

ASS. REC. BY:

REF:

AGW 210115631Kt

Kenneth

## 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:

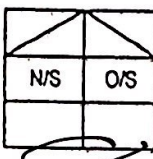
Excess:

(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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04

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:

SMG 886314

Yr Regn:

01, 19

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

Truck / Trailer or

Make:

Honda

c.c

1496

Colour

M.P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

44623

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

RUI

1310715

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / 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.

3

mm

R/Bal.

4

mm

L/Bal.

3

mm

L/Bal.

4

mm

D.O.A.

6/11/21

D.O.I.

15/11/2021

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

LUMP SUM \$2400, 4DAYS

RED: 3378.40;58%

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trlp:

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

Report Format :

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



**GOLD PERFORMANCE PTE LTD**

Block 5033 Ang Mo Kio Industrial Park 2 #01-251/259  
 Singapore 569536  
 Mobile : 97289234  
 Email : goldperformancepl@gmail.com  
 UEN & GST Registration no:202039762K

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

11.11.2021

**QUOTATION-THIRD PARTY CLAIM****Pre-Repair Inspection / Survey**Acknowledged by Repairer: **Q:20211103**

Signature:

Date:

Attention: The Claims Manager  
 Auto & General Insurance (S) Pte Ltd  
 190 Clemenceau Avenue #03-01  
 Singapore Shopping Centre  
 Singapore 239924

Email: claims@budgetdirect.com.sg

Dear Sir / Mdm

**ESTIMATE REPAIR COST OF SMG8863H (HONDA VESEL) on an accident on 06.11.2021 at about 10.45am along 592-593 Sembawang Road (Outside of D'Rubinah Restaurant)**

Item	Description	Qty	Unit Price:S\$	Total:S\$
<b>To supply parts:-</b>				
01	Rear Boots <i>Pr</i>	1 pc	804.30	804.30
02	Rear Boots Lock <i>Pr</i>	1 pc	256.10	256.10
03	Rear Boots Rubber <i>Pr/Pr</i>	1 pc	101.30	101.30
04	Rear Windscreen Moulding <i>Pr?</i>	1 set	395.10	395.10
05	Rear Windscreen Gum <i>Pr</i>	1 pc	44.00	44.00
06	Rear Boots "H" emblem <i>Pr</i>	1 pc	38.00	38.00
07	Rear Boots "VESEL" emblem <i>Pr</i>	1 pc	43.00	43.00
08	Rear TailLamp Assy <i>Pr</i>	2 pcs	425.00	850.00
09	Rear Bumper <i>Pr</i>	1 set	850.00	850.00
10	Rear Bumper Clips <i>208 Pr</i>	6 pc	5.50	33.00
11	Rear Bumper Reflector <i>Pr</i>	2 pcs	75.00	150.00
12	Rear Bumper Reverse Sensor <i>4pcs per set Shon</i>	1 set	301.70	301.70
13	Rear Panel	1 pcs	411.90	411.90
				<b>4,278.40</b>
<b>To supply labour:-</b>				
01	To knock, weld, repair and renew all areas affected by the accident			700.00
02	To spray paint all areas affected by the accident			<i>450</i> 650.00
03	To remove and install rear windscreen			<i>120</i> 150.00
04	Loss of use - car rental days to be determined by surveyor	0 days	-	-
				<b>5,778.40</b>

We hope that our quotation will meet with your kind approval.  
 Thank you.

Steven Ko

97289234

## 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	07/11/2021 10:24 (SGT)
Date of Accident	06/11/2021 10:45 (SGT) → am
Exact Location of Accident	Singapore
Additional Location Information	592-593 SEMBAWANG ROAD OUTSIDE OF D'RUBINAH RESTAURANT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG8863H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN SIEW HONG
NRIC No	S1574450B
Email Address	BENTAN170283@GMAIL.COM
Mobile Phone No	(Phone) +65-96545521
Alternative Phone No	+65-96545521

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	5115040504-01
Cover Note Number	-

### DRIVER

Name of Driver	TAN TOH CHOON, BENJAMIN
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