

ASS. REC. BY:

REF:

CSI 3MR/21004885/Kuf3

C

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SJL 8094U

at Workshop m/s Estun

Insured: SHC 4400S

Policy No.

Claims No. TAX/04/21/2038

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:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP / 24 HRS

Date: 12/28 Person Contacted:

Vehicle: IN / OUT

Veh No:

STL 8094U Yr Regn: 12, of

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

Truck / Trailer or

MPV

Make:

Honda Stream

c.c.

1799

Colour

M. Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

206832

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JHMRN6880PS 200512

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/55R17

R:

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

Front

Rear

R/Bal.

R/Bal.

mm

mm

L/Bal.

L/Bal.

mm

mm

D.O.A.

12/4/21

D.O.I.

26/4/2021

Survey held at

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

015121

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

Date / Time

Action / Instruction

3/5 11/28 821001 Carfax 12/15/21 4 repair days.  
(RED \$3992.16; 66%)

Date/Time, File Pass to?

☐

: Prell. Report

1) 21/5 TYPIST

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: 4

Resurvey No. of Trlp: 1

Survey Fee:

Transportation:

Fees:

Others:

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format: TP

Lump Sum: 2100

First Capital LKK



ESTEEM PERFORMANCE PTE LTD  
UEN 200005485N

HEADQUARTERS / SHOWROOM / WORKSHOP  
385 Sin Ming Drive  
Singapore 575718  
(T) 6753 2112 (F) 6451 0394

WORKSHOP  
176 Sin Ming Drive  
Sin Ming Auto Care #01-14, #01-15, #01-16  
Singapore 575721  
(T) 6484 1221 (F) 6484 7829

Repair Estimates

SJL 8094 U

Parts	(a) Cost / List Price Items	\$	4,840.20
	Plus/Less 20%	\$	968.04
	Total of Cost / List	\$	3,872.16
	(b) Nett Price Items		
	Less		
	Total of Nett Item		
	(c) Special Nett Items	\$	350.00
Total Parts Cost		\$	4,222.16
Labour		\$	1,870.00
Total		\$	6,092.16

Not Notified  
11 Days @ 2100hr  
Penny After Paint

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:

Th

Name of Surveyor : Kenneth  
Company : LKK  
Survey conducted on : 26/4/21 at

Remarks By Surveyor

(a) The repair of this vehicle is ~~authorized~~ / is not authorized until further notice.

(b) Recommended Days of Repair : 04 day(s)

(c) Resurvey : Required / Not Required

(d) Excess : \$

(e) Signature of surveyor : Lc Date: 26/4/21





# ESTEEM

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## Spare Parts

Vehicle No. : SJL 8094 U  
Make & Model : HONDA STREAM  
Chassis No : JHMRN68809S200512

Submit By : JENNY  
Year Manufacture : Dec-08  
Engine No. :

## Cost / List

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Headlamp RH <i>774.60 CM</i>	1	\$815.00		✓
2	Front bumper <i>638 Bvclm</i>	1	\$835.60		✓
3	Front bumper clip <i>rm</i>	10	\$39.00		✓
4	Front bumper side retainer LH <i>rm</i>	1	\$21.70		X
5	Front bumper side retainer RH <i>rm</i>	1	\$21.70		X
6	Front bumper bracket LH <i>rm</i>	1	\$60.10		X
7	Front bumper bracket RH <i>rm</i>	1	\$60.10		X
8	Front bumper grille <i>rm</i>	1	\$313.90		X
9	Front bumper grille chrome <i>rm</i>	1	\$287.20		X
10	Front bumper lower grille <i>rm</i>	1	\$113.50		X
11	Fog lamp RH <i>rm</i>	1	\$371.80		X
12	Fog lamp Garnish RH <i>rm</i>	1			
13	RH front fender <i>783.10 Bvclm</i>	1	\$819.30		✓
14	RH front fender undershield <i>rm</i>	1	\$95.70		X
15	RH front fender undershield clip <i>rm</i>	10	\$35.00		X
16	RH front fender signal lamp <i>rm</i>	1	\$28.20		X
17	RH front tyre <i>rm</i>	1	\$350.00	S.N	X
18	RH front rim <i>rm</i>	1	\$922.40		X
19					
20					
21					
22					
23					

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge



176 Sin Ming Drive  
Sin Ming Auto Care #01-14, #01-15, #01-16  
Singapore 575721  
(T) 6484 1221 (F) 6484 7829

Submit By : Carmen Lim  
Year of Manufacture : 39794

[illegible]



