

REF: CS/1PL21001359/ATd3

ASS. REC. BY:

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 Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLX22925 Yr Regn: 2008, Modch

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

Truck / Trailer or

Make: Honda Shuttle Hybrid C.C. 1496

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: 113614 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GPT1121378 *

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/50R16

R: 205/50R16

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

TOYO / YOKO or Giti

Front _____ Rear _____

R/Bal. 06 mm / R/Bal. 06 mm

L/Bal. 06 mm / L/Bal. 06 mm

D.O.A. _____ D.O.I. 29/01/21

Survey held at Hui Huang Hong Bao

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
	TP Car Pac.
	Lump Sum \$4950
	MV: (Red: 2131.32 : 30%)
	PV:
	Nett:

Date/Time, File Pass to? : Prel. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 6

Resurvey No. of Trip: 3

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)

Report Format: TP

Lump Sum / L.B.E: 4950



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: 20/21/21/VC05/024177

Date: 05/04/2021

Our Ref: CS/LPC21001359/Atf3

The Motor Claims Department
LONPAC INSURANCE BHD

Dear Sirs/Mdm

PRELIMINARY ADVICE OF VEHICLE NO. SLX 2292S

Please be informed that we had conducted the inspection of the above-mentioned vehicle on 29/01/2021 at the premises of M/s Hui Huang Hong Bao Motors and have the following to report: -

Workshop Estimate Amount	: S\$ <u>7,081.32</u>
Revised Estimate Amount	: S\$ <u>6,223.88</u>
"Check" Items Amount	: S\$ <u>0.00</u>
Market Value	: S\$ <u>0.00</u>
LTA Reimbursement Value	: S\$ <u>0.00</u>
Nett Value	: S\$ <u>0.00</u>

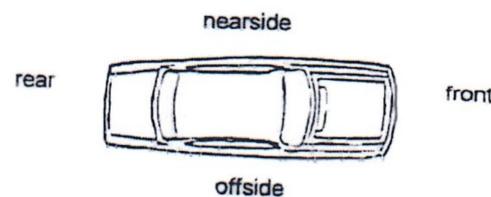
Description of Damage:

The vehicle sustained damages at the rear portion.

Repair days: 6

Comments/ Present Status:

Damages Consistent.



Yours faithfully

Adrian Ling

Automotive Assessor

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 27/01/2021 13:56 (SGT)
Date of Accident 27/01/2021 08:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE -CHANGI, SLIP RD TO PAYA LABER
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLX2292S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner POPULAR RENT A CAR PTE LTD
Company Reg No 1XXXXX195Z
Email Address alisonhshb@gmail.com
Mobile Phone No (Phone) +65-67428888
Alternative Phone No (Office) +65-67428888

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 999994047
Cover Note Number -

DRIVER

Name of Driver WEE YUE PING
NRIC No SXXXX037A
Date Of Birth 27/06/1965
Occupation Outdoor

Date Of Driving Pass	18/08/2005
Driving experience	15 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98590762
Alt. Phone Number	-
Email Address	alisonhghb@gmail.com
Address	BLK 118 WOODLANDS AVE 5 #06-39
Address complement	-
Postcode	739019
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

REFER TO ATTACHED REPORT

ATTACHMENT(S)

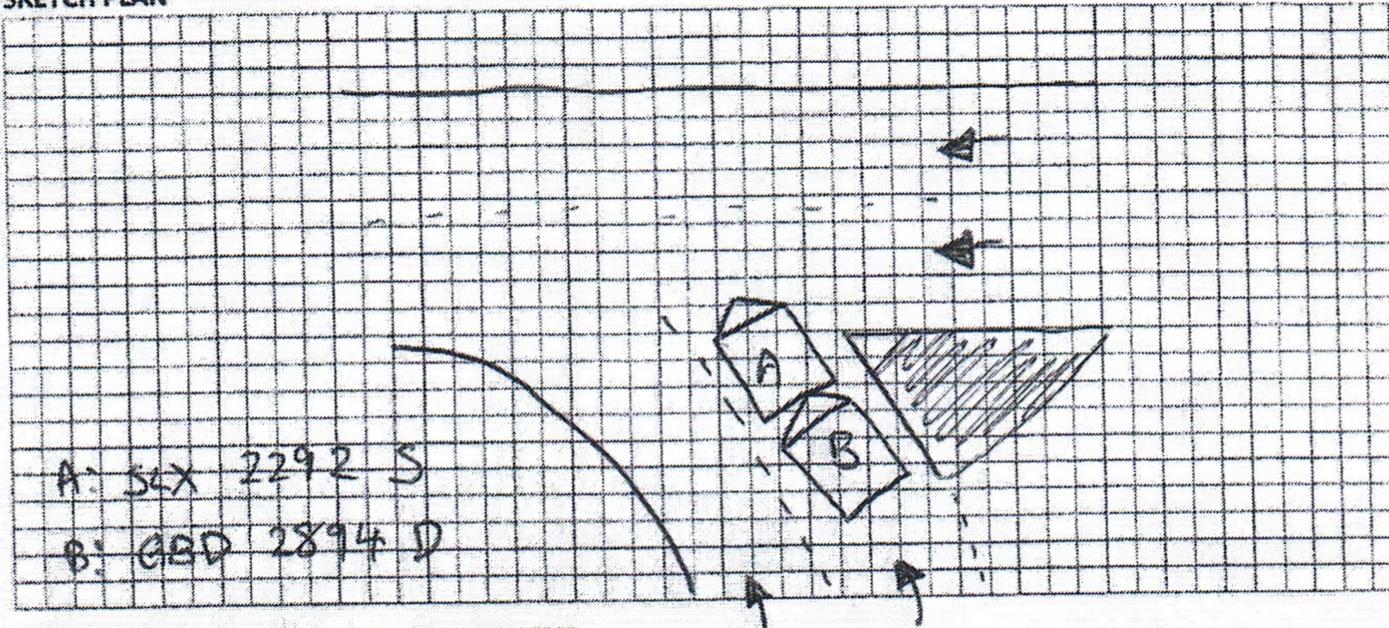
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD2894D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

- Nature Of Damage -
- Details of property damaged in accident -
- No. Of Passenger (Including Driver) -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am at the slip road waiting for traffic clearance.
Suddenly the lorry from the rear hit my car.
No body was injured. We exchange contact.

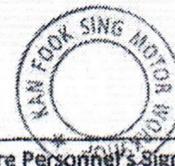
DECLARATION

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.: