

ASS. REC. BY:

REF:

Smo/ 21004985/KV

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

0

days

Res.: Yes or No

Lum Sum:

0

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SM14 1689K Yr Regn: 06, 18

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

Truck / Trailer or

Make:

Honda Shuttle Wagon

Colour

M. Grey A/C: Insured / Std / NI / NA

Sp. Reading

273189 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 195/55R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

7 mm

R/Bal.

L/Bal.

7 mm

L/Bal.

D.O.A.

19/4/21

D.O.I.

21/4/2021

Survey held at

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

None no damage

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

Date / Time

Action / Instruction

No visible damage to the rear

Date/Time, File Pass to?

☐

Prell. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

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 Authorised

To: Sompo Insurance Singapore Pte Ltd

Policy No: Third Party

Date: 20.04.2021

Accident Date : 19.04.2021

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. SMH1689K Claiming Against Your Insured Veh. No. SMX3254J			
1pc	Bonnet		1,012.00
1pc	Bonnet Rubber Seal		45.00
5pcs	Bonnet Insulation Clips	5.00	25.00
1pc	Grille		426.00
1pc	Grille Emblem		32.00
1pc	Grille Chrome		390.00
1pc	Grille Lower Chrome Moulding		240.00
1pc	Grille Brace Bracket		85.00
1pc	Front Bumper		1,150.00
12pcs	Front Bumper Clips	5.50	66.00
2pcs	Front Bumper Brackets	42.00	84.00
1pc	Front Bumper Reinforcement		327.00
1pc	Front Bumper Center Air Grille		155.00
2pcs	Front Bumper Top Retainers	17.00	34.00
1pc	Front Bumper Tow Cover		45.00
2pcs	Front Bumper Corner Retainers	16.70	33.40
2pcs	Headlamps	2250.40	4,500.80
2pcs	Headlamp Brackets	65.00	130.00
1pc	Support Panel		846.00
1pc	Air Con Condenser		1,082.00
2pcs	Air Con Condenser Side Air Ducts	55.00	110.00
1pc	Radiator		1,475.00
1pc	Air Cleaner Cold Air Intake Duct		225.00
1pc	Rear Bumper		1,150.20
8pcs	Rear Bumper Clips	5.50	44.00
	Less 20%		13,712.40
			2,742.48
			10,969.92
	Front Number Plate (Chrome 3D)		120.00
	Front Number Plate Holder (Aluminium)		80.00
	To Conduct Electrical Check, Focus Headlamp		30.00
	To Remove / Refit Air Con Condenser & Refill Air Con Gas		120.00
	To Remove / Refit, Radiator System, Bleed, Refill Coolant		60.00
		C/F	11,379.92

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		B/F	11,379.92
	To Apply Rust Proofing / Reseal Tuff Coating Treatment to Respray / Replaced / Repair Panel		~ 60.00 X
	Labour Charge - Panel Beating, Repairing Of Front Chassis Member, Inner Panel, Front Fender x2 Cnt, Weld Support & Part Replacement		~ 1,100.00 X
	To Spray Painting Affected Areas		~ 1,250.00 X
		Total :	<u>13,789.92</u>

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 19/04/2021 11:54 (SGT)
Date of Accident 19/04/2021 09:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information CLEMENTI RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH1689K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner POH AH CHYE
NRIC No SXXXX378I
Email Address ALFRED.POHAHCHYE@GMAIL.COM
Mobile Phone No (Phone) +65-96358104
Alternative Phone No +65-96358104

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
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 5120093811
Cover Note Number -

DRIVER

Name of Driver POH AH CHYE
NRIC No SXXXX378I

Driving Pass	11/07/1957
Experience	Outdoor
	30/03/1977
	44 YEARS AND 1 MONTH
Mobile Number	Male
Alt. Phone Number	(Phone) +65-96358104
Email Address	+65-96358104
Address	ALFRED.POHAHCHYE@GMAIL.COM
Address complement	APT BLK 579 HOUGANG AVE 4
Postcode	#08-642
Is the driver the policyholder?	530579
If No, Relationship of the Driver with the Insured	Yes
Does Driver Own Other Vehicles?	-
Vehicle Registration Number of Other Vehicle Owned by Driver	No
	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	UNKNOWN
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

I WAS DRIVING ALONG CLEMENTI RD WHEN FRONT VEHICLE SUDDENLY STOP I COLLIDED ONTO HIS REAR PORTION. THERE WAS A VEHICLE FROM MY REAR WHICH HIT ONTO MY REAR PORTION & PUSHING ME FORWARD

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	SMX3254J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

SKETCH PLAN

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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.
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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

A = SMH 1689K
B = SMX 3254J
C = SMS 7904T

Clement Rd.