

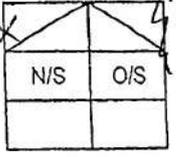
ASS. REC. BY: Taylor REF: CS/CT/20012715/Tivfs

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: PA 8401A
 Policy No. DMB1SW00009682002
 Claims No. SNM21D204379C02/IRENE
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SMT4428P Yr Regn: 2020 Feb.
 Type: Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Honda Shuttle C.C. 1496
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 34769 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: GK 8210378
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: Nil / Strim / STD A/Rim or _____
 Tyre Size: F: 185/60R15
 R: 4 4

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.



BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front R/Bal. 6 mm Rear R/Bal. 6 mm
 L/Bal. 6 mm U/Bal. 6 mm
 D.O.A. 12/11/20 D.O.I. 19/11/20

Bal. or Market Value: 176K
 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

Survey held at Xin Ya 1002 BM 6K 3 #21-75
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Frt o/s, Frt n/s
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
4/3/22	Final fig \$5921.56 confirmed by email (red 3332.62, 36%)

Date/Time, File Pass to? : Prel. Report Days Of Repair: 6
 : Final Report Resurvey No. of Trip: 1
 Date/Time, File Return to? 2) 4/3/22-typist
 Report Format: Merimen
 Lump Sum / B.L. / \$ 5921.56
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)
 Survey Fee: _____
 Transportation: _____
 \$ + R.S. \$ _____
 Photos _____
 Others _____

XINYA AUTO SERVICE PTE LTD

Add: BLK 1002 BUKIT MERAH LANE 3 # 01-75 SINGAPORE 159719

E-mail : xinyaauto@singnet.com.sg

Tel: 6270 3481 Fax: 6278 7522

Date : 12-Nov-20

Address : CHIA ENG HUAT
BLK 366 COMPASSVALE WALK
14 - 429
SINGAPORE 5402

Reference : TP 1262/11/20
Vehicle No : SMT 4428P
Make/Model : HONDA SHUTTLE
Insurance Co. : NTUC

RE : QUOTATION FOR REPAIRS TO SMT 4428P FOR THIRD PARTY CLAIMS.

<u>PARTS REQUIRED</u>	<u>QTY</u>	<u>AMT \$</u>
1) FRONT BUMPER	1	\$ 1,250.15 <i>dev</i>
2) FRONT BUMPER RETAINER RH	1	\$ 35.40 <i>?</i>
3) FRONT FENDER RH	1	\$ 485.80 <i>btw</i>
4) FRONT FENDER COWLING	1	\$ 120.50 <i>de</i>
5) WING MIRROR ASSY RH	1	\$ 547.55 <i>cut</i>
6) FRONT RIGHT DOOR	1	\$ 1,350.10 <i>dd</i>
7) DOOR TAPE SET	1	\$ 45.80 <i>new</i>
8) TYRE RIM	2	\$ 980.30 <i>dd</i>
9) STEERING RACK & PINON	1	\$ 1,748.80 <i>x</i>
LIST PRICE TOTAL		\$ 6,564.40
LESS DISCOUNT 20%		\$ 1,312.88
LIST PRICE TOTAL AFTER LESS		\$ 5,251.52
NETT PRICE TOTAL		\$0.00
TOTAL PARTS COST		\$5,251.52

LABOUR AND MISCELLANEOUS CHARGES

1) TO REMOVE & REPLACE FRONT BUMPER, FENDER RH, FRONT RH DOOR & PANEL BEAT & ALIGN	\$ 1,000.00 (5 DAYS)	<i>600</i>
2) TO PUTTY & SPRAY PAINT FRONT BUMPER, FENDER FRONT RH DOOR, WINGMIRROR, AND OTHER AFFECTED AREA	\$ 800.00 (4 PANEL)	<i>700</i>
3) TO TRANSFER FRONT RH DOOR MECHANISM PARTS & GLASS TO NEW DOOR	\$ 150.00	<i>60</i>
4) TO REMOVE & REPLACE STEERING RACK & PINON	\$ 280.00	<i>150? photo</i>
5) TO REPLACE TYRE RIM & TYRE BALANCING	\$ 80.00	<i>50</i>

6)	COMPUTERISE WHEEL ALIGNMENT	\$	120.00 ⁸⁰
7)	TUFF KOTE	\$	160.00 ³⁰
	LABOUR TOTAL	\$	2,590.00
	TOTAL ESTIMATED REPAIR COST	\$	7,841.52

