

ASS. REC. BY:

REF: C72 / 20014421/K7

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: _____

Policy No. _____

Claims No. _____

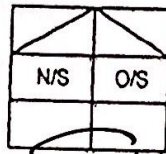
Sum Insured: _____

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 Report: _____

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

Date / Time

Action / Instruction

Veh No: _____

SKX 6483T

Yr Regn: 12, 15

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

Truck / Traller or

Make: _____

Honda Vezel

c.c

1496

Colour: _____

M-Black

A/C: _____

Insured / Std / NI / NA

Sp. Reading: _____

122464

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

RUI

1102882

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size: _____

F: _____

215/60R16

R: _____

BS / ☒ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal. _____

4

mm

R/Bal. _____

6

mm

L/Bal. _____

4

mm

L/Bal. _____

6

mm

D.O.A. _____

22/12/20

D.O.I. _____

24/12/2020

Survey held at _____

Des. of Damages: Frt / ☒ Rear / ☐ O/S / ☐ N/S / ☐ UIC / ☐ Rooftop or

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

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: _____

☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech Invs (\$

) S - RS. SI

) F.P. IS

) Other

Report Format :

ump Sum / I.B.I. (\$) _____

AH LIM MOTOR COMPANY

176 Sin Ming Drive #05-12 Sin Ming Autocare Singapore 575721
TEL: 6456 3637 FAX: 6456 3686 Email: admin@almsm.com.sg
GST:M9-0009639-E RCB NO:06470300B

SURVEYOR COPY

M/S : SO BOON HWA
BLK 164 JALAN TECK WHYE
#12-238
SINGAPORE 680164

Estimate No: MCS1900370
Date: 22 Dec 2020
Policy No: D19MTPV01016505
Veh Reg No: SKX6483T
Make/Model: HONDA VEZEL 1.5X
CVT

ATTN:

Your Ref No: SKX6483T
Claim Type: Third Party
Accident Date: 22/12/2020
TP Veh Reg No: SKF867D

Not Authorized
11 Sep 8
Resurvey After Point

Estimate Repair Cost to Vehicle No :SKX6483T

6 days

Description	Quantity	List Price	Amount
		<u>S\$</u>	<u>S\$</u>
SPARE PARTS			
1 TAILGATE	1 PC	<i>R1</i> 972.40	✓
2 VEZEL BADGE	1 PC	<i>NE</i> 45.80	✓
3 TAILGATE WEATHER STRIP	1 PC	<i>01/12</i> 104.40	<i>50/12</i>
4 TAILGATE INNER TRIM BOARD	1 PC	183.50	?
5 TAILGATE INNER LOCK	1 PC	136.20	?
6 REAR BUMPER	1 PC	<i>R1</i> 777.90	✓
7 REAR BUMPER CLIP	10 PC	<i>NE</i> 35.00	✓
8 TAIL END PANEL	1 PC	<i>R1</i> 415.60	✓
9 TAIL END PANEL INNER TRIM BOARD	1 PC	<i>mg 01</i> 66.60	✓
10 SPARE TIRE PANEL	1 PC	<i>R</i> 835.30	?
11 RR END BUZZER	1 PC	110.10	?
12 RR END KEY ANTENNA	1 PC	58.10	?
13 RR SPARE TYRE INNER BOX	1 PC	167.50	?
14 REAR WINDSCREEN MOULDING	1 PC	<i>NE</i> 138.60	✓
15 SPARE TYRE PANEL UNDER COST	1 PC	118.30	?
		4,165.30	
	Less 20%	833.06	3,332.24
Special Nett			
16 REVERSE SENSOR 1 SET	1 PC	<i>CM</i> 220.00	<i>2 case</i>
17 WINDSCREEN SEALANT 1 SET	2 PC	<i>NE</i> 30.00	✓
		250.00	250.00
LABOUR			
18 TO CHECK WIRING AND INSTALL REVERSE SENSOR	1 PC	30.00	✓
19 TO DISMANTLE AND INSTALL REAR WINDSCREEN	1 PC	120.00	✓
20 TO DISMANTLE AND INSTALL TAILGATE, TRANSFER TAIL GATE INNER PARTS AND WIRING HARNESS	1 PC	70.00	<i>601</i>
21 TO DISMANTLE AND INSTALL RR LUGGAGE COMPARTMENT INNER BOX AND TRIM COVER.	1 PC	70.00	<i>601</i>
22 TO DISMANTLE AND INSTALL DAMAGE PARTS TO CUT, KNOCK AND WELD TAIL END PANEL AND TO KNOCK AND REPAIR SPARE TYRE PANEL AND AFFECTED AREA	1 PC	1,200.00	<i>7001</i>
23 TO SPRAY TAIL GATE, TAIL END PANEL, SPARE TIRE AND RESEAL END PANEL AND SPARE TIRE PANEL	1 PC	850.00	<i>8801</i>
		2,340.00	2,340.00

