

ASS. REG. BY:

REF:

Smo/210014101K

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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02

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

Date / Time

Action / Instruction

Veh No:

SLT 1586 Yr Regn: 01, 20

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

Truck / Trailer or

Make:

Honda Shuttle cc 1496

Colour

M. Grey AG: Insured / Std / NI / NA

Sp. Reading

13532 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

GK8 2101309

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / SRIm / STD A/RIm or

Tyre Size:

F: 205/50R16

R:

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

TOYO / YOKO or

Kumho

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

28/1/21

D.O.I.

1/2/2021

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?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation:

S - RS. SI

P. Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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



KGC WORKSHOP PTE LTD

Since 1967

Sincere • Secure • Satisfaction



14 Ang Mo Kio St.63, Block B (S) 569116

Tel : 6453 6279 / 6456 5410

Email : contact@kgcworkshop.com.sg

Not Withheld

Resurvey B & P

2 day

Tan Buck Guan
14 Ang Mo Kio St 63
Block B
Singapore 569116

TP 210106

Date 1/2/2021

No of Page : 1/1

Registraion No : SLT 158G

Model : Honda Shuttle CVT SENSING

Accident Date : 28-Jan-21

Chassis No: GK82101309

Our Ref : TP 210106

Engine Capacity 1.5

S/No	Qty	Items	Unit Price	Amount
1	1	Rear bumper	\$ 1,150.60	\$ 1,150.60 ✓
2	1	Rear bumper retainer RHS	\$ 38.20	\$ 38.20 X
3	1	Rear bumper retainer LHS	\$ 38.20	\$ 38.20 X
4	1	Rear bumper reflector RHS	\$ 85.80	\$ 85.80 X
5	1	Rear bumper sponge RHS	\$ 95.00	\$ 95.00 X
6	1	Rear End Panel	\$ 598.70	\$ 598.70 X
7	1	Taillamp RHS	\$ 698.70	\$ 698.70 X

	\$ 2,705.20
-20%	\$ 541.04
Total for spare parts	\$ 2,164.16

Special Nett

1	1 set	Rear Bumper Clips	\$ 50.00	\$ 50.00 ✓
2	1 set	Rear end panel Clips	\$ 50.00	\$ 50.00 X
3	1 set	Rear end panel sealant	\$ 50.00	\$ 50.00 X
4	1 set	Reverse sensor	\$ 380.00	\$ 380.00 X
5	2pc	Reverse sensor cover	\$ 25.00	\$ 50.00 X

Total for SP	\$ 580.00
Sub-Total for Parts :	\$ 2,744.16

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:



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S/No	Qty	Items	Unit Price	Amount
1		To dismantle, replace, cut, weld, knock out dents to straighten accident parts as-mention repair parts, inclusive of replacement parts.		200 800.00
2		To putty and spray paint on all accident damage parts and other accident affected areas		220 800.00
3		To remove and refit reverse sensor and conduct safe distance setting		100.00 500
4		To check wiring system to facilitate repair and refit the same	nn	100.00 X
5		Apply rust proofing on the adjacent panels	nn	100.00 X
TOTAL AMOUNT :				1,900.00
OVERALL COST :				4,644.16

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	28/01/2021 16:46 (SGT)
Date of Accident	28/01/2021 12:12 (SGT)
Exact Location of Accident	252 North Bridge Rd, Singapore 179103
Additional Location Information	Raffles City Carpark
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT158G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Tan Buck Guan
	SXXXX482B
Email Address	Tbg1981@live.com
Mobile Phone No	(Phone) +65-97847556
Alternative Phone No	+65-97847556

VEHICLE PARTICULARS

Manufacturer	Honda
Model	SHUTTLE 1.5G CVT SENSING
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	Direct Asia
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00877332
Cover Note Number	-

DRIVER

Name of Driver	Tan Buck Guan
	SXXXX482B
Date Of Birth	22/09/1981

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

26/07/2001
 19 YEARS AND 6 MONTHS
 Male
 (Phone) +65-97847556
 +65-97847556
 Tbg1981@live.com
 Apt Blk 307C Ang Mo Kio Avenue 1
 #13-453
 563307
 Yes
 -
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Hit and run / Vandalism / Damaged whilst parked
 Clear
 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) 0
 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 sketch plan

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 SLG6853L
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver Tan Puay Inn Justina
 Contact Number (Phone) +65-97583422
 Address -
 Address complement -
 Postcode -

6. The report will be held at 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 insurers 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 making 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

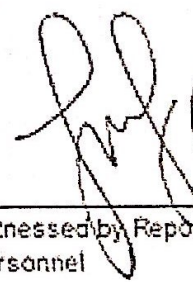
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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.

✓

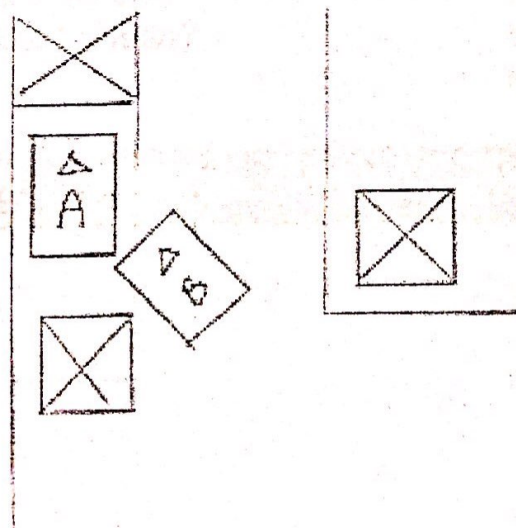

Witnessed by Reporting Centre Personnel



Policyholder's Signature / Date & Time

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

Sketch Plan



A = SLT1589
B = SLG68534

Describe Circumstances of the Accident

On 28th January 2021, my vehicle was parked in Raffles City
Carpark. After I came back to my vehicle at 12:12 hours, I
noticed a vehicle 12568532 hit into my vehicle, based on
the video that my in-car camera captured.

Declaration

We declare the foregoing particulars are true in every respect.

h/
Policyholder's Signature / Date &

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

[Signature]
Witnessed by Reported Centre
[Stamp: Raffles City Carpark Ltd]