

ASS. REC. BY:

REF:

A/G / 210001721K

Kenneth

## 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:

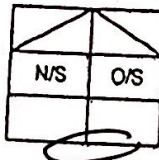
Excess:

(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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

09

days

Res.: Yes or No

Lum Sum:

1.81

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Pnn 75203 Yr Regn: 07, 19

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

Truck / Trailer or

Make:

Honda Shuttle

Colour

MP White

A/C: Insured / Std / NI / NA

Sp. Reading

122916

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

GPF

2008772

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: Sumide 185/60R15

R: Kapsen

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

TOYO / YOKO or

Front

R/Bal.

8

mm

Rear

R/Bal.

3

mm

L/Bal.

8

mm

L/Bal.

3

mm

D.O.A.

31/12/20

D.O.I.

6/1/2021

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?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

F. P. S

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

TOTAL

Report Format :

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

Date: 04.01.2021  
Vehicle No: SMM7920B  
Model: HONDA SHUTTLE HYBRID 1.5  
Chassis: GP72008772-2019  
Reg.Year: 2019

Third Party Insurer: AIG  
Third Party Veh No: SMQ9491M  
Date of Accident: 31.12.2020

*Not Authorized*  
*Repair by painting 4 days*

## ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR TAILGATE	1		By \$1,193.00 ✓
2	REAR TAILGATE "HYBRID" EMBLEM	1		na \$75.80 ✓
3	REAR TAILGATE "SHUTTLE" EMBLEM	1		na \$65.60 ✓
4	REAR TAILGATE LOGO EMBLEM	1		na \$58.20 ✓
5	REAR WINDSCREEN MOULDING	1		na \$118.70 ✓
6	REAR END PANEL UPPER COVERING	1		na \$155.50 ✗
7	REAR BUMPER	1		na \$950.80 ✗
8	REAR END PANEL	1		REPAIR
SUB TOTAL				\$2,617.60
LESS 20%				-\$523.52
PARTS TOTAL				\$2,094.08

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR WINDSCREEN SEALANT	1		na \$80.00 ✓
2	REAR TAILGATE INNER TRIME CLIPS	1		na \$40.00 ✗
3	REAR END PANEL UPPER COVERING CLIPS	1		na \$30.00 ✗
4	REAR BUMPER REVERSE SENSOR	1		\$300.00 ✓
5	REAR BUMPER CLIPS	1		na \$50.00 ✗
S/N TOTAL				\$500.00

### LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REPAIR & READJUST REAR ACCIDENT AREAS & ETC.

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR TAILGATE, REAR END PANEL, REAR BUMPER & ETC.

LABOUR CHARGES TO REMOVE & REFIX REAR WINDSCREEN GLASS, REAR WINDSCREEN MOULDING, REAR WINDSCREEN SEALANT & ETC. TO EFFECT REPLACE OF REAR TAILGATE.

*3000*  
\$700.00

*4000*  
\$700.00

*1200*  
\$150.00

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:  
Date:

Date: 04.01.2021  
Vehicle No: SMM7920B  
Model: HONDA SHUTTLE HYBRID 1.5  
Chassis: GP72008772-2019  
Reg.Year: 2019

Third Party Insurer: AIG  
Third Party Veh No: SMQ9491M  
Date of Accident: 31.12.2020

LABOUR CHARGES TO REMOVE & REINSTALLED REAR TAILGATE INNER MECHANISM & ETC. BACK TO ORIGINAL OPERTAIONS.

\$120.00 601

LABOUR CHARGES TO REMOVE & REPLACE REAR BUMPER REVERSE SENSOR & ETC.

\$100.00 X

TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.

\$80.00 151

LABOUR TOTAL \$1,850.00

TingAn

TOTAL \$4,444.08

# 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 ..... 04/01/2021 15:36 (SGT)  
Date of Accident ..... 31/12/2020 17:25 (SGT)  
Exact Location of Accident ..... Woodlands Ave 3, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMM7920B

## INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... HVS CAPITAL PTE. LTD.  
Company Reg No ..... 2XXXXXX289E  
Email Address ..... julie\_18@mail.com  
Mobile Phone No ..... (Phone) +65-96604433  
Alternative Phone No ..... (Office) +65-96604433

## VEHICLE PARTICULARS


Manufacturer ..... Honda  
Model ..... Shuttle  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private hire

## INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... 5109916971-01  
Cover Note Number ..... -

## DRIVER

Name of Driver ..... MUHAMAD SUHAIMI BIN OSMAN  
RIC No ..... SXXXX901G  
Date Of Birth ..... 08/01/1975  
Occupation ..... Outdoor

 Accident report SA0D21140002

Date Of Driving Pass ..... 16/02/1998  
Driving experience ..... 22 YEARS AND 10 MONTHS  
Gender ..... Male  
Mobile Number ..... (Phone) +65-97303255  
Alt. Phone Number ..... -  
Email Address ..... ssuhaimi42@gmail.com  
Address ..... BLK 801B KEAT HONG CLOSE #04-23  
Address complement ..... -  
Postcode ..... 682801  
Is the driver the policyholder? ..... No  
If No, Relationship of the Driver with the Insured ..... Hirer  
Does Driver Own Other Vehicles? ..... No  
Vehicle Registration Number of Other Vehicle Owned by Driver ..... -  
Insurance Company of Other Vehicle Owned by Driver ..... -

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Collision - Head to Rear  
Weather Conditions ..... Raining  
Road Surface ..... Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? ..... No  
Number of vehicles involved in the accident ..... 2  
Was anybody injured in the Accident? ..... No  
Was any injured conveyed to hospital by ambulance? ..... -  
Was any other material or property damaged? ..... Yes  
Number of Passengers (Including Driver) ..... 2  
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... No

#### PASSENGER 1

Name ..... PASSENGER  
Gender ..... Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... No  
Was notice of intended Prosecution given? ..... No  
If yes, against whom? ..... -

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED.

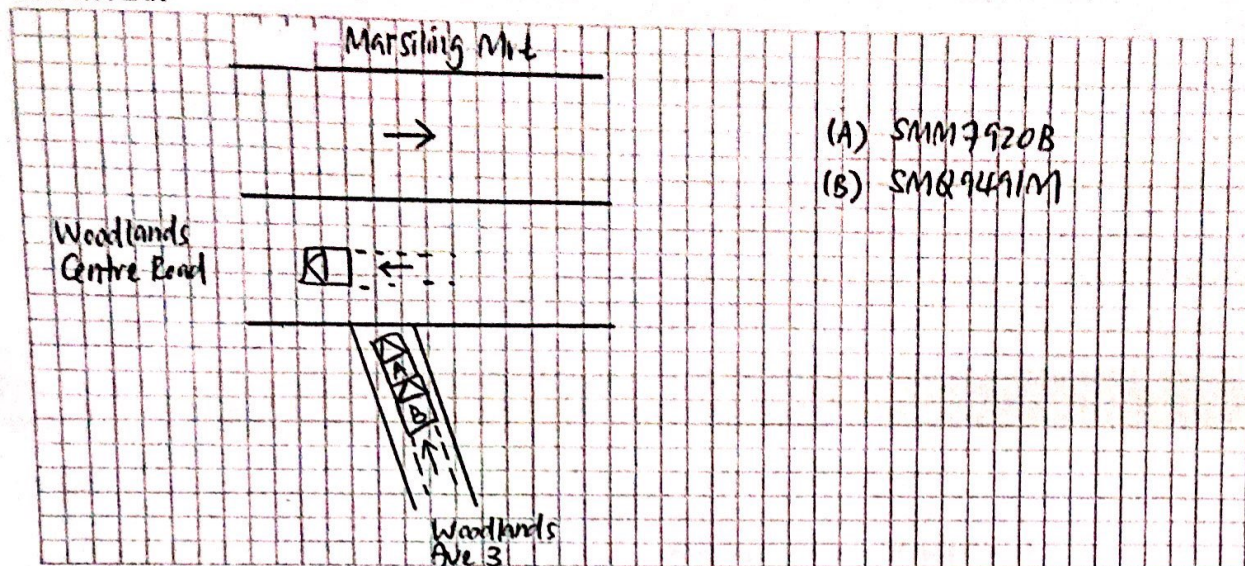
#### ATTACHMENT(S)

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 ..... SMQ9491M  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... -  
Contact Number ..... -

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/12/2020 at about 5:25pm,  
I was stopped at woodlands to give way to main road vehicle.  
Suddenly, I felt an impact from behind. I alighted and realised  
vehicle (B) SMO 9491M hit onto my vehicle (A) SMM7920B rear  
portion.

## 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: 4/1/2021

Reporting Centre Personnel's Signature  
Name: Joelle Tan  
NRIC/FIN No.: AMK AUTOPPOINT PTE LTD

04.01.2021

GAARIN SketchPlanform V3

14.00pm