ASS. REC. BY: REF: C17	12000 5308/Kf
	1 6000 53/1/1/1
enneth	
From:	ASSIGNMENT
Estimated Cost: Date:	Veh No: SL 7 1077 Tyr Rogn: 04, 1
OD VIP WS / TP RES / OD RES / EVA / INV / MY	Type. M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
To inspect Vehicle No:	Truck/Trailer or , Wagon
	I MIGAU.
of Esteem	Colour M. Ritarry AC: Insured / Std / NI / NA
Insured:	Sp.Reading 135.195 T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No.	CNO: GP7 120820
Sum law.	Gen. Cond. Good / Fair / Poor / Burnt
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Inorder / Jammed / Leaked / Burnt or
/	Modi: All' LS/Rim / STD A/Rim or
(Policy Condition)	Tyre Size: F: 185/60R15
Remark: The year had assessed	R:
repair at the time of inspection.	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
al. or Market Value:	TOYO/YOKO or Ne Xen
	Front O Rear
	R/Bal mm R/Bal mm
	L/Bal. 7 mm L/Bal. 7 mm
00/0 100. 100 01 140	D.O.A. 10/4/20 D.O.I. 13/5/202
m Sum: /B/ % 3 Val.: Yes or No	Survey held at
	Doc of Democratic Francisco
1 REV / REP. / 24 HRS	Des. of Damages : Fit / Rear / O/S / N/S / U/C / Roofton or
Vehicle: IN /	
te:Person Contacted:	OUT
te:Person Contacted:	OUT  The U/C / Chassis frame / Body Structure affected due to collision.
te:Person Contacted:	OUT
te:Person Contacted:	OUT OIS PRO
te:Person Contacted:	OUT
te:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
te:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.  Days Of Repair:
te:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.  Days Of Repair:  Resurvey No. of Trip:  Survey Fee:
te:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.  Days Of Repair:  Resurvey No. of Trip:  Survey Fee:  Transportator:
te:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.  Days Of Repair:  Resurvey No. of Trip:  Survey Fee:  Itansportativ:  Structure affected due to collision.
te:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.  Days Of Repair:  Resurvey No. of Trip:  Survey Fee:  Transportative:  Site insp (\$
ale / Time   Action / Instruction   Instruction   Action / Instruction   Instr	The U/C / Chassis frame / Body Structure affected due to collision.  Days Of Repair:  Resurvey No. of Trip:  Survey Fee:  Transportativ:  S: Site Insp (\$

men xx / x/2/2 Jung.



**Repair Estimates** 

## ESTEEM PERFORMANCE PTE LTD

Blk 5033 Ang Mo Klo, Ind Park 2 #01-251/ 259, 569536. Tel: +65-6484 1221 Fax: +65-6484 7829 Website: www.esteemperf.com.sg

			Not 1-11
arts (a) Cost / List Price Items	\$	1,836.40	Winonia
Plus/Less25%	\$	459.10	Not Notheria
Total of Cost / List	\$	1,377.30	paint
(b) Nett Price Items			
Less			LKK Auto Consultants hence notify the Repairer of the following:
Total of Nett Item	ine and		To display damaged as strong painting
		DAME OF THE PARTY	Third party supray is a confirmation
(c) Special Nett Items			• Supplementary :
otal Parts Cost			Acknowledged by Renairos
abour	\$	1,300.00	Signature: Date:
otal	•	2,677.30	
he above total will be subjected to	7% G.S.T.		
	7% G.S.T.		Kennerh
he above total will be subjected to	7% G.S.T. :		Menneth LKK
he above total will be subjected to  Name of Surveyor	7% G.S.T. : _		Menneth  LKK 1313120 at 11an
he above total will be subjected to  Name of Surveyor  Company	7% G.S.T.		. 7 / 1
Name of Surveyor Company Survey conducted on			1313120 at 11en
Name of Surveyor Company Survey conducted on Remarks By Surveyor	: _ : _ authorized / is		further notice.
Name of Surveyor Company Survey conducted on  Remarks By Surveyor  (a) The repair of this vehicle is	: _ : _ authorized / is pair : _	s not authorized until	13/3/20 at
Name of Surveyor Company Survey conducted on  Remarks By Surveyor  (a) The repair of this vehicle is:  (b) Recommended Days of Rep	: _ : _ authorized / is pair : _	s not authorized until	13/3/20 at

SLZ 1077 T



# ESTEEM PERFORMANCE PTE LTD

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S	pai	re	P	aı	ts
3	pai	C	г	aı	เอ

Vehicle No. Make & Model:

Chassis No

**SLZ 1077 T** 

HONDA SHUTTLE GP71208208

Submit By

Year Manufacture : Engine No.

Carmen Lim

2018 Apr

Cost / List

S/No.	Part Description		Qty	Unit Price	Price	Disposition by Surveyor
1	Front bumper	Perp Wi	1	\$1,150.60	i i	
2	Front bumper clip	Na	10	\$35.00		<u></u>
3	Front bumper side retainer RH	Sn	1	\$25.40		X
4	RH front fender	By	1	\$411.90		
5	RH front fender undershield	Sn	1	\$110.50		X
6	RH front fender undershield clip	22	10	\$35.00		X
7	RHF fender wording "hybrid"	m	1	\$68.00	32 141 1	
8	No. of the second secon	- ASS 20	_ DX1	1.0		
9	Supplementary:-	2 = 1			<u> </u>	
10	0	- 90				
11	Headlamp RH.	41	1	1		
12						
13		2			V 100.00	
14		111.58				25.45
15	A. C.			1 11		
16			nt w		Mine and the second sec	
17				1		
18						
19					1877	
20						
21			is .	1		
22					1	
23					1 1	4

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

Blk 5033 Ang Mo Kio Industrial Park 2 #01-259 Singapore 569536 Tel: 64841221 Fax: 64847829 Company Reg No. 200005485N / GST No. 20-0005485-N



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#### Labour

Vehicle No.		<b>SLZ 1077 T</b>	Submit By :	Carmen Lim
Vernole IVO.	• _		and the second s	2019 Apr
Make & Model		HONDA SHUTTLE	Year of Manufacture:	2018 Apr

S/No	Labour Description	Esimated Price	Adjusted Price
1	TO RENEW DAMAGED PARTS & KNOCK OUT ACCIDENT		4-1
	REPAIR AREA. (FRONT BUMPER,LHF FENDER)	\$600.00	4001
2	TO PUTTY, RESPRAY PAINT FOR AFFECTED ACCIDENT		6.6.01
	REPAIR AREA. (FRONT BUMPER,LHF FENDER)	\$600.00	7801
3	To check wiring & focus headlamp	\$50.00	201
4	To tuff coat	\$50.00	301
		4	
			o participant
			•
$\dashv$			

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Date Of Birth

Occupation

Gender

**Date Of Driving Pass** 

**Driving Experience** 

Mobile Number Fax Number Contact Number

**EMail Address** 

- 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 witholding of material facts may allow insurance companies to
- 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.

- 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.

<ul> <li>By the lodgement of this report to the insurers, you hereby conse foresaid.</li> </ul>			
	ACCIDENT STATEMENT		
Date Of Report	13/04/2020 09:26		
Data Of Assidant	10/04/2020 21:35		
Exact Location Of Accident	BLK 7089 HOUGANG AVENUE 2 OPEN CARPARK		
Country/State of Loss	SINGAPORE		NEW YORK
D	ETAILS OF OWN VEHICLE	<b>企业产生</b>	
Vehicle Registration Number	SLZ1077T		
Insured/Policyholder		25 100 100	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD		
Co Reg No	2XXXXX651D		
Email Address	NOEMAIL		
Mobile Phone No			
Alternative Phone No	OFFICE-68386300		
Vehicle Particulars			
Manufacturer	HONDA		
Model	SHUTTLE		
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE		
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 HIRE		
Insurance Company			
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	20-ML000243-R00		
Cover Note Number			
Driver			A CONTRACTOR
Name of Driver	HO WHA YONG		
NRIC No	SXXXX756J		

19/03/1953

OUTDOOR

28/03/1977

MALE

NOEMAIL

43 YEARS AND 0 MONTHS

(LOCAL) +65-98364389

Page 1 of 18

BLK 708 HOUGANG AVENUE 2

Address #07-77 530708

Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

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) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 0

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: Police Station Address

**SINGAPORE** 

NO

YES

NO

YES

Police Station Contact TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

Please refer to Police Report: T/20200411/2010.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

GBD7222K

COMMERCIAL VEHICLE

Page 2 of 18

SKETCH PLAN  A+G-LZ-10-3-1-T  A+G-LZ-10-3-1-T  A+G-LZ-10-3-1-T  DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Ms very as attached poince report.	
DECLARATION	
We declare the recommendation are true in every respect.	I
Policyholder's Signature Date & Time:  Oriver's Signature  Diff driver is not the policyholder  Reporting Centre Personnel's Signature	
Date & Time: (if driver is not the policyholder)  Date & Time:    -04 - ww      Name: NRIC/FIN No.:	
II-AU,	





Police Station Of Origin:
Hougang N.P.C
Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3 Report No. T/20200411/2010

### REPORT OF A TRAFFIC ACCIDENT

	ne Report M 20 11:19	lade:	Vide Report No.:	Station Diary No.: 32
Informa	nt's Partic	ulars		
Name of HO WHA	Informant: A YONG		Address: APT BLK 708 HOUGANG A 530708	VENUE 2 #07-77 SINGAPORE
	/ ID No.: . D / S01917	56J	Contact No.: Home/Office:	Mobile: 98364389
National SINGAP	ity: ORE CITIZ	EN	Email:	Service Library to Activity - 400 ft
Sex: Male	Age: 67	Date of Birth: 19/03/1953	Type of Informant: Driver	Institution / School Name:
Race: Chinese	Prof. M. Kingdon	Mr. J. 1995 - 1995 - 1	Language:	1000
Occupat			Driving Licence Information: Class: 3	Date of Expiry:

General Information  Type of Accident:	Non-Injury Hit and Run	Drink Drive:	Date/Time of Accident: 10/04/2020 21:35	Type of Location Car Park
Location: Along Road 1 HOUGANG A	VENUE 2	à.		
at B/708 Houg Weather:	gang Ave 2 open carp	Road Surface:		oad Speed Limit:
Clear Traffic Flow:		Traffic Control: Not Controlled	N	raffic Volume: lo Traffic
Dual Carriage Type of Collisi Moving Vehicle		· ·	а	nyone conveyed by mbulance: lo

Details of V	ehicle Invo	Iveu	Model	Color	Condition	No of Passenge
Vehicle No.	Туре	Make	Model	00,0.		0
GBD7222K	Van					
SLZ1077T	Car	-				0