

ASS. REG. BY:

REF:

AIG/21004316/kr

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:

03

days

Res.: Yes or No

Lump Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Sinc 8228m

Yr Regn:

06, 18

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

Truck / Trailer or

Make:

Honda Phyllis

Colour:

M.D. Blue

Sp. Reading:

77726

Eng. No:

Ch. No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 205/50R16

R:

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

Front

R/Bal.

8 mm

L/Bal.

8 mm

D.O.A.

1/14/21

Rear

R/Bal.

7 mm

L/Bal.

7 mm

D.O.A.

14/4/2021

Survey held at

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

O/S Frt

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ + RS. \$

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech Invs (\$)

☐

: Weekend (\$)

Report Format :

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

# AUTOCLINIC PTE LTD

48 TOH GUAN ROAD EAST #02-136 Enterprise Hub Singapore 608586  
 TEL: 6686 2511 FAX: 6686 2509 Email: info@autoclinicgroup.com.sg  
 GST:201801145H RCB NO:201801145H

M/S :

*Not Authorised*  
*U/Pny &*  
*Resurvey After Repair*  
*3 days*

Estimate No: QUO1800151  
 Date: 03 Apr 2021  
 Policy No:  
 Veh Reg No: SMC8228M  
 Make/Model: HONDA SHUTTLE 1.5G CVT  
 Chassis No: DBA-GK8-1201446  
 Engine No:  
 Reg. Date:

ATTN: Motor Claim Department

Your Ref No: ACCIDENT  
 Claim Type: Third Party  
 Accident Date:

## Estimate Repair Cost to Vehicle No :SMC8228M

Description	U/Price	Quantity	List Price S\$	Amount S\$
***PART BY PART***				
Others				
1 FRONT BUMPER	<i>Bumper</i> 1,230.50	1 SET	1,230.50	<i>✓</i>
2 FRONT BUMPER CLIP	3.50	10 PC	<i>✓</i> 35.00	<i>✓</i>
			1,265.50	
		Less 10%	126.55	1,138.95
3 TO PUTTY AND SPRAY REPLACED PARTS (BUMPER + SIDE FENDER)	700.00	1 SET	700.00	<i>400</i>
4 TO REMOVE DAMAGED PARTS, PANEL BEATING, ALIGN, REFIX AND TO RENEW ABOVE PARTS	500.00	1 SET	500.00	<i>360</i>
5 REPAIR WORKS FOR FRONT RIGHT WHEEL	<i>Wol</i> 280.00	1 SET	280.00	<i>250.00</i>
6 TO REMOVE TYRE AND INSTALL BACK, WHEEL BALANCING, WHEEL ALIGNMENT	120.00	1 SET	120.00	<i>60</i>
			1,600.00	1,600.00
Total				S\$ 2,738.95
Add GST @ 7%				191.73
Total Amount Payable				S\$ 2,930.68

TOTAL: SINGAPORE DOLLAR TWO THOUSAND NINE HUNDRED THIRTY AND CENTS SIXTY EIGHT ONLY

For AUTOCLINIC PTE LTD

AUTHORISED SIGNATURE

**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:





## 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	02/04/2021 09:54 (SGT)
Date of Accident	01/04/2021 19:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Raffles City Basement Carpark
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC822SM
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIM SOON TIONG EUGENE
NRIC No	S6833185D
Email Address	EUGENESIM68@GMAIL.COM
Mobile Phone No	(Phone) +65-98799871
Alternative Phone No	+65-98799871

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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
Transmission	Auto
CC	1500

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5101581083-02
Cover Note Number	-

#### DRIVER

Name of Driver	SIM SOON TIONG EUGENE
NRIC No	S6833185D



Accident report SN0721420003

Date Of Birth	29/08/1968
Occupation	Indoor
Date Of Driving Pass	24/10/1986
Driving experience	34 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98799871
Alt. Phone Number	+65-98799871
Email Address	EUGENESIM68@GMAIL.COM
Address	BLK 353 #14-311
Address complement	CHOA CHU KANG CENTRAL
Postcode	680353
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 - Cross Junction
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	WEE KIM HAI BENNY
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)

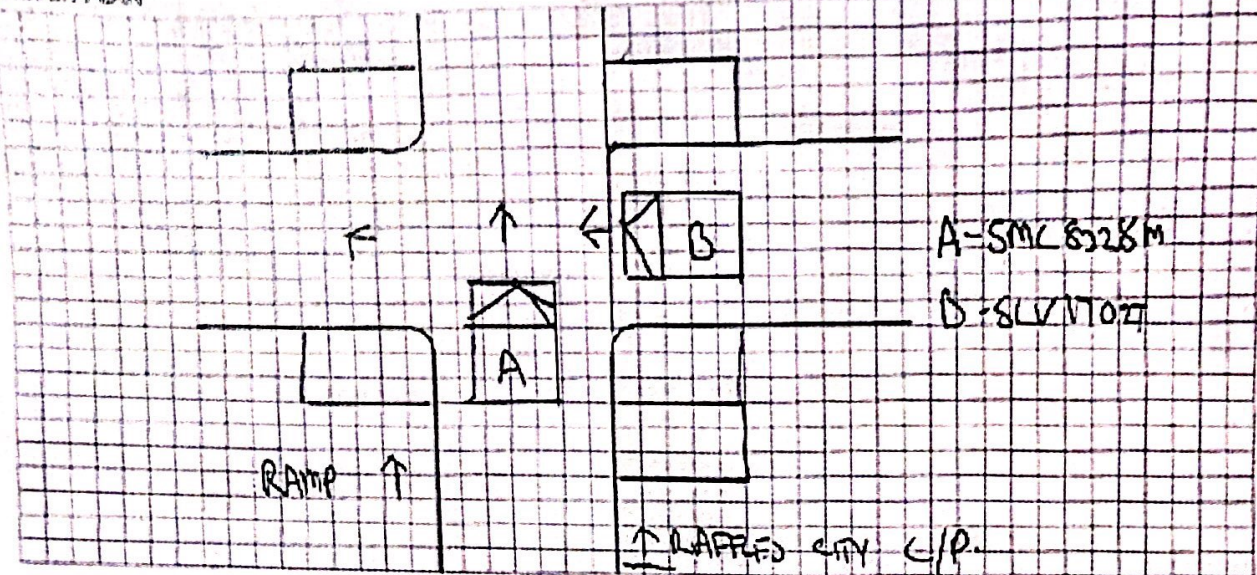
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV1702T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was coming down the ramp into the carpark at Raffles City, I was going straight and wanted to turn left to B3, when I was hit on the front right of my car by the driver of SLV1702T, who did not stop at the "stop" line.

## DECLARATION

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

Policyholder's Signature

Date & Time: 01/04/2021 / 10:50 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: KHSAH

NRIC/FIN No.: 509334