

ASS. REC. BY:

REF: AG-21 2100451711c9f3

ASSIGNMENT

Kenneth

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Chan Guan

of _____

Insured: _____

Policy No. _____

Claims No. C10009699/KY

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLK 8337B Yr Regn: 01, 17

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

Truck / Trailer or WagonMake: 1 Honda Shuttle c.c. 1496Colour: M. Gray AC: Insured / Std / NI / NASp. Reading: 72656 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GK8 1100640Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / SRIm / STD A/Rim orTyre Size: F: 195/55R15

R: _____

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

TOYO / YOKO or FalkenFront 8 mm Rear 7 mmR/Bal. 8 mm L/Bal. 7 mmD.O.A. 5/4/21 D.O.I. 9/4/2021

Survey held at _____

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

Rm o/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Kenneth confirmed LS \$5650 (Red \$4936.40, 47%)

Data/Time, File Pass to?

☐: Prel. Report

11/04/08 Typist

☐: Final Report

Data/Time, File Return to?

Days Of Repair: 4Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + R.S. \$

Fees

Others

TOTAL

Add Fee: ☐: Site Insp (\$)☐: Interview (\$)☐: Tech Invs (\$)☐: Weekend (\$)

Report Format: TP

Lump Sum / ~~TP~~ (\$ 5650)

趙 源 摩 哆 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5
#01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047
Tel: 6484 1626 (24Hrs) Fax: 6484 0465
Business Reg. No: 221880/00C GST Reg. No: MX-0486007-AO

Not Notarised
L/Ring &
Penny After Penny
4 day

To: Auto & General Insurance (S) Pte Ltd

Policy No: _____

Third Party

Date: 08.04.2021

Accident Date : 05.04.2021

Specialised in Car Painting, Welding,
Panel-Beating and Insurance Claim.

ESTIMATE

承接汽车烧焊喷漆及
代理各种车辆赔偿

数量 Quantity	货 名 DESCRIPTION	单 价 Unit Price	银 Amount 额 \$ cts.
Estimate Cost of Repair to "Honda Shuttle" Reg. No. SLK8337B Claiming Against Your Insured Veh. No. SFU8028L			
1pc	Front Bumper	5.50	1,152.00 ✓
12pcs	Front Bumper Clips	38.40	66.00 ✓
2pcs	Front Bumper Brackets	15.40	76.80 ?
2pcs	Front Bumper Top Retainers		30.80 ?
1pc	Front Bumper Reinforcement		297.50 ?
1pc	Front Bumper Tow Cover		25.60 ✓
1pc	Front Bumper Center Air Grille		95.20 ?
1pc	Front Bumper Fog Lamp		347.00 X
1pc	Front Bumper Fog Lamp Cover		45.20 X
1pc	Front Bumper Fog Lamp Top Cover		35.20 ?
2pcs	Front Bumper Corner Retainers	21.00	42.00 ✓
1pc	Grille Emblem		28.90 ✓
1pc	Grille Emblem Base Reflective Sticker		110.00 205n
1pc	Grille Badge "Mugen"		165.00 355n
1pc	Grille Sticker "Mugen"		120.00 205n
1pc	Grille Garnish (Mugen Black)		450.00 ✓
2pcs	Grille Center Brace Brackets	65.00	130.00 ✓
2pcs	Grille Side Top Retainers	95.00	190.00 ?
2pcs	Headlamps (LED)	2,250.40	4,500.80 ✓
2pcs	Headlamps Film	150.00	300.00 605n
1pc	Condensor		985.20 ?
1pc	Radiator		1,350.20 X
Less 20%			8,208.00
			1,641.60
			6,566.40
	Front Number Plate (Chrome) <i>Clown type</i>		120.00 SN 5
	Front Bumper Day Light		350.00 SN 7
	Front Bumper Lower Lip (Carbon) <i>PI</i>		250.00 SN X
	Grille "Mugen"		850.00 SN 7
	To Conduct Electrical Check, Focus Headlamp		30.00 201
	To Remove / Refit, Radiator System, Bleed, Refill Coolant.		120.00 X
	To Remove / Refit Air Con Condenser & Refill Air Con Gas		140.00 ?
C/F			8,426.40

趙 源 摩 哆 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5
#01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047
Tel: 6484 1626 (24Hrs) Fax: 6484 0465
Business Reg. No: 221880/00C GST Reg. No: MX-0486007-A0

To: Auto & General Insurance (S) Pte Ltd

Policy No: Third Party

Date: 08.04.2021

Accident Date : 05.04.2021

Specialised in Car Painting, Welding,
Panel-Beating and Insurance Claim.

ESTIMATE

承接汽车烧焊喷漆及
代理各种车辆赔偿

数量 Quantity	货 名 DESCRIPTION	单 价 Unit Price	银 Amount 额 \$ cts.
	Estimate Cost of Repair to "Honda Shuttle" Reg. No. SLK8337B Claiming Against Your Insured Veh. No. SFU8028L		
		B/F	8,426.40
	To Provide Transportation (Towing)		60.00 ?
	Labour Charge - Panel Beating, Repairing Of Support Panel, Bonnet and Parts Replacement		600.00 400
	To Respray Affected Areas		700.00 500
	To Reseal Paint Protection (Diamondbrite) to Spray Paint Areas		350.00 ?
		Total :	10,136.40

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a non-binding basis
- No illegal modifications
- Supplementary items is subject to final approval on the invoice

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 willful 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	06/04/2021 17:53 (SGT)
Date of Accident	05/04/2021 18:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG ANG MO KIO IND PARK 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK8337B

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SOON LEE CAR RENTAL
Company Reg No	5XXXX075J
Email Address	AARONM3@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96353392
Alternative Phone No	+65-96353392

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	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5107815739-02-000008
Cover Note Number	-

DRIVER

Name of Driver	CHEW WAH TECK, AARON
NRIC No	SXXXX671A

13/03/1980
 Indoor
 02/02/1997
 24 YEARS AND 2 MONTHS
 Male
 (Phone) +65-96353392
 -
 AARONM3@HOTMAIL.COM
 30 MACKERROW ROAD
 -
 358594
 No
 Other
 No
 -
 -
 Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Cross Junction
 Weather Conditions Raining
 Road Surface Wet

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? Yes
 Was any injured conveyed to hospital by ambulance? No
 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

I WAS TRAVELLING ALONG ANG MO KIO AND PARK 2. SUDDENLY VEHICLE SFU8028L EDGE OUT FROM ST MICROELECTRONICS RESULTY IN THE ACCIDENT. DRIVER IS RENTER OF THE COMPANY.

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 SFU8028L
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -
 Address -

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;

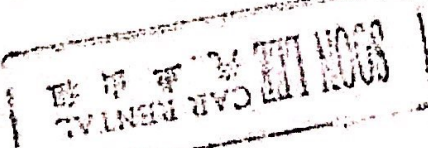
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.



AK 6/4/21 1719

W

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