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:



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 Submission 22/12/2020 14:40 (SGT)
Date of Accident 22/12/2020 10:35 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information CTE EXIT TO YIO CHU KANG RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKX6483T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SO BOON HWA
NRIC No SXXXX862F
Email Address SOBOONH@GMAIL.COM
Mobile Phone No (Phone) +65-92960929
Alternative Phone No (Office) +65-92960929

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Sompo
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D19MTPV01016505
Cover Note Number 22/12/2020 TO 21/12/2021

DRIVER

Name of Driver SO BOON HWA
NRIC No SXXXX862F
Date Of Birth 01/03/1964
Occupation Indoor

Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

22/11/1986
 34 YEARS AND 1 MONTH
 Male
 (Phone) +65-92960929
 (Office) +65-92960929
 SOBOONH@GMAIL.COM
 BLK 164 JALAN TECK WHYE #12-238

-
 680164
 Yes
 -
 No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Collision - Head to Rear
 Clear
 Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
 Number of vehicles involved in the accident
 Was anybody injured in the Accident?
 Was any injured conveyed to hospital by ambulance?
 Was any other material or property damaged?
 Number of Passengers (Including Driver)
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No
 2
 No
 -
 Yes
 1
 No

DETAILS OF POLICE ACTION

Was the accident reported to the police?
 Was notice of intended Prosecution given?
 If yes, against whom?

No
 No
 -

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?
 Was there any video captured by Car Camera?
 Was there any audio recorded?

Yes
 No
 No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
 Vehicle Manufacturer
 Vehicle Model
 Vehicle Variant
 Vehicle Colour
 Vehicle Category
 Name of Driver
 NRIC No
 Contact Number
 Address
 Address complement
 Postcode

SKF867D
 Ford
 -
 -
 -
 Private car
 TAN TIAN HOCK
 SXXXX423Z
 (Phone) +65-96781973
 -
 -
 -

SKETCH PLAN

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. The 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.
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;

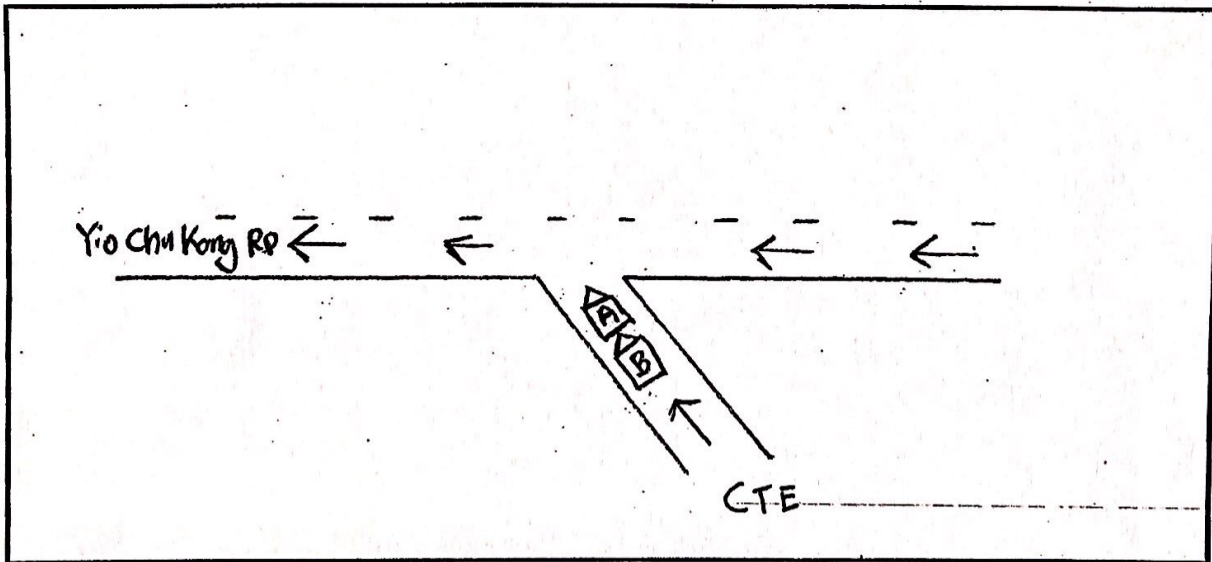
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.

Sketch Plan



[Signature]

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

22/12/2024

AH LIM MOTOR COMPANY

Describe Circumstances of the Accident.

Suddenly my car was hit at the rear by another car SKF867D which resulted damage to my rear of my car. My car was ~~stop~~ stationary for a while before the car behind hit my car

ALH LIM MOTOR COMPANY