

ASS. REC. BY:

REF:

TP / CS/TP21000878/Kqd3

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

10

days

Res.:

Yes or No

Lum Sum:

1-B.1

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMN 66475

Yr Regn:

08, 19

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

Truck / Trailer or

Make:

Honda 157

c.c

1.496

Colour

M. P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

GP5 - 1344188

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

185/60R15

R:

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

TOYO / YOKO or

Sunwide

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

24/12/20

D.O.I.

14/1/2021

Survey held at

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

o/s body & u/c

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

Date / Time

Action / Instruction

1

Barry 1/19

final fig \$8738.32 (Red \$5406.78, 38%)

Date/Time, File Pass to?

☐

: Prelim. Report

1) 23/02 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

10

Resurvey No. of Trip:

2

Survey Fee:

Transport:

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format:

TP

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

8738.32

Date: 12.01.2021
Vehicle No: SMN6647S
Model: HONDA FIT 1.5 HYBRID
Chassis: GP51344188
Reg.Year: 2019

Third Party Insurer: GE
Third Party Veh No: SJZ801A
Date of Accident: 24.12.2020

ESTIMATE

Not with a 10 days
Returning B4 paint

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT DOOR RH	1	Ry	\$1,036.80
2	FRONT DOOR HANDLE RH	1	D.I	\$195.00
3	FRONT DOOR LOCK COMPL	1	De	\$388.80
4	FRONT DOOR INNER TRIM BOARD RH	1		\$430.00
5	FRONT DOOR REGULATOR RH	1	Ry	\$490.00
6	FRONT DOOR GLASS RH	1	Shattered	\$680.00
7	FRONT DOOR HINGE RH	1 SET	Ry	\$100.00
8	FRONT DOOR CHECKER RH	1	Ry	\$65.00
9	FRONT DOOR WEATHERSTRIP	1	Ca	\$195.00
10	FRONT DOOR WINDOW TRIM	1	Ry	\$110.00
11	FRONT DOOR STICKER	1 SET	De	\$75.00
12	ROCKER PANEL RH	1	Ry	\$378.00
13	ROCKER PANEL SIDE COVER RH	1		\$175.00
14	REAR DOOR RH	1	Ry	\$1,036.80
15	REAR DOOR HINGE RH	1 SET	Ry	\$100.00
16	REAR DOOR STICKER RH	1 SET	De	\$75.00
17	FRONT FENDER RH	1	Ry	\$280.80
18	FRONT FENDER "HYBRID" EMBLEM	1	De	\$55.00
19	FRONT FENDER SIGNAL LAMP RH	1	mit	\$21.60
20	FRONT FENDER QUARTER GLASS	1		\$240.00
21	SIDE MIRROR COMPL RH	1	De / cm	\$324.00
22	FRONT WHEEL COVER RH P.7	1	De / De / cm	\$453.60
23	FRONT STEEL RIM	1		\$403.20
24	FRONT ABSORBER RH	1		\$423.00
25	FRONT LOWER ARM RH	1		\$248.40
26	FRONT KNUCKLE ARM RH	1		\$388.80
27	FRONT STABILIZER LINK RH	1		\$64.80
28	FRONT STABILIZER BAR RH	1		\$223.50
29	FRONT STEERING RACK	1		\$750.00
30	FRONT DRIVER SHAFT	1		\$226.70
31	FRONT WHEEL BEARING RH	1		\$176.30
32	FRONT FENDER INNER SHIELD RH	1	De	\$75.00
SUB TOTAL				\$9,885.10
LESS 0%				\$0.00
PARTS TOTAL				\$9,885.10

Date: 12.01.2021
Vehicle No: SMN6647S
Model: HONDA FIT 1.5 HYBRID
Chassis: GP51344188
Reg.Year: 2019

Third Party Insurer: GE
Third Party Veh No: SJZ801A
Date of Accident: 24.12.2020

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	FRONT FENDER INNER SHIELD CLIPS RH	1		\$30.00
2	FRONT DOOR HANDLE CARBON FIBER FITTINGS	1 SET		\$170.00
3	FRONT DOOR SUN VISOR	1 SET		\$150.00
4	FRONT/REAR DOOR CARBON FIBER TRIMMING	1 SET		\$150.00
			S/N TOTAL	\$500.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REFIX, REPAIR & READJUST ACCIDENT AREA. \$1,400.00 1100

LABOUR CHARGES TO SUPPLY PAINT & FURNISHING MATERIALS AT ACCIDENT AREA. \$1,200.00 1000

LABOUR CHARGES TO DISMANTLE & RE-INSTALL FRONT DOOR MECHANISM / GLASS. \$180.00 60

LABOUR CHARGES TO DISMANTLE & RE-INSTALL REAR DOOR MECHANISM / GLASS. \$180.00 60

LABOUR CHARGES TO DISMANTLE AND RE-INSTALL UNDERCARRIAGE. \$200.00 7

TO CONDUCT WHEEL ALIGNMENT \$150.00 60

TO TUFF KOTE & UNDERSEAL MATERIALS. \$150.00 120

TO CHECK WIRING & ELECTRICAL SYSTEM & ETC. \$150.00 40

TO DAIGNOSIS FAULT CODE & RESET MEMORY. \$150.00 120

	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	
	LABOUR TOTAL	\$3,760.00
	TOTAL	\$14,145.10