Taufik 97495749/67418437
 WP 19/11/20 @ 1130
 Taufik @ lkkauto.com
 Lumpsum
 Resurvey after repair
 4 to 5 days

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:

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	12/11/2020 15:46
Date Of Accident	12/11/2020 06:20
Exact Location Of Accident	AIRPORT ROAD BEFORE KPE TUNNEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT4428P
Insured/Policyholder	
Name Of Registered Owner	CHIA ENG HUAT
NRIC No	SXXXX570E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98567172
Alternative Phone No	OTHERS-98567172
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116127019
Cover Note Number	
Driver	
Name of Driver	CHIA ENG HUAT
NRIC No	SXXXX570E
Date Of Birth	19/09/1958
Occupation	INDOOR
Date Of Driving Pass	29/07/1999
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98567172
Fax Number	
Contact Number	OTHERS-98567172
EEmail Address	NOEMAIL

Address BLK 200 COMPASSVALEVALE WALK
#14-429

Postcode 540230

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 - CHANGE/CROSS LANE

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH OWNER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY:

Vehicle Registration Number PA8401D

Vehicle Make/Model/Colour TOYOTA HIACE

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number 97330908

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

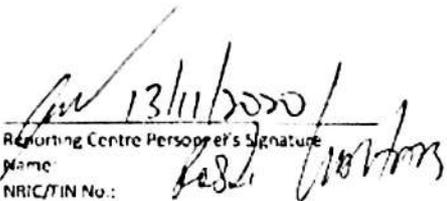
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2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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.

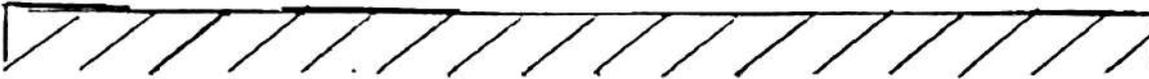
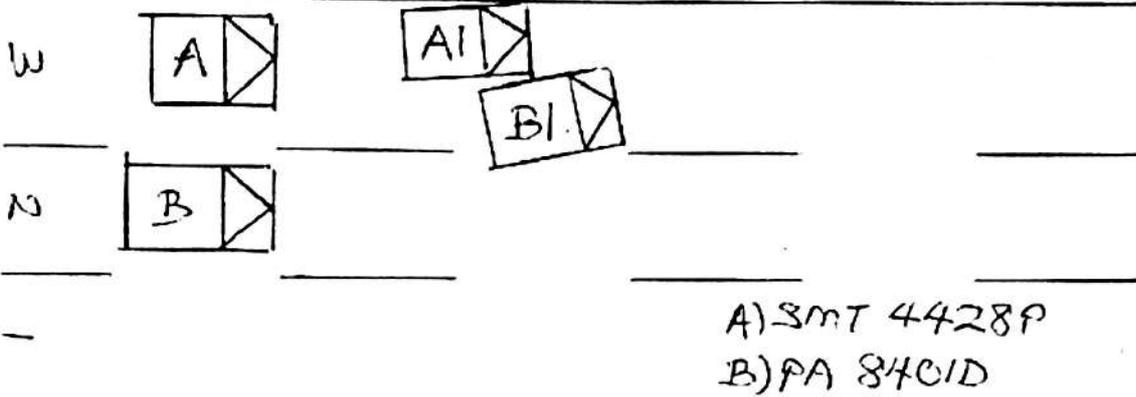

Policyholder's Signature
Date & Time:


Driver's Signature
(if driver is not the policyholder)
Date & Time:


Reporting Centre Person's Signature
Name: 13/11/2020
NRIC/IN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

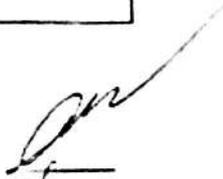
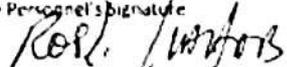
I was driving along airport road before KPE tunnel towards Tampines.
 I was travelling on the extreme left hand lane. On my right hand there was a mini bus th lane on my right.
 The Van on his left hand signal and move next to me while i was beside him. I then immedately jammed my brakes however the van did not stop it continue to move to my lane and pushed my vehicle to hit th kerb on my left damaging my left hand rim th centre portion of the van hit onto my front hand of vehicle.
 I later spoke to the boss Mr. Ho and then he told me to claim his insurance as repairs were high for his driver to pay.

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

13/11/2020 
 Reporting Centre Personnel's signature
 Name: 
 NRIC/FIN No: