

ASS. REC. BY:

REF: LPC/20004075/H

Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s K K HIN
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SJM 753 Z Yr Regn: 12, 08
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or MPV
 Make: Honda Prem c.c. 1799
 Colour: W. Silver A/C: Insured / Std / Nil / NA
 Sp. Reading: 144093 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: JHM RN 6840 & S 205840
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / SRM / STD A/Rim or _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Tyre Size: F: 205/65R15
 R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Westlake
 Front: _____ Rear: _____
 R/Bal. 9 mm R/Bal. 9 mm
 L/Bal. 9 mm L/Bal. 9 mm
 D.O.A. 10/3/20 D.O.I. 9/9/2020
 Survey held at _____ ✓

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 02 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. 24 HRS
12/28
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Des. of Damages : Frt / Rear / O/S / N/S / UIC / Rooftop or 151 N/S
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to? : Prell. Report
 : Final Report
 1) _____
 Date/Time, File Return to? _____

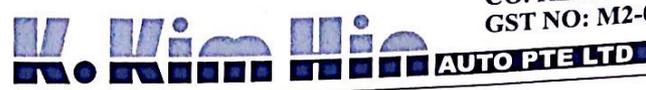
Days Of Repair: _____
 Resurvey No. of Trip: _____

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

Survey Fee:	_____
Transportation:	_____
S - RS. SI	_____
Others	_____
TOTAL	_____

Report Format : _____
 Lump Sum / I.B.I: (\$ _____)

TP Lompac
S&R
Appt: 8/4
(Wed)



金興(龔)汽車私人有限公司

160 Sin Ming Drive, #02-20,
Sin Ming AutoCity, Singapore 575722
Tel: 6452 7018 Fax: 6458 3895
Email: service@kkimhin.com.sg

No. : 31088

Vehicle Insured : GBA 6930 Y
Accident Date : 10-Mar-2020

Date : 16-Mar-2020

Our Ref : 020133 (LONPAC) / SANDRA

PAGE : 1

JESSICA HEATH QUANCE (MS)
Singapore

*Not Arthasw
L1 Day @
Resurvey After Paint 2 days*

ESTIMATED COST OF REPAIR FOR HONDA STREAM 1.8L A (2008) SJM753Z

1 pc front bumper		Delcom	520.00	c	✓
1 pc front bumper reinforcement		R	185.00	c	✗
2 pcs front bumper side retainer (LH/RH)	@ S\$ 16.00	In	32.00	c	✗
10 pcs front bumper clips	@ S\$ 1.50	M2	15.00	c	✓
2 pcs headlamp assy (non-HID)(LH/RH)	@ S\$380.00	delcom	760.00	c	✗ n/s?
2 pcs headlamp lower bracket (LH/RH)	@ S\$ 50.00	In	100.00	c	✗
1 pc front grille		In	170.00	c	✗
1 pc front grille chrome		In	140.00	c	✗
1 pc front grille 'H' logo		In	25.00	c	✗
			1,947.00		
	Add 15% :		292.05		
					2,239.05

To remove, cut out damaged parts, panel beating, welding, align, refix and to renew affected parts.
To putty and respray on affected portions.
To focus headlamps. To check front wiring and lighting operation.

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:

2cd
450.00
2cd
400.00
1cd
50.00

Total : S\$ 3,139.05

Singapore Dollars Three Thousand One Hundred and Thirty Nine and Cents Five Only

Note: Amount quoted above is subject to prevailing GST at time of tax invoice.

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 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. 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 Report	11/03/2020 13:57
Date Of Accident	10/03/2020 14:25
Exact Location Of Accident	MARGOLIOUTH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM753Z
Insured/Policyholder	
Name Of Registered Owner	JESSICA HEATH QUANCE
Passport No/FIN	GXXXX615P
Email Address	JESSQUANCE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83218605
Alternative Phone No	OFFICE-83218605

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 L (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA151868
Cover Note Number	

Driver

Name of Driver	JESSICA HEATH QUANCE
Passport No/FIN	GXXXX615P
Date Of Birth	29/08/1977
Occupation	INDOOR
Date Of Driving Pass	24/06/2015
Driving Experience	4 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83218605
Fax Number	
Contact Number	OFFICE-83218605
Email Address	JESSQUANCE@GMAIL.COM

Address 50 DRAYCOTT PARK #25-03
 THE DRAYCOTT
 Postcode 259396
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

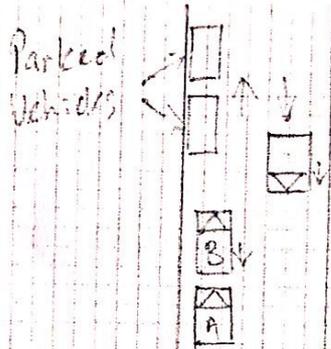
Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBA6930Y
 Vehicle Make/Model/Colour TOYOTA HIACE
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver TAY WEN KAI
 NRIC/Passport Number SXXXX722G
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

SKETCH PLAN



A = SJM753Z
 E = G8A69304

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving down a two way road w/ multiple cars parked on one side so you are forced ~~to~~ down to 1 lane. We both moved to one side behind parked cars to allow on coming vehicle to pass. The driver of the Toyota Hiace put his car into reverse and hit my car despite my honking ~~to~~ to stop reversing.

Driver admitted fault at scene. He was a delivery driver for LAUNDRY BUTLER

DECLARATION

I/We declare the foregoing particulars are true in every respect.

J. H. Brance
 Policyholder's Signature

Date & Time:
 Company Chop (if applicable)

Driver's Signature
 (If driver is not the policyholder)
 Date & Time:



Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: