

ASS. REC. BY:

REF: FC2 / 20005810 / Kqf3

Kenneth

## 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.

D20002171MFSH

Sum Insured:

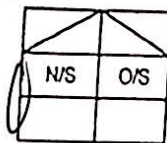
Excess:

(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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

days

Res.: Yes or No

Lum Sum:

1.3.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMN 4627M Yr Regn: 08, 19

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

Truck / Trailer or

Make:

Honda Vatel c.c. 1496

Colour

M. Black

A/C: Insured / Std / NI / NA

Sp. Reading

129509

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

RU 3 - 1324290

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/60R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal.

2

mm

R/Bal.

1

mm

L/Bal.

2

mm

L/Bal.

1

mm

D.O.A.

26/3/20

D.O.I.

22/5/2020

Survey held at

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

N/S Rear body

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

Date / Time

Action / Instruction

27/11/20@3.53pm checked with Sharon, the vehicle has not send in for repair due to waiting liability.

27/11/20@4.10pm revised to Joanne Yong by email.

27/11/20 Submit Preli. report.

Note: The vehicle has not send in for repair.

Date/Time, File Pass to?



: Preli. Report

1) 27/11 Typist



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

Report Format :

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

Date: 18.05.2020  
Vehicle No: SMN4627M  
Model: HONDA VEZEL HYBRID 1.5X  
Chassis: RU31324290-2018  
Reg.Year: 2019

Third Party Insurer: MS FIRST  
Third Party Veh No: SHD3637C  
Date of Accident: 26.03.2020

*Not Authorised  
Resurvey After Repair 3 days*

## ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR DOOR LH	1		<i>nn</i> \$912.60
2	REAR DOOR FRAME PROTECTIVE STICKER LH	1		<i>nn</i> \$68.60
3	REAR DOOR INNER TRIM CLIPS LH	12	\$6.20	<i>nn</i> \$74.40
4	REAR WHEEL ARCH EXTENTION COVER LH	1		<i>nn</i> \$180.10
SUB TOTAL				\$1,235.70
LESS 20%				-\$247.14
PARTS TOTAL				\$988.56

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR DOOR PROTECTIVE STICKER LH	1		<i>nn</i> \$30.00
2	REAR DOOR PROTECTIVE RUBBER LH	1		<i>nn</i> \$80.00
S/N TOTAL				\$110.00

### LABOUR CHARGES:

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

\$300.00 *200/*

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR DOOR LH.

\$300.00 ✓

LABOUR CHARGES TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.

*nn* \$60.00 X

LABOUR CHARGES TO REMOVE & REINSTALLED REAR DOOR LH INNER MECHANISM & ETC. TO EFFECT REPLACE OF REAR DOOR LH.

*nn* \$120.00 X

		LABOUR TOTAL	\$780.00
		TOTAL	\$1,878.56

TingAn

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:

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

Branch  
9A Serangoon North Ave 5 Singapore 554500  
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1011

Branch  
551 Upper Thomson Road Singapore 574415  
Tel: (+65) 6452 6868 | Fax: (+65) 6452 9223





### 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 14/05/2020 15:35  
Date Of Accident 26/03/2020 07:30  
Exact Location Of Accident ALONG COMMONWEALTH AVENUE WEST  
Country/State of Loss SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN4627M  
**Insured/Policyholder**  
Name Of Registered Owner MS CARZ LEASING PTE LTD  
Co Reg No 2XXXXX066R  
Email Address JERRY@MSGROUP.COM.SG  
Mobile Phone No (LOCAL) +65-97666288  
Alternative Phone No OFFICE-84680305

#### Vehicle Particulars

Manufacturer HONDA  
Model VEZEL-1.5 X HYBRID CVT (A)  
Exact Purpose for which vehicle was being used at time of accident HIRE & REWARDS  
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 AXA INSURANCE PTE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy YES  
Policy Number P2323452  
Cover Note Number 13/08/2019 - 12/08/2020

#### Driver

Name of Driver KELVIN EZEKIEL TAN WEI CHIH  
NRIC No SXXXX228A  
Date Of Birth 26/06/1973  
Occupation INDOOR  
Date Of Driving Pass 16/03/1999  
Driving Experience 21 YEARS AND 0 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-84680305  
Fax Number  
Contact Number OTHERS-97666288  
Email Address KELVINEZEKIEL1973@GMAIL.COM

Address 338C ANCHORVALE CRESCENT  
#06-37  
Postcode 543338  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured OTHER - HIRER  
Vehicle Registration Number of Driver's Own Vehicle -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident COLLIDED INTO PROPERTY  
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? YES  
If Yes, Please state which Police Station  
Police Station Name SENGKANG NEIGHBOURHOOD POLICE CENTRE  
Police Station Address ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800 - 3438999 - FAX NO:  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

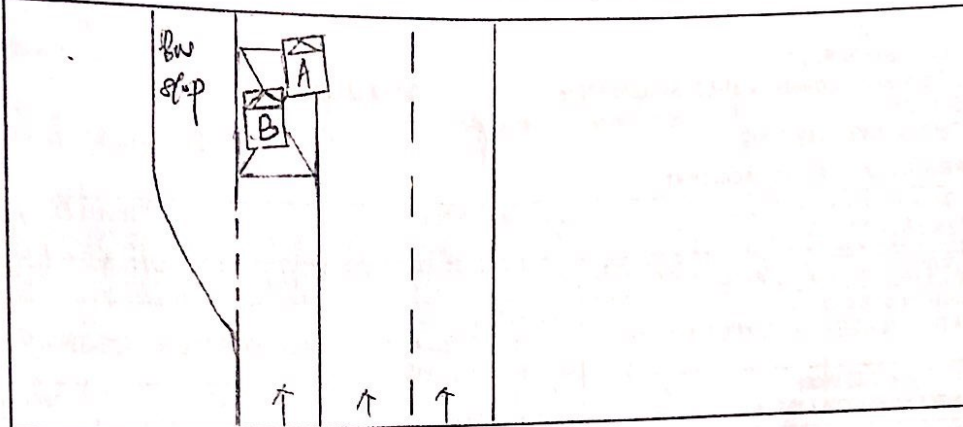
Vehicle Registration Number SHD3637C  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name



# Sketch Plan Pg. 2

Date of accident: 26/03/2020 Time: 0730hrs Location: Commonwealth Ave West  
 My Vehicle A: SANAG27N Vehicle B: SHD3637C Vehicle C: \_\_\_\_\_

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200326/2143

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: Optima Westz Pte Ltd

Email address: Sharon @ ow.sg

& myself: Jerry @ ugroup.com.sg

Email address:

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

## DECLARATION

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

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.:

AH LIM MOTOR COMPANY



**SINGAPORE  
POLICE FORCE**



T/20200326/2143

1 of 3

Report No. T/20200326/2143

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/03/2020 20:45	Vide Report No.:	Station Diary No.: 197
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**Informant's Particulars**

Name of Informant: KELVIN EZEKIEL TAN WEI CHIH		Address: APT BLK 338C ANCHORVALE CRESCENT #06-37 SINGAPORE 543338	
ID Type / ID No.: NRIC NO / S732228A		Contact No.:	Mobile: 84680305
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 46	Date of Birth: 26/06/1973	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: grab driver		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/03/2020 07:30	Type of Location: X-Junction
Location: Along Road 1 COMMONWEALTH AVENUE WEST				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 10 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3637C						0
SMN4627M						0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20200326/2143

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Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20200326/2143

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	Unknown Driver		ID No. NIL
Related Vehicle	SHD3637C		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	KELVIN EZEKIEL TAN WEI CHIH		ID No. S7322228A
Related Vehicle	SMN4627M		Contact No. 84680305
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 26/03/2020 at about 0730hrs, I was driving my vehicle SMN4627M along Commonwealth avenue west towards Dover. As I was driving, there was a vehicle SHD3637C which was behind me. Both vehicles wanted to turn left to Clementi Avenue 4. While turning, the said vehicle front right portion collided onto the rear left passenger door. After the accident, both parties exchange particulars and I am not injured in any way. There is slight damages on my vehicle. I am lodging this report for insurance claim purposes.