

ASS. REG. BY:

REF:

CTZ/ 210053321kgf3

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. DMHCSNA00002172100

Claims No. SNM21D202488C02

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

11.7000

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLC 202514

Yr Regn:

05.16

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

Truck / Trailer or

Make:

Honda

c.c

1496

Colour

M-Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

46251

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

RU1

1110846

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orMod: ☒ Nil / ☐ S/Rlm / ☐ STD / ☐ A/Rlm or

Tyre Size:

F:

215/60R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

28/4/21

D.O.I.

3/5/2021

Survey held at

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

cls body

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

Date / Time

Action / Instruction

10/05/21 @ 2.11pm revised to Pauline Tham via Merimen

Kenneth confirmed LS \$2400 (Red \$1481.68. 38%)

Date/Time, File Pass to?

☐

: Prel. Report

11/03/09 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

S + RS. \$

Fees

Others

TOTAL

Report Format: MER-TP

Lump Sum H.B. (\$ 2400

# CHEONG CHEONG MOTOR SERVICE PTE LTD

BLK 5032 ANG MO KIO IND. PARK 2 #01-293 SINGAPORE 569535

TEL : 6481 4152 FAX : 6481 4157

e-mail : c2msvc@singnet.com.sg

Our Ref : 0559/05/2021

Page : 1

Date : 03/05/2021

M/S : CHINA TAIPING INSURANCE SINGAPORE PTE LTD  
3 ANSON ROAD #15-00  
SPRING LEAF TOWER  
SINGAPORE 079909

*Not Authorized*  
*U/R &*  
*Repair After Repair*  
*5 days*

ACCIDENT REPAIR ON : SLC 2025 H - HONDA VEZEL 1.5  
POLICY NO :  
DATE OF ACCIDENT : 28/04/2021

APPENDED BELOW ARE THE ESTIMATED COST OF REPAIR & PARTS TO BE REPLACED :-

## REPLACEMENT OF PARTS

- 1 FRONT RIGHT DOOR
- 2 FRONT RIGHT DOOR INNER LOCK
- 3 REAR RIGHT DOOR
- 4 REAR RIGHT DOOR INNER LOCK
- 5 REAR WHEEL ARCH

	S\$	S\$
<i>work / by</i>	917.20	✓
<i>R</i>	285.10	X
<i>work / by</i>	880.10	✓
<i>R</i>	285.10	X
<i>cut</i>	172.10	✓
	2,539.60	
LESS : 20%	507.92	
		2,031.68

## LABOUR CHARGES :

- 6 KNOCKING PUSH OUT RIGHT SIDE ACCIDENT PARTS STRIP / REFIT ABOVE ACCESSORIES
- 7 SPRAY PAINT & SPRAY ANTI-TUFF-KOTE ON RIGHT SIDE ACCIDENT AFFECTED AREAS

950.00

900.00

3,881.68



**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	29/04/2021 11:03 (SGT)
Date of Accident	28/04/2021 14:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PASIR RIS BLK 119 OPEN CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC2025H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SURIAH BINTE AHMAD
NRIC No	SXXXX404F
Email Address	suria_ahmad@yahoo.com.sg
Mobile Phone No	(Phone) +65-96585257
Alternative Phone No	+65-96585257

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	HONDA / VEZEL 1.5X CVT
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	5121787947
Cover Note Number	-

### DRIVER

Name of Driver	SITI ZAKIYAH BINTE RAZALI
NRIC No	SXXXX819B

**SKETCH PLAN****IMPORTANT NOTICE**

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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

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackh@vicom.com.sg

Witnessed by Reporting Centre  
Personnel

29 APR 2021

Sketch Plan

