

ASS. REC. BY:

REF: 072/ 21006684/KQC

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Optime

of _____

Insured: _____

Policy No. _____

Claims No. SNM21D203349/C02

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

1pm

(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: 5 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN/OUT

Veh No: SNM 6026P Yr Regn: 07, 19

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

Truck / Trailer or _____

Make: Honda Shuttle c.c. 1496

Colour: M.P. White A/C: Insured / Std / NI / NA

Sp. Reading: 15869 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GP7 - 2003548

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: Intertra 185/60R15

R-wide

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 7 mm

L/Bal. 9 mm L/Bal. 7 mm

D.O.A. 10/6/21 D.O.I. 17/6/2021

Survey held at _____

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

olsbody

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

Date / Time Action / Instruction

02/08/21 @ 4.35pm revised to Adeline Chng via Merimen.

Kenneth confirmed LS \$3100. (Red \$6821.80, 69%)

Date/Time, File Pass to? : Prell. Report

1) 18/08 Typist : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:	
Transportation:	
\$ - RS. \$	
Fuel	
Others	
TOTAL	

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Report Format : MER-TP

Lump Sum H.B. (\$) 3100

Date: 14.06.2021
 Vehicle No: SMM6026P
 Model: HONDA SHUTTLE HYBRID 1.5
 Chassis: GP72003548-2018
 Reg.Year: 2019

Not Authored
11 Pm @
Assembly After Pain
5-6 days

Third Party Insurer: CHINA TAIPING
 Third Party Veh No: XE5782H
 Date of Accident: 10.06.2021
 Estimator: TING AN
 Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER	1		<i>Per LT</i> \$921.10 ✓
2	REAR BUMPER SIDE BRACKET RH	1		<i>1/2</i> \$35.60 X
3	REAR FENDER RH	1		<i>1/2</i> \$909.20 X
4	REAR DOOR RH	1		<i>1/2</i> \$843.20 X
5	REAR DOOR PROTECTIVE STICKER RH	1		<i>na</i> \$26.90 X
6	FRONT DOOR RH	1		<i>1/2</i> \$907.60 ✓
7	FRONT DOOR PROTECTIVE STICKER RH	1		<i>na</i> \$48.30 ✓
8	FRONT FENDER RH	1		<i>1/2</i> \$455.50 X
9	FRONT FENDER "HYBRID" EMBLEM RH	1		<i>na</i> \$61.20 ✓
10	FRONT FENDER INNER LINER RH	1		<i>1/2</i> \$109.35 X
11	FRONT SIDE MIRROR ASSY RH	1		<i>CM</i> \$573.20 ✓
12	FRONT SIDE MIRROR COVER RH	1		<i>CM</i> \$59.30 ✓
13	FRONT BUMPER	1		<i>1/2</i> \$975.20 X
14	FRONT BUMPER SIDE BRACKET RH	1		<i>1/2</i> \$48.60 X
15	FRONT HEADLAMP RH	1		<i>1/2</i> \$2,315.50 X
SUB TOTAL				\$8,289.75
LESS 20%				-\$1,657.95
PARTS TOTAL				\$6,631.80

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER CLIPS	1		<i>na</i> \$50.00 ✓
2	FRONT FENDER INNER LINER CLIPS	1		<i>na</i> \$40.00 X
3	FRONT BUMPER CLIPS	1		<i>na</i> \$50.00 X
4	REAR FENDER GLASS SEALANT	1		<i>na</i> \$80.00 X
S/N TOTAL				\$220.00

LABOUR CHARGES:

LABOUR CHARGES TO REOMVE, REPLACE, REFIX & READJUST ACCIDENT AREAS & ETC. \$1,300.00 *600*

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR BUMPER, REAR FENDER RH, REAR DOOR RH, FRONT DOOR RH, FRONT FENDER RH, FRONT BUMPER & ETC. \$1,300.00 *1250*

Head office

8 Kung Chong Road Singapore 150143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

8A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011



Date: 14.06.2021

Vehicle No: SMM6026P

Model: HONDA SHUTTLE HYBRID 1.5

Chassis: GP72003548-2018

Reg.Year: 2019

Third Party Insurer: CHINA TAIPING

Third Party Veh No: XE5782H

Date of Accident: 10.06.2021

Estimator: TING AN

Surveyor:

LABOUR CHARGES TO REMOVE & REINSTALLED FRONT & REAR DOOR RH INNER MECHANISM & ETC. TO EFFECT REPLACE OF FRONT & REAR DOOR RH.

