

ASS. REC. BY:

bcl.

## ASSIGNMENT

AGI

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

Accord Auto

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:

\$ 44k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5 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:

SKR4090M

Yr Regn:

05 Feb 2015

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

Truck / Trailer or

Make:

Honda vezel 1.5X c.c 1496

Colour:

white

A/C: Insured / Std / NI / NA

Sp. Reading:

28340

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

RU11014483

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 215/60R16

R:

11

BS / DUN / EXNOVA / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or

Front

Rear

R/Bal.

6 mm

R/Bal.

6 mm

L/Bal.

6 mm

L/Bal.

6 mm

D.O.A.

D.O.I.

16-03-21

Survey held at

w/s

4pm

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

COB: 28393

Date/Time, File Pass to?

☐

Preli. Report

☐

Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Total (\$

Survey Fee:

Transportation:

3 + RS \$1

Photos

Other

TOTAL

Report Filed:

Lump Sum / Month

# ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A

#03-11 AMK Autopoint Singapore 568047

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

## ESTIMATE

Auto & General Insurance (Singapore) Pte Ltd  
Singapore Shopping Centre  
190 Clemenceau Ave #03-01  
Singapore 239924  
Attn: Accident Claims Department

Date : 15.03.2021  
Vehicle No : SKR4090M  
Veh Make/Model : Honda Vezel  
YOM : 2014  
Chassis No : RU11014483  
Date of Accident : 12.03.2021

No	Qty	Description	Amount \$
<u>List Items:-</u>			
1	1	Rear Tail Gate / <i>buc</i>	\$ 1,050.30
2	1	Rear Tail Gate Absorber X <i>NN</i>	\$ 360.00
3	1	Rear Tailgate Logo X	\$ 60.00
4	1	Rear Tailgate Logo " Vezel" / <i>ML</i>	\$ 65.00
5	1	Rear Tail Gate Lock X	\$ 195.00
6	1	Rear Tail Gate Inner Trim Board X <i>NN</i>	\$ 333.40
7	1	Rear Tail Gate Weathershield <i>ML</i>	\$ 195.75
8	2	Rear Tail Gate Lamp LH & RH X	\$ 557.38
9	1	Rear Fender LH X	\$ 980.00
10	10	Rear Fender Shield Clips X	\$ 40.00
11	1	Rear Fender Moulding LH X <i>NN</i>	\$ 220.00
12	6	Rear Fender Moulding Clips X	\$ 30.00
13	1	Rear Lamp RH X	\$ 682.60
14	1	Rear Lamp LH X	\$ 682.60
15	1	Rear Lamp Lower Bracket LH X	\$ 55.00
16	1	Rear Lamp Lower Bracket RH X	\$ 55.00
17	1	Rear Bumper / <i>ML</i>	\$ 923.50
18	2	Rear Bumper Side Retainer X <i>NN</i>	\$ 70.00
19	2	Rear Bumper Reflector LH & RH ?	\$ 310.20
20	1	Rear Side Bumper LH ?	\$ 431.76
21	1	Rear Side Bumper RH X <i>NN</i>	\$ 431.76
22	2	Rear Side Bumper Bracket X	\$ 130.00
23	1	Rear End Panel ?	\$ 580.00
24	1	Rear End Panel Top Garnish ?	\$ 122.30
25	4	Rear End Panel Top Garnish Clips ?	\$ 20.00
26	1	Rear Spare Tyre Trim Board X	\$ 386.00
27	1	Rear Under Cover X <i>NN</i>	\$ 195.71
28	Set	Rear Under Cover Clips/Screw X	\$ 25.00
29	1	Antenna ?	\$ 168.56
30	Set	Rear Tailgate Glass Moulding / <i>ML</i>	\$ 115.68
Total - List Item			\$ 9,472.50
LESS 20%			\$ 1,894.50
Total			\$ 11,367.00

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Auto & General Insurance (Singapore) Pte Ltd

Attn: Accident Claims Department

LKK Auto Consultants hence notify the Repairer of the following:

