

ASS. REC. BY:

Kenneth

REF:

20011584/KS

## ASSIGNMENT

From:

Estimated Cost:

Date:

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:

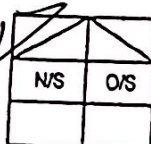
Excess:

(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:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLK 8075G

Yr Regn:

01, 1, 7

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

Truck / Trailer or

Make:

Honda

Shuttle

c.c

1498

Colour:

M. Gray

A/C:

Insured / Std / NI / NA

Sp. Reading

12.7879

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

GK8

1100781

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NI / S/Rim / STD A/Rim or

Tyre Size:

F: Nexen

185/60R15

R: Hankook

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

TOYO / YOKO or

Front

Rear

R/Bal.

2

mm

R/Bal.

6

mm

L/Bal.

2

mm

L/Bal.

6

mm

D.O.A.

20/10/20

D.O.I.

26/10/2020

Survey held at

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

Fr n/s

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format:

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

TOTAL

# 趙 源 摩 哆 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5  
#01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047  
Tel: 6484 1626 (24Hrs) Fax: 6484 0465  
Business Reg. No: 221880/00C GST Reg. No: MX-0486007-AO

To: China Taiping Insurance (S) Pte Ltd

Accident Date : 20.10.2020

*Not Authorised*

*11/10/20*

*Resurvey After Painting*

*2day*

Third Party

Policy No: \_\_\_\_\_

22.10.2020

Date: \_\_\_\_\_

Specialised in Car Painting, Welding,  
Panel-Beating and Insurance Claim.

## ESTIMATE

承接汽车烧焊喷漆及  
代理各种车辆赔偿

数量 Quantity	货 名 DESCRIPTION	单 价 Unit Price	银 Amount 额 \$ cts.
	Estimate Cost of Repair to "Honda Shuttle" Reg. No. SLK8075G Claiming Against Your Insured Veh. No. SMM9494B		
1pc	Front Bumper	5.50	1,152.00
12pcs	Front Bumper Clips		66.00
1pc	Front Bumper Corner Retainer LH		21.00
1pc	Front Bumper Reinforcement		297.50
1pc	Front Bumper Fog Lamp LH		347.00
1pc	Front Bumper Fog Lamp Chrome Garnish		95.20
1pc	Front Bumper Center Air Grille Side Cover LH (Top)		33.20
1pc	Front Bumper Center Air Grille Side Cover LH (Bottom)		95.20
1pc	Air Cleaner Resonator		89.50
1pc	Air Cleaner Resonator Hose		50.10
1pc	Headlamp LH (LED)		2,250.40
1pc	Headlamp Lower Ext Arm		146.00
	Less 20%		4,643.10
			928.62
			3,714.48
	Front Bumper Inner Electromagnetic Parking Sensor		450.00
	Front Number Plate Writters (Chrome) <i>(Gum 7pc)</i>		120.00
	Headlamp Lower Garnish		120.00
	To Conduct Front Electrical Check, Focus Headlamp		30.00
	To Conduct Computerize Wheel Alignment Test		80.00
	Labour Charge - Panel Beating, Repairing Of Bumper Beam, Lower Panel And Part Replacement		300.00
	To Respray Affected Areas		280.00
		Total :	5,094.48

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:



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## 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	21/10/2020 13:32
Date Of Accident	20/10/2020 13:00
Exact Location Of Accident	BUTIK BATOK ST34 BLK 348 PARKING LOT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK8075G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOON LEE CAR RENTAL
Co Reg No	5XXXX075J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88904988
Alternative Phone No	OFFICE-64841626

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107815739-01-000009
Cover Note Number	

### Driver

Name of Driver	LIM ENG HUAT (LIN YONGFA)
NRIC No	SXXXX051I
Date Of Birth	16/12/1984
Occupation	OUTDOOR
Date Of Driving Pass	21/09/2016
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88904988
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address APT BLK 348 BUKIT BATOK ST34  
#09-236  
Postcode 650348  
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 -  
-  
Insurance Company of Driver's Own Vehicle -  
-

#### General Information of the Accident

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

#### 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) 0

#### 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

I WASN'T IN CAR, DRIVER WAITED 1HR FOR ME AND INFORM ME THAT HE HIT MY CAR DURING REVERSING HIS CAR.

#### Attachment(s)

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

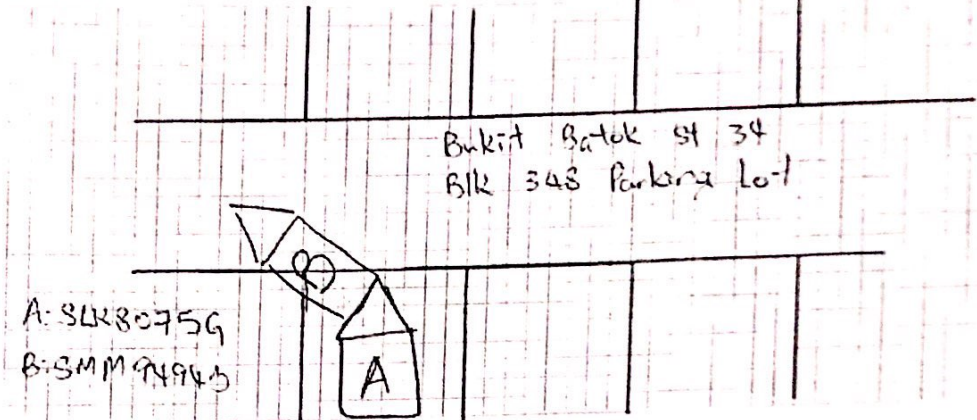
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMM9494B  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver GOH KAI KIAT GARY  
NRIC/Passport Number  
Contact Number 91451849  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)



# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I wasn't in car, driver wanted I hr for me and notice from me that he hit my car during reversing his car.

## DECLARATION

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

SOON LEE CAR RENTAL  
 Policyholder's Signature: [Signature]  
 Date & Time: 21/10/2020  
 Driver's Signature (if driver is not the policyholder): [Signature]  
 Date & Time:

[Signature]  
 Reporting Centre Personnel's Signature  
 Name:  
 ARIC/FIN No: