

ASS. REC. BY:

Steve

CS/CT12100.8090/ERC

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

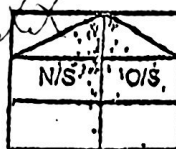
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Sent:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SML 6294

Yr Regn:

3/5/19

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

Truck / Trailer or

Make:

Honda Jazz

C.C.

1318

Colour:

Yellow

A/C:

Insured / Std / NI / N

Sp. Reading

27955

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

TH196K 3850KS214074

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt or

Brakes: In order / Jammed / Locked / Burnt or

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

Tyre Size:

F:

175/65R15

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal:

4

mm

R/Bal:

4

mm

L/Bal:

4

mm

L/Bal:

4

mm

D.O.A.

20/7/21

D.O.A.

3/8/21

Survey held at

Kah Mohir

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

Fnt LH.

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

Date / Time

Action / Instruction

MIV-70K

Time/Time, File, Post to?



: Prel. Report



: Final Report

Time/Time, File Return to?

Days Of Repair:

Resurvey No. of Trips:

Survey Fee:

Transportation

Add Fee:



: Site Insp

(\$



: Interview

(\$



: Tech. Inve

(\$



: Weekend

(\$

S + RS

Private

Others

TOTAL

Approved/Forward:

Date/Time/Signature:

3/8



KAH MOTOR CO. SDN. BHD.

(A Member of the Oriental Holdings Berhad)

Service and Body Repair

Tel: +65 6841 3838

Website: www.honda.com.sg

For 24-hours Roadside Assistance, Call 98203838

QUOTATION

GST Reg No.: M200050223

Company Ref. No.: S60FC1380G

Customer : CHINA TAIPING INSURANCE (S'PORE) PTE
3 ANSON ROAD #16-00
SPRINGLEAF TOWER
SINGAPORE 079909
Registration No : SML629U
Chassis No : JHMGK3850KS214074
Model : JAZZ 1.3LXR CVT 19YM (EURO 6)
Owner's Name : LOH CHIU THENG CHARMANE
Ins Policy No. :
Date of Accident : 20/7/2021

Document No. : SQT21002311 Page 1
Date : 22. Jul 2021
Customer No. : WZC008
Svc Advisor : IVAN TEO BOON KIAT
Engine No : L13B14101054
Date | Time : 22. Jul 2021 9:15:12 AM
Surveyor Name :
Survey Date :
Authorisation Date :

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
	TP DIRECT SETTLEMENT (J/NO:) OWNER: LOH CHIU THENG CHARMANE OWNER INSURER: Tokio Marine ACC DATE: 20/07/2021 SURVEYED BY: DATE: REF NO: TP INSURER: CHINA TAIPING TP VEH: SGZ5246E						
04711-T5A-J50ZZ	FACE,FR.BUMPER ✓ DD	1	538.10	25	403.57	28.25	431.82
71102-T5L-T50	LOWER GRILLE ASSY,FR. ?	1	157.40	25	118.05	8.26	126.31
71108-T5A-J50	GARNISH,L.FR.BUMPER ✓ CUT	1	30.90	25	23.17	1.62	24.79
71130-T5A-J50ZZ	BEAM COMP,FR.BUMPER ? ?	1	227.10	25	170.32	11.92	182.24
71190-T5A-J50	BEAM UPPER,L.FR.BUMPER ?	1	29.60	25	22.20	1.55	23.75
71193-T5A-000	SPACERR.FR.BUMPER X	1	10.40	25	7.80	0.55	8.35
71198-T5A-000	SPACERL.FR.BUMPER ✓ ACC	1	10.40	25	7.80	0.55	8.35
91505-TM8-003	CLIP,BUMPER ✓ ACC	19	2.30	25	32.77	2.29	35.06
71107-T5A-J50	DUCT,L.FR.BUMPER SIDE ?	1	13.50	25	10.12	0.71	10.83
33150-T5A-J81	HEADLIGHT ASSY,L. ?	1	511.50	25	383.62	26.85	410.47
71121-T5A-J50	BASE,FR.GRILLE HOOK ? ?	1	242.50	25	181.87	12.73	194.60
71122-T5A-J50	MOLDING LOWER,FR.GRILLE ?	1	158.80	25	119.10	8.34	127.44
71123-T5A-J50	MOLDING UPPER,FR.GRILLE ?	1	132.30	25	99.22	6.95	106.17
75700-T5A-000	EMBLEM H ?	1	17.20	25	12.90	0.90	13.80
90301-ST0-003	NUTPUSH 3MM ?	2	2.10	25	3.15	0.22	3.37
71145-TAR-T50	BASE,FR.LICENCE PLATE ✓ CUT	1	52.20	25	39.15	2.74	41.89
BO-NUM-COMP-L	NUMBER PLATE WITH CASING-L(N) ✓ CUT	1	45.00		45.00	3.15	48.15
Sum Item					1679.81	117.58	1,797.39

Printed on 30/7/2021 4:50:00 PM

This is a computer generated invoice. No signature is required.

Part prices are subjected to change without notice.

The above estimated cost of repair do not include any unforeseen damages.

GST Amount is calculated from individual line(s).

An amount of \$53.50 (incl GST) will be applicable for the request of the above quotation for estimates above \$2,000.00.

However, if the repairs are subsequently done at Kah Motor Co. Sdn. Bhd, it will be refunded.

HONDA

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Svc Advisor : IVAN TEO BOON KIAT
Engine No : L13B14101054
Date | Time : 22. Jul 2021 9:15:12 AM
Surveyor Name :
Survey Date :
Authorisation Date :

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
BOSUN	SUNDRIES	1	100.00	30	100.00	7.00	107.00
BML01I	INSPECT FR LIGHTING MECHANISMS & FOCUS	1	280.00	250	280.00	19.60	299.60
BKBH01S	STRAGHTEN ALIGN BULKHEAD & RENEW DAMAGE PARTS.	1	2600.00	650	2600.00	182.00	2782.00
BP02R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (2P)	1	2080.00	520	2080.00	145.60	2225.60
Sum Labor					5060.00	354.20	5,414.20

Survey By

Date & Time

Excess

Status

Signature

Steve (LKK) 9/8/21, 3:00pm

ML AL

3 days

PIP

By Bel sy

Total Amount 6,739.81 471.78 7,211.59

Total (Inclusive of GST) 7,211.59

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:

Printed on 30/7/2021 4:50:00 PM

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SK03217L0005 / KAH MOTOR CO SDN BHD (729905)
ENTRY DATE & TIME 21/07/2021 15:03 (SGT)
SUBMITTED BY: TEO BOON KIAT IVAN
VERSION: 1 (21/07/2021 15:03 (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	21/07/2021 15:03 (SGT)
Date of Accident	20/07/2021 06:00 (SGT)
Exact Location of Accident	338 Bukit Batok Street 34, Singapore 650338
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML629U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOH CHIU THENG CHARMANE
NRIC No	SXXXX375H
Email Address	PRAYHARD1976@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-90175179
Alternative Phone No	+65-90175179

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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	1300

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MS005019
Cover Note Number	-

DRIVER

Name of Driver	LOH CHIU THENG CHARMANE
NRIC No	SXXXX375H

Date Of Birth
Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

05/09/1976
Indoor
22/11/1997
23 YEARS AND 8 MONTHS
Female
(Phone) +65-90175179
+65-90175179
PRAYHARD1976@YAHOO.COM.SG
BLK 338 BT BATOK ST 34 #02-346

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Hit and run / Vandalism / Damaged whilst parked
Clear
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? No
Was any injured conveyed to hospital by ambulance? -
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

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 SKETCH PLAN

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:


Vehicle Registration Number SGZ5246E
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver FAISAL
Contact Number (Phone) +65-87532010
Address -
Address complement -

Vehicle Number: _____


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.
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7. By the lodgment 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


 Policyholder's Signature
 Date & Time: _____

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


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

My vehicle was stationary parked at the carpark. When I went to my car, I found a note stating a guy, Faisal, had hit my vehicle.

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

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