SA0W214D0001-02 / ALAN'S UNITED AUTO PTE LTD  
ENTRY DATE & TIME: 13/04/2021 11:44 (SGT)  
SUBMITTED BY: KHONG SHI JIE  
VERSION: 3 (15/04/2021 15:23 (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	13/04/2021 11:44 (SGT)
Date of Accident	12/04/2021 17:46 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Punggol Road towards Hougang Ave 10's cross junction
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJL8094U

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANTHONY TOH KWOK PENG
NRIC No	SXXXX034J
Email Address	ALPHAE9@HOTMAIL.COM
Mobile Phone No	(Phone) +65-93874870
Alternative Phone No	+65-93874870

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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	1799

#### INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MPC20P00193100
Cover Note Number	-

#### DRIVER

Name of Driver	NG HUI KIAT JOEY
NRIC No	SXXXX334G

Date Of Birth .....	06/10/1988
Occupation .....	Indoor
Date Of Driving Pass .....	19/08/2017
Driving experience .....	3 YEARS AND 8 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-81006944
Alt. Phone Number .....	-
Email Address .....	JOEYKEOY@GMAIL.COM
Address .....	BLK 513D YISHUN STREET 51 #04-325
Address complement .....	-
Postcode .....	764513
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 - U-Turn
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	Sister
Gender .....	Female

#### 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 .....	SHC4400S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi

Name of Driver .....	WANG WEI
NRIC No .....	SXXXX031Z
Contact Number .....	(Phone) +65-97393606
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	NG HUI KIAT JOEY
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJL8094U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



SKETCH PLAN

### SKETCH PLAN

#### IMPORTANT NOTICE

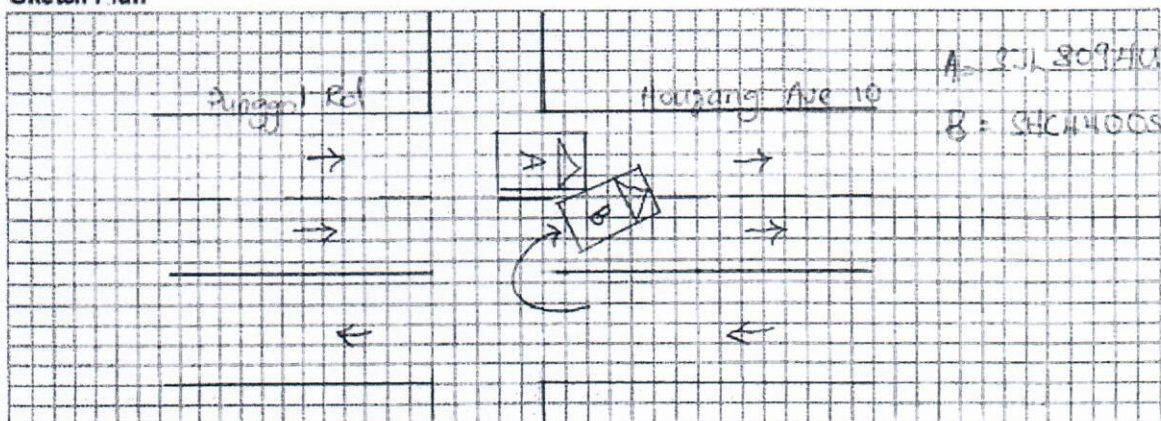
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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





### SKETCH PLAN #2

**Describe Circumstances of the Accident**

LOCATION: ROAD ALONG HIGHWAY AVENUE #10 JUNCTION BEFORE DUNDEE PARK

DATE OF ACCIDENT: 12 APRIL 2023

TIME OF ACCIDENT: AROUND 5:46PM

MY CAR IS GOING STRAIGHT WITH THE GREEN LIGHT WAS MY LANE. WHILE APPROACHING THE JUNCTION, I SAW THE TAXI  
WENT OUT TO DO A UTURN AND I TOLD HIM TO ALERT HIM BEFORE I REACH THE JUNCTION. AND I REDUCED DOWN 100  
HOWEVER, THE TAXI SHE 4000'S CONTINUE TO PROCEED TO MAKE A UTURN. WHICH CAUSES THE BACK OF THE TAXI  
HITTED MY FRONT BIGHT

SUBSEQUENTLY BECAME UNCOMFORTABLE ON THE MY NECK & MIGHT CAUSING THE DEXTER IF NEEDED.

### 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