- 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

## ESTIMATE

Date: 15.03.2021

Vehicle No: SKR4090M

Veh Make/Model: Honda Vezel

Acknowledged by Repairer YOM: 2014

Signature: Chassis No: RU11014483

Date: Date of Accident: 12.05.2021

No	Qty	Description	Amount \$
		Balance c/f	
		<b>Special Nett Items:-</b>	
2	1 Set	Reverse Sensor ?	\$ 350.00
3	1	Car Plate Number With Holder ?	\$ 50.00
4	1	Sealant / MCL	\$ 80.00
5	Set	Rear Tailgate Inner Trim Board Clips X NN	\$ 35.00
6	Set	Rear Bumper Clips / MCL	\$ 35.00
8			
10			
		<b>Total - SN Item</b>	<b>\$ 550.00</b>
		<b>Labour Charges:-</b>	
1		Spray painting on all affected area	\$ 1,200.00
2		Labour remove/refit accident damages parts to straighten up, jack out, cut/weld and realign accident affected areas.	\$ 1,500.00
3		Check Wiring System & Light	\$ 100.00
4		Anti Rush Treatment	\$ 120.00
5		To Check & Adjust Wheel Adjustment	\$ 100.00
6		To Remove/Refix Tail Gate Compartment, Mechism, Wiper Motor, Top Spoiler (ETC..) to New Tailgate	\$ 150.00
7		To Remove/Refix Rear Windscreen Glass to New Tailgate	\$ 150.00
8		To Remove/Refix Reverse Camera	\$ 100.00
9		To Remove/Refix/Replace Reverse Sensor	\$ 100.00
10		To Remove/Refix Rear Inner Compartment to Facilities Repair	\$ 180.00
11			
12			
13			
		<b>Total - L/C</b>	<b>\$ 3,700.00</b>
		<b>Sub-Total</b>	<b>#REF!</b>
		<b>7% GST</b>	<b>#REF!</b>
		<b>Total</b>	<b>#REF!</b>

4 Days -

P/P

Before paint photo.

Guo Qiang - 82880282

16/3/21



# 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	15/03/2021 10:46 (SGT)
Date of Accident	12/03/2021 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JU7NCTION OF BUKIT BATOK ST23 / BUKIT BATOK EAST AVE 3
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR4090M
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	EE HWEE KHENG
NRIC No	SXXXX879D
Email Address	JOYCEEEHK@GMAIL.COM
Mobile Phone No	(Phone) +65-98777598
Alternative Phone No	+65-67789388

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5113722781-01
Cover Note Number	-

### DRIVER

Name of Driver	EE HWEE KHENG
NRIC No	SXXXX879D
Date Of Birth	05/07/1967

Occupation	Indoor
Date Of Driving Pass	02/01/1988
Driving experience	33 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98777598
Alt. Phone Number	+65-67789388
Email Address	JOYCEEEHK@GMAIL.COM
Address	APT BLK 255 YISHUN RING ROAD
Address complement	#10-1111
Postcode	760255
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	BOB YOUNG
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

#### REFER TO SKETCH PLAN

#### 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	SGS9717Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GOH KWANG GEAP

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**

**IMPORTANT NOTICE**

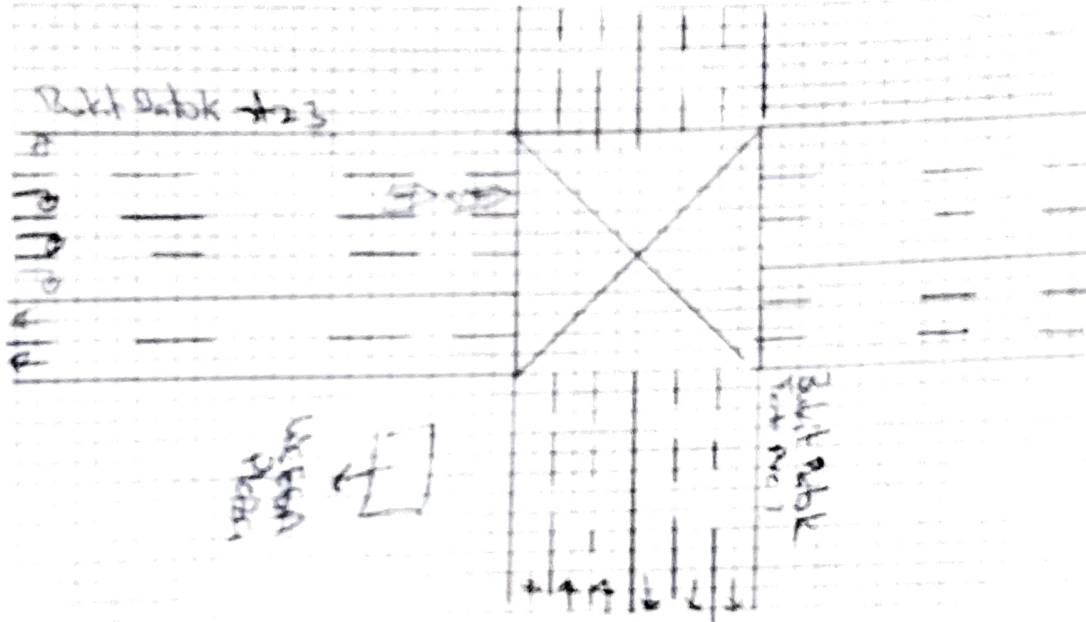
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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' 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 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' 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.

\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Location	Junction of Right of Way & Right of Way East No 3.	
Date of Accident	24/03	
Time of Accident	10:00	
Vehicle A	Vehicle B	Vehicle C
24/03/00	24/03/00	N/A
<p>My car was stationary waiting for traffic light to turn green + I heard suddenly I hear a bang from my car, vehicle B collided into my car.</p>		
<p>* I did not have my seat belt on at the time of the accident.</p>		

Declaration

I/We declare the foregoing particulars are true in every respect

*[Signature]*  
 Motorist's Signature Date & Time

*[Signature]*  
 Driver's Signature Date & Time

*[Signature]*  
 Witness's Signature Date & Time