

ASS. REC. BY:

REF: LPC/

Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/WS/TP RES/OD RES/EVA/INV/MY
 To Inspect Vehicle No: _____
 at Workshop m/s NBM
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SMT 3029S Yr Regn: 1
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Honda Shuttle c.c. 1496
 Colour: M. Gray A/C: Insured / Std / NI / NA
 Sp. Reading: 191170 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: GP7 2003063
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brakes: Inorder / Jammed / Leaked / Burnt or _____
 Mod: NII / R/Rim / STD A/Rim or _____
 Tyre Size: F: R5/55R15
 R: _____

| | |
|---|------------------------------|
| <input checked="" type="checkbox"/> N/S | <input type="checkbox"/> O/S |
| <input type="checkbox"/> | <input type="checkbox"/> |

(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 _____

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 01 days Res.: Yes or No
 Lum Sum: 1.3.1 % 3 Val.: Yes or No

Front R/Bal. 0 mm Rear R/Bal. 0 mm
 L/Bal. 0 mm L/Bal. 0 mm
 D.O.A. 26/8/20 D.O.I. 14/12/2020
 Survey held at _____

CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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

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

| Date / Time | Action / Instruction |
|-------------|----------------------|
| <u>1</u> | <u>260</u> |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Date/Time, File Pass to? : Prell. Report
 : Final Report
 1) _____
 Date/Time, File Return to?

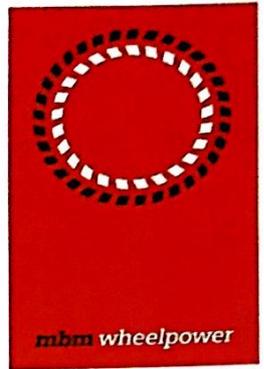
Days Of Repair: _____
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee: _____
 Transportation: _____
 S - RS. \$ _____
 Fuel: _____
 Others: _____
 TOTAL: _____

Report Format : _____
 Lump Sum / I.B.I: (\$ _____)

MBM WHEELPOWER PTE. LTD.



YOUR REF.: YM9180P

OUR REF.: SMJ3029S

TO: Lonpac Insurance Bhd

CC: MOTOR CLAIMS DEPARTMENT

FAX:

*Not Withheld
Running After Paint
1 day*

DATE: 29/9/2020
 FROM: Lee Shirley
 FAX: 6452 5333
 CONTACT: 8686 5188
 MAKE & MODEL: HONDA SHUTTLE 1.5 (A)
 CHASSIS NO.: GP72003063
 ENGINE NO.: LEB7104040
 YEAR MADE: 2019
 ACCIDENT DATE: 26 August 2020

FINALISE FOR VEHICLE NO.: SMJ3029S

| NO. | DESCRIPTION | PART NO. | QTY. | LIST PRICE |
|--------------|------------------------------|----------|------|--------------------------------|
| 1 | LH FRONT DOOR GLASS | | 1 | \$ <i>sn</i> 1,000.00 <i>X</i> |
| 2 | LH FRONT DOOR GLASS MOULDING | | 1 | \$ <i>sn</i> 150.00 <i>X</i> |
| 3 | LH FRONT DOOR | | 1 | \$ <i>n</i> 1,000.00 <i>X</i> |
| 4 | LH FRONT DOOR SEAL FRONT | | 1 | \$ <i>na</i> 60.00 <i>X</i> |
| 5 | LH FRONT DOOR SEAL LOWER | | 1 | \$ <i>na</i> 60.00 <i>X</i> |
| 6 | LH FRONT DOOR WEATHERSTRIP | | 1 | \$ <i>sn</i> 100.00 <i>X</i> |
| 7 | LH FRONT DOOR HANDLE | | 1 | \$ <i>n</i> 600.00 <i>X</i> |
| 8 | LH FRONT DOOR UPPER HINGE | | 1 | \$ <i>n</i> 80.00 <i>X</i> |
| 9 | LH FRONT DOOR LOWER HINGE | | 1 | \$ <i>n</i> 80.00 <i>X</i> |
| TOTAL: | | | | \$ 3,130.00 |
| LESS 20%: | | | | \$ (626.00) |
| PARTS TOTAL: | | | | \$ 2,504.00 |

SPECIAL NETT
 BODY SEALANT

1 \$ *na* 80.00 *X*

LABOUR

TO REMOVE, REFIT & REPAIR AFFECTED DAMAGED PARTS

\$ *na* 600.00 *X*

TO CHECK & RECONNECT ALL NECESSARY WIRING

\$ *na* 50.00 *X*

TO DISMANTLE & TRANSFER DOOR FITTINGS & MECHANISM TO NEW DOOR / FACILITATE REPAIR

\$ *na* 100.00 *X*

TO RESET ENGINE WARNING LIGHT (ABS, SRS, ECU MEMORY & ETC)

\$ *na* 200.00 *X*

TO SPRAY PAINT ON THE AFFECTED AREAS

\$ *bol* 600.00

TOTAL: \$ 4,134.00

7% GST: \$ 289.38

GRAND TOTAL: \$ 4,423.38

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

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 | 27/08/2020 13:30 |
| Date Of Accident | 26/08/2020 16:20 |
| Exact Location Of Accident | SIMON ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMJ3029S |
| Insured/Policyholder | |
| Name Of Registered Owner | YEO SEONG BEE ERIC |
| NRIC No | SXXXX021H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-93691333 |
| Alternative Phone No | OFFICE-93691333 |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | HONDA |
| Model | SHUTTLE-1.5 (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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5107550662-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | YEO SEONG BEE ERIC |
| NRIC No | SXXXX021H |
| Date Of Birth | 24/11/1953 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 14/06/1973 |
| Driving Experience | 47 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93691333 |
| Fax Number | |
| Contact Number | OFFICE-93691333 |
| EMail Address | NOEMAIL |

| | |
|---|----------------------|
| Address | BLK 273 BANGKIT ROAD |
| | #01-154 |
| Postcode | 670273 |
| 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 | SIDE SWIPE |
| 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? | |
| Was any other material or property damaged? | NO |
| 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 | THOMSON NPP 25 SIN MING ROAD |
| Police Station Address | ROAD: 25 SIN MING ROAD #01-180 , POSTCODE: 570025 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

AS PER POLICE REPORT

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 | YM9180P |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