Vic

Head office
6 Kung Chong Road Singapore 150143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch
9A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 9019 | Fax: (+65) 6481 1893

Acknowledged by Repairer
Signature Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind Park 2A #01-06 Singapore 568047
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011



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 28/12/2020 10:11 (SGT)
Date of Accident 24/12/2020 01:40 (SGT)
Exact Location of Accident Serangoon Central, Singapore
Additional Location Information TOWARDS YIO CHU KANG BEFORE X-JUNCTION OF
BOUNDARY ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN6647S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner 1NSPIRED AUTO LEASING PTE LTD
Company Reg No 2XXXXX227K
Email Address lily.loi@ow.sg
Mobile Phone No (Phone) +65-64811011
Alternative Phone No (Office) +65-64811011

VEHICLE PARTICULARS

Manufacturer Honda
Model Fit
Variant -
Exact purpose for which vehicle was being used at time of
accident Employment
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 5110146618-01
Cover Note Number -

DRIVER

Name of Driver MOHAMAD KAMARUDIN BIN MOHAMAD
NRIC No SXXXX944Z
Date Of Birth 02/03/1976

Occupation Outdoor
 Date Of Driving Pass 29/09/2003
 Driving experience 17 YEARS AND 3 MONTHS
 Gender Male
 Mobile Number (Phone) +65-90075241
 Alt. Phone Number -
 Email Address lily.loi@ow.sg
 Address BLOCK 334 CLEMENTI AVENUE 2 #09-80
 Address complement -
 Postcode 120334
 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 - Change/cross lane
 Weather Conditions Clear
 Road Surface Dry

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? Yes
 Was any injured conveyed to hospital by ambulance? No
 Was any other material or property damaged? Yes
 Number of Passengers (Including Driver) 3
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name GRAB PASSENGER
 Gender Male

PASSENGER 2

Name GRAB PASSENGER
 Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Clementi Division Headquarters
 Police Station Phone No (Phone) +65-18007740000
 Alt. Police Station Phone No (Fax) +65-67741705
 Police Station Address 20 Clementi Avenue 5 Singapore 129858
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED AND POLICE REPORT; REMARKS: TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND 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	SJZ801A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REFER TO ATTACHED AND POLICE REPORT
Details of property damaged in accident	REFER TO ATTACHED AND POLICE REPORT
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

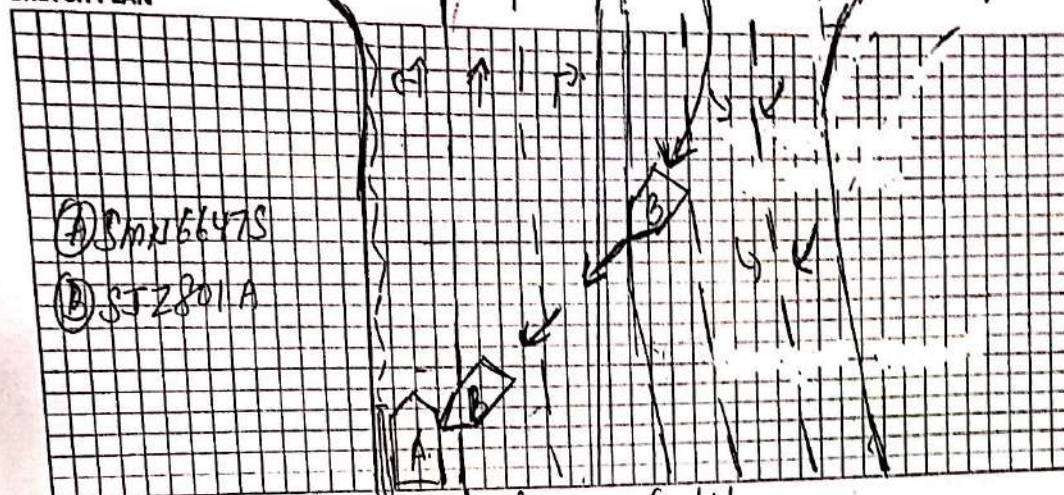
INJURED 1

Name of injured person	MOHAMAD KAMARUDIN BIN MOHAMAD
Address	BLOCK 334 CLEMENTI AVENUE 2 #09-80
Address Complement	-
Post Code	120334
Approximate Age Years Old	44
Injuries Sustained	REFER TO ATTACHED AND POLICE REPORT
Injured person in which vehicle?	SMN6647S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Boundary Road

Boundary Rd.

SKETCH PLAN



① SHN 5647S

② SJZ 801A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT *Perungudi Central.*

Refer to Police Report No: *7/20201224/2/113*

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.:

GIARMC SketchPlanForm_V3

2