

ASS. REC. BY: Sun Pin

REF:

SNO

CS/SMQ20004948/Gyfj

## 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:

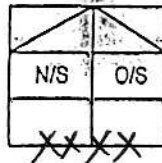
Excess:

(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: 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:

SLP4477T

Yr Regn: 17/06/2016

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

Truck / Traller or

Make:

Honda Vezel 1.5X CVT c.c 1496

Colour:

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

17027.

T/Radio: Insured / Std / NI / NA

Eng/No:

-

C/No:

RU11112217

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F: 215 / 60 R16

R: 215 / 60 R16

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

TOYO / YOKO or 8

Front

Rear

R/Bal.

6

mm

R/Bal.

8

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

03/04/2020

D.O.I.

6/4/20

Survey held at

My Car.

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

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

Date / Time

Action / Instruction

MV: 50,000

PV: 40,610.

NV: 9,000

28/5 Sent Preli by email

LIS \$2650-00, (Red \$5340-40, 66%)

Date/Time, File Pass to?



Prel. Report

1)



Final Report

Date/Time, File Return to?

2)

28/5/20 Typist

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Rep. Formed:

Lump Sum / L.B.I. /

\$2650/

## 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	03/04/2020 14:54
Date Of Accident	03/04/2020 13:30
Exact Location Of Accident	SLIP RD TPE (SLE) TWDS PUNNGOL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD4477T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG SZE GHIM
NRIC No	SXXXX479H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97948264
Alternative Phone No	OFFICE-97948264

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A28957420QMY
Cover Note Number	

### Driver

Name of Driver	LIM BOON PUI
NRIC No	SXXXX934Z
Date Of Birth	01/01/1947
Occupation	INDOOR
Date Of Driving Pass	10/03/1987
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98197992
Fax Number	
Contact Number	OFFICE-98197992
EEmail Address	NOEMAIL

Address	BLK 299A COMPASSVALE STREET #10-146
Postcode	541299
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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?	
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)	2
Passenger 1	NAME: : - GENDER: : MALE

#### 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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED BEFORE THE STOPPING LINE TO CHECK ONCOMING VEHICLES ON MY RIGHT BEFORE I CAN FILTER OUT. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK2038Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

## Accident Sketch Plan

### SKETCH PLAN

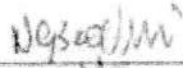
#### IMPORTANT NOTICE

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 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 lodgment 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 (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature

Date & Time:

  
Driver's Signature

(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

### SKETCH PLAN

Paragon Rd

A: 602 W 997  
B: 6012 US 84

6012 US 84

Refer to Statement.

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

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





# MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

Address: 53 Ubi Ave 1 #01-33 Paya Ubi Industrial Park Singapore 408934

HP: 98888885

## Estimation

Date: 4/4/2020

Vehicle: SLD4477T

Make / Model: HONDA VEZEL

Chassis: RU1-1112217

No.	Description	Unit	Unit Price	Amount
	Parts Replacement:			
1	REAR TAILGATE / PD		\$ 1,542.20	\$ 1,542.20
2	REAR TAILGATE LOCK / Joined		\$ 192.70	\$ 192.70
3	REAR TAILGATE LOCK CATCH X SVC		\$ 45.80	\$ 45.80
4	REAR TAILGATE OUTER GARNISH X SVC		\$ 82.10	\$ 82.10
5	REAR TAILGATE OUTER GARNISH LOGO X SVC		\$ 38.30	\$ 38.30
6	REAR TAILGATE EMBLEM VEZEL / Nec		\$ 51.50	\$ 51.50
7	REAR BUMPER / CR4.		\$ 923.10	\$ 923.10
8	LH REAR BUMPER X SVC		\$ 195.40	\$ 195.40
9	RH / LH REAR BUMPER SIDE RETAINER X / Nec 2PCS		\$ 65.00	\$ 65.00
10	LH REAR BUMPER REFLECTOR X SVC		\$ 45.00	\$ 45.00
11	REAR TAILGATE LAMP LH X SVC		\$ 421.00	\$ 421.00
12	REAR TAILLAMP LH X SVC		\$ 289.00	\$ 289.00
13	REAR TAILLAMP LOWER BRACKET LH X SVC CRA		\$ 45.20	\$ 45.20
14	REAR TAILLAMP INNER PANEL LH X SVC		\$ 135.00	\$ 135.00
15	LH REAR FENDER X SVC		\$ 931.80	\$ 931.80
16	REAR END PANEL X SVC		\$ 411.90	\$ 411.90
17	REAR END PANEL TOP GARNISH X SVC		\$ 98.00	\$ 98.00
	Tail gate inner garnish ?			\$ 5,513.00
			Less 20%	\$ 1,102.60
			Total	\$ 4,410.40
	S/Nett items:			
1	REAR REVERSE SENSOR X SVC	1 SET	\$ 250.00	\$ 250.00
2	REAR BUMPER CLIP / NEC	1 SET	\$ 80.00	\$ 80.00
3	REAR END PANEL GARNISH CLIP X SVC	1 SET	\$ 30.00	\$ 30.00
4	FLOOR PANEL SEALANT X SVC	1	\$ 50.00	\$ 50.00
5	REAR NUMBER PLATE WITH CASING X SVC	1	\$ 60.00	\$ 60.00
6	windscreen SEALANT / NEC	1	\$ 60.00	\$ 60.00
7	REVERSE CAMERA X SVC	1	\$ 350.00	\$ 350.00
8	END PANEL SEALANT X SVC	1	\$ 50.00	\$ 50.00
				\$ 930.00

30

3040

	Labour to:				
1	TO CHECK ELECTRICAL WIRING	1	\$ 80.00	\$ 80.00	30
2	TO REMOVE AND RENEW REVERSE SENSOR	1	\$ 150.00	\$ 150.00	30
3	REMOVE AND REFIX REAR WINDSCREEN GLASS	1	\$ 150.00	\$ 150.00	120
4	REMOVE AND REFNEW RERA REVERSE CAMERA	1	\$ 150.00	\$ 150.00	20
5	TO RESPRAY UNDERCOATING	1	\$ 120.00	\$ 120.00	40
6	APPLY ANTI RUST ON AFFECTED AREAS	1	\$ 200.00	\$ 200.00	<del>200</del> 40
7	SPRAY PAINTING ON AFFECTED AREAS	1	\$ 800.00	\$ 800.00	500
8	PANEL BEATING ON AFFECTED AREAS	1	\$ 1,000.00	\$ 1,000.00	<del>400</del> 600
				\$ 2,650.00	
			Parts Replacement Amount	\$ 5,340.40	
			Total Amount for Labour	\$ 2,650.00	
			Total Amount	\$ 7,990.40	

Repair day - 4 dlys.

Lump Sum Repair.

Alter paint ~~pa~~ Repair.

Sun Pin (Lkk)

06/04/2020.

Sunpin@lkkauto.com

8661 2627.

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: