ASS. REC. BY: Kenneth | REF: CTL/ 21007885/kqc

# ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cheng Hoe

of _____

Insured: _____

Policy No. _____

Claims No. SNM21D204080/C02

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 |
|---|---|
| | |

Bsl. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: ~~96~~ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SLJ 26460 Yr Regn: 12/16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Wagon

Make: Honda Shuttle c.c 1496

Colour M.Black A/C: Insured / Std / NI / NA

Sp.Reading 69058 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GK8 - 1007670

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/50R15

R: _____

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 3 mm | R/Bal. | 2 mm |
| L/Bal. | 3 mm | L/Bal. | 2 mm |
| D.O.A. | 21/7/21 | D.O.I. | 3/8/2021 |

Survey held at _____

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

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

| Date / Time | Action / Instruction |
|---|---|
| / | |
| | 04/08/21@4.26pm revised to Jacqueline Tan via Merimen. |
| | Kenneth confirmed LS $1800 (Red $607, 25%) |

Date/Time, File Pass to? 1) 17/08 Typist

Date/Time, File Return to? 2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : MER-TP

Lump Sum ~~I.B.I~~: ($ 1800 )

Survey Fee: _____

Transportation: _____ S + RS _____ SI

Parking: _____

Others: _____

TOTAL: _____

SLJ>646D
TP/CHINA

## REPAIR DETAILS

### Reference

| | | |
|---|---|---|
| **Part Source:** | | (Last Synchronised: 03 Aug 2021) |
| **Parts:** | N/A | HONDA SHUTTLE 1.5 G (A) (Model not available in database) |
| **Labour:** | Repairer's | (Price-denominated Standard List) |
| **Print Code:** | (Unsubmitted, no print-code for SLJ2646D) | |
| **Validity:** | These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page | |
| **Further Info:** | Items/values not in reference catalogue are prefixed with an asterisk *. | |

### Estimates on Parts

| No. | Qty | Part No. | Particulars | %Disc | %Depr | Amount |
|---|---|---|---|---|---|---|
| 1 | 1 | | *1 PC REAR BUMPER | 0.00 | 0.00 | *570.00 F |
| 2 | 1 | | *1 PC REAR BUMPER LOWER SKIRT | 0.00 | 0.00 | *380.00 F |
| 3 | 1 | | *6 PCS REAR BUMPER CLIPS @2/PC | 0.00 | 0.00 | *12.00 F |
| 4 | 1 | | *1 PC TAILGATE EMBLEM (SHUTTLE) | 0.00 | 0.00 | *45.00 F |

F=Franchise part.

**Total Parts (S$)** 1,007.00

Report was unsubmitted during this print-out.
Generated using **Merimen e-Claims IEAS**

### Estimates on Miscellaneous Items

| No | Qty | Particulars | Amount |
|---|---|---|---|
| **Miscellaneous Items** | | | |
| 1 | 1 | 1 SET REVERSE SENSOR | 200.00 |

**Sub Total (S$)** 200.00

### Estimates on Labour

| No | Particulars | Lab.Type | Amount |
|---|---|---|---|
| **Labour Items** | | | |
| 1 | REMOVE & REFIX REAR BUMPER ASSY,LOWER SKIRT,REAR REFLECTORS,TO KNOCK & REPAIR TAILGATE,REAR PANEL & REALIGN THE SAME | New | 500.00 |
| 2 | PUTTY & RESPRAY REAR BUMPER,BEAM,REAR LOWER SKIRT,TAILGATE & REAR AFFECTED AREAS | New | 700.00 |

**Gross Labour Cost (S$)** 1,200.00

Report was unsubmitted during this print-out.
Generated using **Merimen e-Claims IEAS**

< END OF ESTIMATES >

**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 | 21/07/2021 19:33 (SGT) |
| Date of Accident | 21/07/2021 15:30 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | AMK IND PARK 2 TOWARDS AMK AVE 5 |
| Country/State of Loss | Singapore |

## DETAILS OF OWN VEHICLE

| | |
|---|---|
| Vehicle Registration Number | SLJ2646D |

### INSURED/POLICYHOLDER

| | |
|---|---|
| Is company? | No |
| Name Of Registered Owner | HO AH GEOK |
| NRIC No | SXXXX813B |
| Email Address | hoahgeok67@gmail.com |
| Mobile Phone No | (Phone) +65-97367612 |
| Alternative Phone No | +65-97367612 |

### VEHICLE PARTICULARS

| | |
|---|---|
| Manufacturer | Honda |
| Model | SHUTTLE 1.5G A |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | - |
| 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

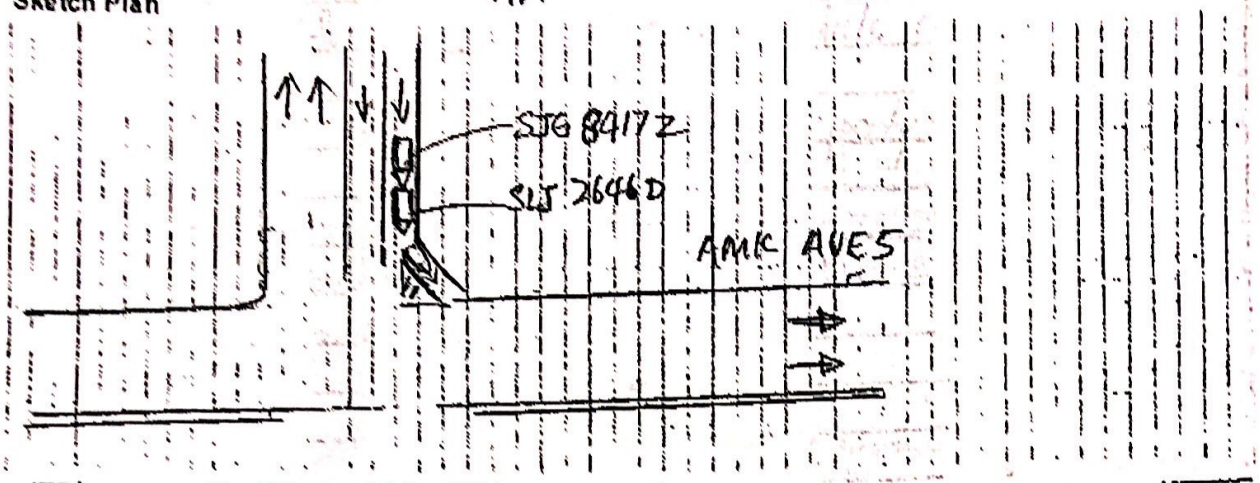
| | |
|---|---|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 5118282924-01 |
| Cover Note Number | 19/07/2021- 31/05/2022 |

### DRIVER

| | |
|---|---|
| Name of Driver | SAW POH SENG |
| NRIC No | SXXXX300G |

Sketch Plan

AMK IND PK 2




**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I stop infront vehicle waiting to move on, a vehicle (SJG8417Z) suddenly come forward and hit onto my vehicle rear portion and cause damage. But no injury on both party.

Note : Please note that your Insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

**DECLARATION**

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

21/7/21

21/7/21

Policyholder's Signature
Date & Time:

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

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

( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only
( ) Claim OD/TP at other workshop (_____)