

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SKZ 4724B

at Workshop m/s KAH MOTOR

of 6A, MANDAL ESTATE

Insured: CTI

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.

N/S	O/S

Bal. or Market Value: 77K

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ 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: SKZ 4724B Yr Regn: 2016 / JAN

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

Make: Honda ODYSSEY 2.4 EX V5 SR 2356

Colour: Grey A/C: Insured / Std / NI / NA

Sp. Reading: 069660 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JHMRC 18909C 201450

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/55R17  
R: \_\_\_\_\_

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

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 22/11/21 D.O.I. 06/12/21

Survey held at KAH MOTOR

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

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

Date / Time Action / Instruction

REPAIR LIMIT - 30K

We will be advising our Principal a cost of repair of P/P \$8,847.41 /- with 8 days of repair red:4879.10;35%

Date/Time, File Pass to?  : Preli. Report  
 : Final Report

Days Of Repair: 8

1) Date/Time, File Return to?

Resurvey No. of Trip: \_\_\_\_\_

2) \_\_\_\_\_

Add Fee:  : Site Insp (\$ )  
 : Interview (\$ )  
 : Tech. Invs (\$ )  
 : Weekend (\$ )

Survey Fee: \_\_\_\_\_  
Transportation: \_\_\_\_\_  
S + RS, SI \_\_\_\_\_  
Photos \_\_\_\_\_  
Others \_\_\_\_\_  
TOTAL \_\_\_\_\_

Report Format : \_\_\_\_\_  
Lump Sum / I.B.I: (\$ )



# QUOTATION

**KAH MOTOR CO. SDN. BHD.**  
(A Member of the Oriental Holdings Berhad)

GST Reg No.: M200050223  
Company Ref. No.: S60FC1380G

Service and Body Repair

Tel: +65 6841 3838

Website: www.honda.com.sg

For 24-hours Roadside Assistance, Call 98203838

**Customer** : CHINA TAIPING INSURANCE (S'PORE) PTE  
3 ANSON ROAD #16-00  
SPRINGLEAF TOWER  
SINGAPORE 079909  
**Registration No** : SKZ4724B  
**Chassis No** : JHMRC1890GC201450  
**Model** : ODYSSEY 2.4 EXV-S 16YM  
**Owner's Name** : LEE WAI KONG  
**Ins Policy No.** :  
**Date of Accident** : 22/11/2021

**Document No.** : SQT21003606 **Page** 1  
**Date** : 23. Nov 2021  
**Customer No.** : WZC008  
**Svc Advisor** : ANIKKA LAI SWEE KAM  
**Engine No** : K24W72010617  
**Date | Time** : 23. Nov 2021 11:51:07 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: LEE WAI KONG OWNER INSURER: LIBERTY ACC DATE: 22/11/2021 SURVEYED BY: DATE: REF NO: TP INSURER: CHINA TAIPING TP VEH : GBC2035Y							
67550-T6A-J00ZZ	PANEL COMPL.SLIDE DOOR <i>bu</i>	1	1067.00	25	800.25	56.02	856.27	
67861-T6A-305ZA	TAPE SETL.RR.DOOR SASH INNER <i>pa</i>	1	60.90	25	45.67	3.20	48.87	
72950-T6A-003	MOLDING ASSYL.RR.DOOR <i>an</i>	1	74.20	25	55.65	3.90	59.55	
75333-T6A-J11ZB	GARNISH ASSYL.SLIDE DOOR LWR <i>an</i>	1	290.10	25	217.57	15.23	232.80	
74591-T6A-000	FENDERL.RR INNER <i>? Xsv</i>	1	124.00	25	93.00	6.51	99.51	
04646-T6A-J22ZZ	PANEL SET,L.RR.OUTER <i>bu</i>	1	997.30	25	747.97	52.36	800.33	
72955-T6A-003	MOLDING ASSYL.QTR WINDSHIELD <i>an</i>	1	117.00	25	87.75	6.14	93.89	
72585-T6A-000ZZ	COVER COMPL.SLIDE DR CTR RAIL <i>? Xan</i>	1	175.50	25	131.62	9.21	140.83	
71507-T6A-003ZB	FACE,L.RR.BUMPER GARNISH <i>Xan</i>	1	81.90	25	61.42	4.30	65.72	
04715-T6A-900ZZ	FACERR.BUMPER <i>repair</i>	1	606.10	25	454.57	31.82	486.39	
71502-T6A-003ZB	FACER.RR.BUMPER GARNISH <i>Xan</i>	1	81.90	25	61.42	4.30	65.72	
71593-T6A-003	SPACERR.RR.BUMPER SIDE <i>Xan</i>	1	20.40	25	15.30	1.07	16.37	
71598-T6A-003	SPACERL.RR.BUMPER SIDE <i>an</i>	1	20.40	25	15.30	1.07	16.37	
91505-TM8-003	CLIP,BUMPER <i>Xan</i>	10	2.30	25	17.25	1.21	18.46	
42700-T6A-J81	DISK ALUMINIUM WHEEL 17X7J <i>repair</i>	1	975.70	25	731.77	51.22	782.99	
					<b>Sum Item</b>	<b>3536.51</b>	<b>247.56</b>	<b>3,784.07</b>
BOSUN	SUNDRIES	1	100.00		100.00	7.00	107.00	
BML02I	INSPECT RR LIGHTING MECHANISMS. PERFORM WATER	1	180.00		180.00	12.60	192.60	

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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.



