

ASS. REC. BY:

REF: AGI/ CS/AGI20011411/Kqf3Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No: _____

at Workshop m/s MBM

of _____

Insured: _____

Policy No. _____

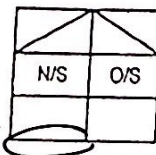
Claims No. C10007644KY

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: 9.5 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLW 85422 Yr Regn: 03, 18Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or

Make: Honda Vezel c.c. 1498Colour: M. D. Grey A/C: Insured / Std / NI / NASp. Reading: 53938 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: BU1 1233003Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rlm / STP / Rlm orTyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. 19/10/20 D.O.I. 20/10/2020

Survey held at _____

Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop orRear N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Kenneth confirmed LS \$2400, 4 days (Red \$9088, 79%)

Date/Time, File Pass to?

☐ : Prell. Report

1) 02/11 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)Report Format: TPLump Sum 4.0 (\$) 2400

MBM WHEELPOWER PTE. LTD.

YOUR REF.: SLR4168L

OUR REF.: SLW8542L

TO: AUTO & GENERAL INSURANCE (SINGAPORE) PTE LTD

CC: MOTOR CLAIMS DEPARTMENT

FAX:

Not Authorised
L1 Lamp &
Re-survey After Paint
4-5 days

DATE: 4/8/2020
FROM: Eryx Tan
FAX: 6452 5333
CONTACT: 8138 7188
MAKE & MODEL: HONDA VEZEL 1.5X CVT
CHASSIS NO.: RU11233003
ENGINE NO.: L15B4433010
YEAR MADE: 2018
ACCIDENT DATE: 19 October 2020

ESTIMATE FOR VEHICLE NO.:

NO.	DESCRIPTION	PART NO.	QTY.	LIST PRICE
1	TAIL GATE		1	\$ 1,950.00
2	TAIL GATE GLASS MOULDING		1	\$ 120.00
3	WEATHERSTRIP, TAILGATE		1	\$ 150.00
4	TAIL GATE HINGE		2	\$ 160.00
5	TAILGATE SPOILER		1	\$ 250.00
6	TAIL GATE INNER TRIM		1	\$ 480.00
7	TAIL GATE UPPER LINING		1	\$ 120.00
8	TAIL GATE SIDE INNER LINING LH		1	\$ 50.00
9	TAIL GATE SIDE INNER LINING RH		1	\$ 50.00
10	TAIL GATE EMBLEM "VEZEL"		1	\$ 50.00
11	TAIL GATE EMBLEM "HONDA" LOGO		1	\$ 20.00
12	TAIL GATE LAMP LH		1	\$ 500.00
13	TAIL GATE LAMP RH		1	\$ 500.00
14	REAR BUMPER		1	\$ 1,000.00
15	REAR BUMPER REFLECTOR LH		1	\$ 150.00
16	REAR BUMPER REFLECTOR RH		1	\$ 150.00
17	REAR BUMPER CORNER PANEL RH		1	\$ 380.00
18	REAR BUMPER CORNER PANEL LH		1	\$ 380.00
19	REAR BUMPER CORNER PANEL INNER LINING RH		1	\$ 250.00
20	REAR BUMPER CORNER PANEL INNER LINING LH		1	\$ 250.00
21	REAR BUMPER CORNER COVER BRACKET RH		1	\$ 75.00
22	REAR BUMPER CORNER COVER BRACKET LH		1	\$ 75.00
23	REAR BUMPER CROSS MEMBER		1	\$ 200.00
24	REAR BUMPER CLIP		10	\$ 90.00
25	REAR BUMPER UNDERCOVER		1	\$ 200.00

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:

MBM WHEELPOWER PTE. LTD.

160 SIN MING DRIVE, #06-02

SIN MING AUTOCITY

t 6262 8888 f 6452 5333

COMPANY REG NO: 200204110W

- 27 FENDER INNER LINER RH
28 FENDER INNER LINER LH
29 WHEEL ARCH PROTECTOR RH
30 WHEEL ARCH PROTECTOR LH
31 TAIL LAMP RH
32 TAIL LAMP LH
33 REAR END PANEL
REAR END PANEL TOP GARNISH

1	\$	Sm	X	100.00
1	\$	Sm	✓	100.00
1	\$	Sm	X	150.00
1	\$?	150.00
1	\$	Sm	X	500.00
1	\$	Sm	X	500.00
1	\$?	650.00
1	\$?	85.00
TOTAL: \$				9,835.00
LESS 20%: \$				(1,967.00)
PARTS TOTAL: \$				7,868.00

SPECIAL NETT

- REAR NUMBER PLATE & HOLDER
BODY SEALANT
TAIL GATE SEALANT
REAR BUMPER SENSOR

1	\$	Sm	X	50.00
1	\$?	50.00
1	\$	Sm	401m	80.00
1	\$	Shm	201m	250.00

LABOUR

- TO REMOVE, REFIT & REPAIR AFFECTED DAMAGED PARTS, INCLUDING TO KNOCK-OUT, WELD & STRAIGHTEN ON THE AFFECTED PARTS
TO REMOVE & INSTALL REAR UPHOLSTERY TO FACILITATE REPAIR
TO REMOVE & INSTALL TAILGATE GLASS
TO APPLY ANTI RUST COATING
TO CHECK & RECONNECT ALL NECESSARY WIRING
TO REMOVE & INSTALL REVERSE SENSOR
TO SPRAY PAINT ON THE AFFECTED AREAS

\$?	1,600.00
\$	601	150.00
\$	1201	180.00
\$?	80.00
\$	151	100.00
\$	501	80.00
\$	5001	1,000.00
TOTAL: \$		11,488.00
7% GST: \$		804.16
GRAND TOTAL: \$		12,292.16

MBM WHEELPOWER PTE. LTD.
160 SIN MING DRIVE, #06-02
SIN MING AUTOCITY
t 6262 8888 f 6452 5333
COMPANY REG. NO.: 200204110W

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	19/10/2020 14:25
Date Of Accident	19/10/2020 08:05
Exact Location Of Accident	TRAFFIC LIGHT 260 UPPER BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW8542L
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	SHARLENE XAVIER ANTHONY
NRIC No	SXXXX341H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96527937
Alternative Phone No	OFFICE-96527937

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 HYBRID X (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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D20MTPV01002536
Cover Note Number	

Driver

Name of Driver	SHARLENE XAVIER ANTHONY
NRIC No	SXXXX341H
Date Of Birth	19/02/1975
Occupation	INDOOR
Date Of Driving Pass	22/01/2000
Driving Experience	20 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96527937
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK155, JALAN TECK WHYE #16-73
Postcode	680155
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

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	SLR4168L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WAI XAN
NRIC/Passport Number	
Contact Number	90028640
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19.10.20 around 8.06am as I was driving along Upper Bulut Timah road, I stop at the amber traffic light. Then the car (SLR41682) hit me from behind as he could not stop in time.

DECLARATION

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

Shacklee

Policyholder's Signature

Date & Time:

X

Driver's Signature

(If driver is not the policyholder)

Date & Time:

CITY AUTO PTE LTD

Blk 8 Sin Ming Road
#01-68/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1233 Fax: 6453 7944
(Claims Section)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: