUKenneth

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: OP days

Res.: Yes or No

Lum Sum: 1.81 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMW 5229AYr Regn: 11, 18

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

Truck / Trailer or

Make: Hendg Fredc.c. 1496Colour: Black

A/C: Insured / Std / NI / NA

Sp. Reading: 149980

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GB71077455Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD A/Rlm orTyre Size: Continental 185/65R15R: Falken

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mmR/Bal. 7 mmL/Bal. 9 mmL/Bal. 7 mmD.O.A. 31/7/24D.O.I. 7/8/2024

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

O/S Rear

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

: Site Insp (\$

) S - RS. \$

☐

: Interview (\$

) Fines

☐

: Tech Invs (\$

) Others

☐

: Weekend (\$

)

Report Format :

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

TOTAL

Date: 01/08/2024

Vehicle No: SMW5229A

Model: HONDA FREED HYBRID 1.5

Chassis: GB71077455-2018

Reg.Year: 2018

Third Party Insurer: AGI

Third Party Veh No: SLC3206X

Date of Accident: 31/07/2024

Estimator: TING AN

Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR DOOR RH	1		~ \$1,050.10 X
2	REAR DOOR WEATHERSTRIP RH	1		~ \$250.60 X
3	REAR DOOR PROTECTIVE STICKER RH	1		~ \$83.20 ✓
4	REAR FENDER RH	1		~ \$1,209.50 X
5	REAR FENDER INNER SHIELD RH	1		~ \$358.20 X
6	SIDE SKIRT RH	1		~ \$680.80 X
7	REAR BUMPER	1		REPAIR
SUB TOTAL				\$3,632.40
LESS 20%				-\$726.48
PARTS TOTAL				\$2,905.92

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR DOOR INNER TRIM BOARD CLIPS RH	1		~ \$50.00 X
2	REAR FENDER QUARTER GLASS SEALANT	1		~ \$80.00 X
3	REAR FENDER INNER SHIELD CLIPS RH	1		~ \$40.00 X
S/N TOTAL				\$170.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST FRONT ACCIDENT AREAS & ETC.

\$1,000.00

400

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR DOOR RH, REAR FENDER RH, SIDE SKIRT RH, REAR BUMPER & ETC.

\$1,000.00

600

LABOUR CHARGES TO REMOVE & REINSTALL REAR DOOR INNER MECHANISM & ETC. TO EFFECT REPLACE OF REAR DOOR RH.

~ \$120.00 X

LABOUR CHARGES TO REMOVE & REFIX REAR FENDER QUARTER GLASS & ETC.

~ \$150.00 X

LABOUR CHARGES TO REMOVE & REFIX REAR FENDER INNER TRIM, UPHOLDSTERY CUSHION SET & ETC. TO EFFECT REPLACE OF REAR FENDER RH.

~ \$350.00 X

Head office

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

Branch

9A Serangoon North Ave 5 Singapore 554600
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047
Tel: (+65) 6481 1622 | Fax: (+65) 6481 1011



Date: 01/08/2024
Vehicle No: SMW5229A
Model: HONDA FREED HYBRID 1.5
Chassis: GB71077455-2018
Reg. Year: 2018

Third Party Insurer: AGI
Third Party Veh No: SLC3206X
Date of Accident: 31/07/2024
Estimator: TING AN
Surveyor:

TO CHECK WIRING & ELECTRICAL SYSTEM.

15/
\$120.00

LABOUR TOTAL \$2,740.00

TING AN

TOTAL

\$5,815.92

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:

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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	01/08/2024 15:47 (SGT)
Reported by	Actual Driver
Date of Accident	31/07/2024 07:28 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW5229A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ER AI NI
NRIC No	S7036430A
Email Address	lizer517@yahoo.com.sg
Mobile Phone No	(Phone) +65-90173522
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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 hire
Transmission	Auto
CC	1496
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	5142568988

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 Authorised 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.
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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;

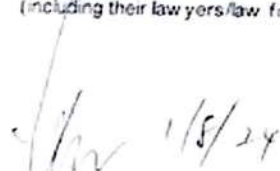
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;


(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.

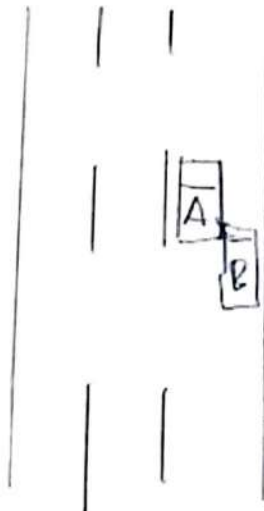
 1/5/24
Policyholder's Signature / Date & Time

 1/8/24
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Joelle Tan
AMK AUTOPOINT P/L

Sketch Plan



A = SMWS229A

B = SLC3206X