\$240.00

601

LABOUR CHARGES TO REMOVE & REFIX REAR FENDER GLASS RH, REAR FENDER GLASS SEALANT & ETC. TO EFFECT REPLACE OF REAR FENDER RH.

\$150.00

100

X

TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.

\$80.00

201

LABOUR TOTAL \$3,070.00

TING AN

TOTAL

\$9,921.80

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:

Head office

8 Kung Chong Road Singapore 159143
Tel: (+65) 6478 1319 | Fax: (+65) 6478 8112

Branch

8A Serangoon North Ave 5 Singapore 554800
Tel: (+65) 6484 9910 | Fax: (+65) 6481 1093

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind. Park 2A #01-08 Singapore 568047
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011



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 11/06/2021 17:00 (SGT)
Date of Accident 10/06/2021 17:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information TAMPINES INDUSTRIAL AVE 5 (SUBSTATION)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM6026P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CYCLOPS CARS PTE LTD
Company Reg No 2XXXXX074Z
Email Address ASK@AUTOEXCHANGE.COM.SG
Mobile Phone No (Phone) +65-85000979
Alternative Phone No +65-85000979

VEHICLE PARTICULARS

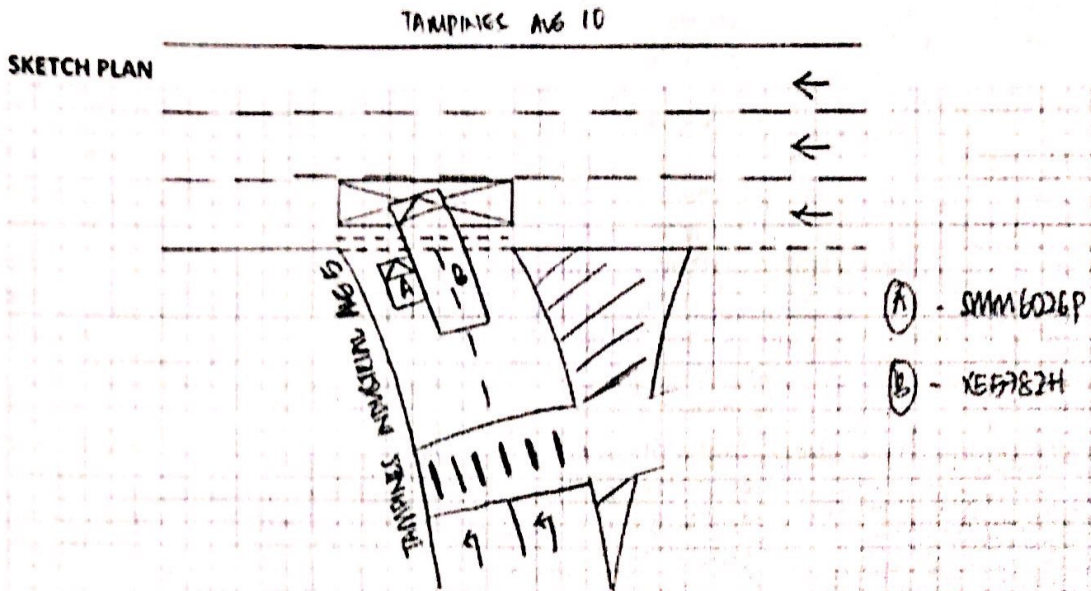
Manufacturer Honda
Model Shuttle
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5110702241-01
Cover Note Number -

DRIVER

Name of Driver YEH BOON KIAT
NRIC No SXXXX940F




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

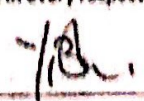
ON 11/06/2021 @ 1715 HOURS I WAS STATIONARY AT TAMPINES INDUSTRIAL AVE 5 (BESIDE SUBSTATION). SUDDENLY I FELT AN IMPACT FROM THE RIGHT SIDE. I ALIGHTED AND REALISED A TRUCK XEF782H WHICH WAS IN MY RIGHT HAD ENCRACHED INTO MY LANE WHILE TURNING AND COLLDED INTO MY VEHICLE A: SMM6026P RIGHT PORTION. WE EXCHANGED OUR PARTICULARS

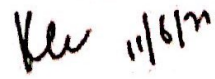
TP CLAIM @ OPTIMA WERTZ PTE LTD

DECLARATION

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


 Policyholder's Signature
 Date & Time: 11/6/2021


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 11/6/2021


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: