

ASS. REC. BY:

REF:

Smo/210014101kv

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: _____

02

days

Res.: Yes or No

Lum Sum: _____

1.3.1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

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

Truck / Traller or _____

Make: _____

Colour _____

Sp. Reading _____

Eng/No: _____

C/No: _____

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: _____

F: _____

R: _____

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

TOYO / YOKO or _____

Front

R/Bal. _____

L/Bal. _____

D.O.A. _____

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

Action / Instruction

4/2

B1440.48

(Red 3203-68, 689)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 4/3/21-Typist

Report Format: TP

Lump Sum / I.B.I: (\$ \$1440.48)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

) \$ + RS. \$ SI

) F.M.S

) Others

TOTAL

SV0S211S0004 / Vin's Motor Pte Ltd [575722]
ENTRY DATE & TIME: 28/01/2021 16:46 (SGT)
SUBMITTED BY: Christina Tang Yik Fuang
VERSION: 1 (28/01/2021 16:46 (SGT))

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	26/07/2001
Driving experience	19 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97847556
Alt. Phone Number	+65-97847556
Email Address	Tbg1981@live.com
Address	Apt Blk 307C Ang Mo Kio Avenue 1
Address complement	#13-453
Postcode	563307
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Hit and run / Vandalism / Damaged whilst parked
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)	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	-
Insurance Company Name	-

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

SKETCH PLAN

IMPORTANT NOTICE

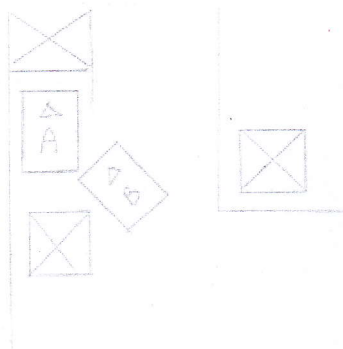
1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes(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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = 5471589
B = 54968532

Describe Circumstances of the Accident

On 28th January 2021, my vehicle was parked in Raffles City Carpark. Then when I came back to my vehicle at 12:12 hours, I realised a vehicle CLG6852L hit onto my vehicle, based on the video that my in-car camera captured.

Declaration

(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

Witnessed by Reporting Centre Personnel







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 B4pain

2 days

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

Date: TP 210106
1/2/2021
No of Page: 1/1

Registration No : SLT 158G

Accident Date : 28-Jan-21

Our Ref : TP 210106

81440.48

Model : Honda Shuttle CVT SENSING

Chassis No: GK82101309

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.		2001 800.00
2		To putty and spray paint on all accident damage parts and other accident affected areas		2201 800.00
3		To remove and refit reverse sensor and conduct safe distance setting		100.00 501
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