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**Survey Date** :  
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Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST	
BA02R	REMOVE & RENEW REVERSE SENSORS-4 PCS (N)	1	180.00	150	180.00	12.60	192.60	
BKDR31R	REMOVE & TRANSFER ITEMS TO NEW RR L SLIDING DR.	1	650.00		650.00	45.50	695.50	
BC012R	RESET VEHICLE SMART ENTRY SYSTEM	1	450.00	325	450.00	31.50	481.50	
BC01R	PERFORM SETTING ON MULTI VIEW CAMERAS & SMART	1	450.00	325	450.00	31.50	481.50	
BMI03D	REMOVE & INSTALL REAR COMPARTMENT LININGS	1	650.00	325	650.00	45.50	695.50	
BG31R	REPLACE RR. L DOOR QTR GLASS.(N)	1	650.00	325	650.00	45.50	695.50	
BOJSE	BODY JOINT SEALANT QTR GLASS	1	100.00	80	100.00	7.00	107.00	
BOJSE	BODY JOINT SEALANT LHR FENDER	1	100.00	80	100.00	7.00	107.00	
BKFE21R	CUT & RENEW RR L FENDER. STRAIGHTEN INNER PANEL @650 x 4	1	3500.00	2600	3500.00	245.00	3745.00	
BP04R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (4P) @520 x 3.5	1	3000.00	1820	3000.00	210.00	3210.00	
					<b>Sum Labor</b>	<b>10010.00</b>	<b>700.70</b>	<b>10,710.70</b>
BO-WHEEL ALIGN X4	WHEEL ALIGNMENT X4 XMM	1	180.00	X	180.00	12.60	192.60	
					<b>Sum Ext. Service</b>	<b>180.00</b>	<b>12.60</b>	<b>192.60</b>

Survey By: Rasul - Hp 90010068  
Date & Time: 06/12/21 @ 1450  
Excess: \_\_\_\_\_  
Status: \_\_\_\_\_  
Signature: Rasul

**Total Amount** 13,726.51 960.86 14,687.37  
**Total (Inclusive of GST)** 14,687.37

7-8 days  
Resy before print

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:

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## 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	22/11/2021 17:26 (SGT)
Date of Accident	22/11/2021 12:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO CENTRAL 1 X SERVICE ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ4724B
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE WAI KONG
NRIC No	SXXXX570F
Email Address	danlee76@hotmail.com
Mobile Phone No	(Phone) +65-98761971
Alternative Phone No	+65-98761971

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
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	2400

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V00148
Cover Note Number	-

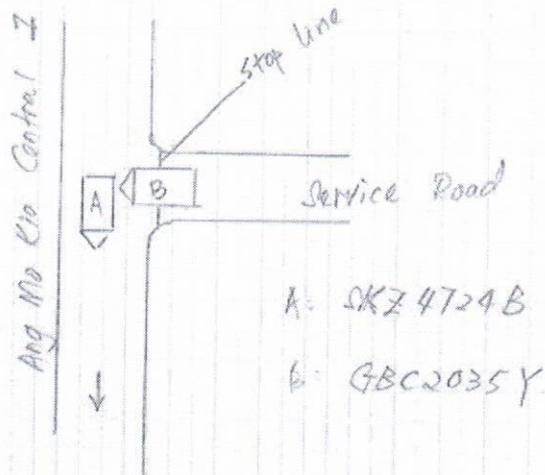
#### DRIVER

Name of Driver	LEE WAI KONG
NRIC No	SXXXX570F

Name of Driver .....	SONG CHENGXUE
Work Permit No .....	GXXXX136K
Contact Number .....	(Phone) +65-80323827
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

Vehicle Number: SKZ 4724B

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/11/2021 @ about 12:45hrs, my vehicle (A) was slowly driving along Ang Mo Kio Central 1 heading to the carpark exit. While passing by the service road, suddenly vehicle B dashed out from the stop line without a proper lookout of my vehicle and hit onto my vehicle left rear portion.

My wife was sitting beside me, no injury at the point of accident.

\*Statement recorded in \_\_\_\_\_ language by driver.  
 \*Own Damage (OD) Claim submission must be proceeded within 14 Days from Date of Accident.

DECLARATION

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

[Signature]  
 Policyholder's Signature  
 Date & Time:

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

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