

ASS. REC. BY:

REF:

AG2/ 200177391K5

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP NWS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No:

at Workshop n/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

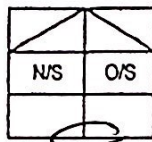
Excess:

(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:

02

days

Res.:

Yes or No

Lump Sum:

1.B.1 %

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SDU 9933R

Yr Regn:

01, 19

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

Truck / Traller or

Make:

Honda Civic

c.c

1597

Colour:

Red

A/C: Insured / Std / NI / NA

Sp. Reading

12739

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MRHFC 5650 JT 002116

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:

215/55 R16

R:

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

17/11/20

D.O.I.

23/11/2020

Survey held at

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

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. \$

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

**ESTIMATE TO REPAIR**

VEHICLE NO. : SDU 9933 R  
 MAKE : HONDA  
 MODEL : CIVIC  
 YEAR : 17/01/2019  
 CHASSIS NO : MRHFC5650JT002116

SURVEYOR NAME : LKK KENNETH  
 DATE OF SURVEY : 23/11/20  
 TIME OF SURVEY :

DATE : 18 November 2020  
 DATE OF ACCIDENT : 17 November 2020  
 THIRD PARTY REF : SMT 9144 A  
 THIRD PARTY REF : AUTO & GENERAL INSURANCE (S) PL

CHASSIS NO		MRHFC5650J1002116		THIRD PARTY REF		AUTO & GENERAL INSURANCE (S)	
Qty	Parts Description/ Labour	Type	Unit Price	Nett Item Amt	Amount		
1 pc	rear bumper		\$ 15.00		\$ CM	617.50	
2 pcs	rear bumper retainer				\$ S	30.00	
1 pc	rear bumper reinforcement				\$	160.00	
2 pc	rear bumper sensor		\$ 145.80		\$	291.60	
1 pc	rear bumper lower garnish				\$	60.30	
10 pcs	rear bumper clips		\$ 3.50		\$	35.00	
	Less 20%				\$	1,194.40	
					\$	238.88	
					\$	955.52	
	To check rear wiring & repair sensor				\$ Sol	80.00	
	To putty & spray paint				\$ 220	300.00	
	Labour charges				\$ 200	250.00	
	Not Notified Putty & spray paint 200						
	<div><div>LKK Auto Consultants hereby notify the Repairer of the following:<ul style="list-style-type: none"><li>• To resurvey before/after spray painting</li><li>• To display damaged part(s) during resurvey</li><li>• Parts prices are subject to confirmation</li><li>• Third party survey is on a "Without Prejudice" basis</li><li>• No illegal modification(s) is allowed</li><li>• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li></ul></div><div>Acknowledged by Repairer Signature: Date:</div></div>						
TG/SO	TOTAL				\$	1,585.52	

Lim Tan Motor Pte Ltd  
 Blk 176 Sin Ming Drive #03-09 Sin Ming Autocare Singapore 575721  
 Tel: 65-64520893 Fax: 65-64589127 Email: [edmund@ltdm.sg](mailto:edmund@ltdm.sg)  
 Co Reg No. 199307277D GST Reg No. M2-0019086-0

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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 17/11/2020 16:35  
Date Of Accident 17/11/2020 14:20  
Exact Location Of Accident WOODLANDS ROAD JUNCTION STAGMONT RING  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SDU9933R

#### Insured/Policyholder

Name Of Registered Owner YAM ELAINE  
NRIC No SXXXX906F  
Email Address YVONNE.YAM@GMAIL.COM  
Mobile Phone No (LOCAL) +65-96709193  
Alternative Phone No OFFICE-96709193

#### Vehicle Particulars

Manufacturer HONDA  
Model CIVIC-1.6 (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 TOKIO MARINE INSURANCE SINGAPORE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number  
Cover Note Number

#### Driver

Name of Driver LOW KIM NEO MABEL  
NRIC No SXXXX683C  
Date Of Birth 04/07/1947  
Occupation INDOOR  
Date Of Driving Pass 29/05/1978  
Driving Experience 42 YEARS AND 5 MONTHS  
Gender FEMALE  
Mobile Number (LOCAL) +65-96709193  
Fax Number  
Contact Number  
EMail Address YVONNE.YAM@GMAIL.COM

# SKETCH PLAN

Date & Time of Accident: 17/1/20 / 1420 hrs Location: Woodlands Rd towards  
Veh A: SDU 9933R Veh B: SMT 9144A Veh C/Others: Stagmont Ring

Drawing refer to attached.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Woodlands Rd. At the junction of Stagmont Ring, I slow down when approaching the junction.

Out of sudden, veh B from behind bang onto my rear portion.

Video footage attached

☐ Own Damage Claim at Lim Tan Motor ☒ TP Claim at Lim Tan Motor  
☐ Own Damage Claim at Other Workshop ☐ TP Claim at Other Workshop ☐ Reporting Only

I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:-

My/Our workshop via email : \_\_\_\_\_

My/Our email : \_\_\_\_\_

## 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.:



*[Signature]*

GIA Form SP/ACCIDENT/01/13