

ASS. REC. BY:

REF:

CTZ/ 220005821Kt

Kenneth

ASSIGNMENT

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

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

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s BH

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

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: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 09/31 Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SKC 9853A Yr Regn: 10, 11

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

Truck / Trailer or \_\_\_\_\_

Make: Honda CRZ c.c. 1496

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

Sp. Reading: 108683 T/Radio:  Insured /  Std /  NI /  NA

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

C/No: ZFI 1004081

Gen. Cond:  Good /  Fair /  Poor /  Burnt

Steering:  Inorder /  Jammed /  Leaked /  Burnt or

Brake:  Inorder /  Jammed /  Leaked /  Burnt or

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

Tyre Size: F: 225/45ZR17

R: \_\_\_\_\_

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

TOYO / YOKO or 1796lead

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

R/Bal. 2 mm R/Bal. 4 mm

L/Bal. 2 mm L/Bal. 4 mm

D.O.A. 6/1/22 D.O.I. 17/1/2022

Survey held at \_\_\_\_\_

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

OLS RM

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

Date / Time Action / Instruction

14/9 11am @ 2050

SUBMIT UNCONFIRM  
LUMP SUM \$2050, 4DAYS  
RED:10,961.59;84%

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

1)  : Final Report

Date/Time, File Return to?

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

Days Of Repair: 4

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

Survey Fee:	_____
Transportation:	_____
S + RS:	_____
SI	_____
Fees	_____
Others	_____
TOTAL	_____

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Report Format :

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

# BH AUTO SERVICES PTE LTD

Blk 1, Sector C, Sin Ming Industrial Estate #01-111 / 113 / 115 / 117 Singapore 575636

Tel: 6559 8944 / Fax: 6269 2404

## China Taiping Insurance (S) Pte Ltd

3 Anson Rd, #16-00

Springleaf Tower

Singapore (079909)

ATTN: MOTOR CLAIM DEPARTMENT

*Not withdrawn  
61 Day @ 2050/-  
Recovery After Pains  
4 days*

DEAR SIR / MADAM :

**ACCIDENT REPAIR ON: SKC9583A**

**MODEL : CR-Z HYBRID 1.5 A**

**POLICY NO :**

**CHASSIS NO : ZF11004081**

**YEAR OF MANUFACTURE : 2011**

**DATE / TIME OF ACCIDENT: 06/01/2022 Time: 1125Hrs AT 279 COMPASSVALE ANCILLIA**

**THIRD PARTY VEHICLE NO: SLM2086D**

Date: 27/12/2021

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Appended below are the estimated cost of repair and parts to be replaced for the above vehicle: -

### Replacement Of Parts

S/N	Quantity	Unit Price	Condition	Amount
		S\$		S\$
1 Front Head Light RH <i>1081</i>	1	\$ 1,205.00	<i>CR</i>	\$ 1,205.00 ✓
2 Front Grille	1	\$ 225.70	<i>PR</i>	\$ 225.70 X
3 Head Light Retainers RH	1	\$ 35.00	<i>DIS</i>	\$ 35.00 ✓
4 Front Bumper <i>680.20</i>	1	\$ 770.50	<i>RECENT</i>	\$ 770.50 ✓
5 Front Bumper Retainers	1	\$ 18.00	<i>PR</i>	\$ 18.00 X
6 Front Fender RH	1	\$ 580.00	<i>R</i>	\$ 580.00 X
7 Honda Emblem	1	\$ 27.50	<i>NR</i>	\$ 27.50 ✓
8 Front Side Fender Cowling RH	1	\$ 116.60	<i>CM</i>	\$ 116.60 ✓
9 Front Bumper Bottom Lid RH	1	\$ 21.40	<i>PR</i>	\$ 21.40 X
10 Front Absorber RH	1	\$ 367.60	<i>PR</i>	\$ 367.60 X
11 Lower Arm RH	1	\$ 608.40	<i>PR</i>	\$ 608.40 X
12 Front Rim RH	<i>CR</i> 1	\$ 960.80	<i>PR</i>	\$ 960.80 <i>1500</i>
13 Dry Shaft RH	1	\$ 1,338.50	<i>R</i>	\$ 1,338.50 X
14 Stablizing Link RH	1	\$ 81.90	<i>PR</i>	\$ 81.90 X
15 Wheel Bearing RH	1	\$ 131.80	<i>NR</i>	\$ 131.80 X
16 Support Panel	1	\$ 689.50	<i>R</i>	\$ 689.50 X
17 Bonnet	1	\$ 872.10	<i>R</i>	\$ 872.10 X
18 Front Reinforment Bar	1	\$ 249.40	<i>R</i>	\$ 249.40 X
19 Tie Rod RH	1	\$ 90.30	<i>PR</i>	\$ 90.30 X
20 Tie Rod End RH	1	\$ 144.50	<i>PR</i>	\$ 144.50 X

21	Top Stopper RH	1	\$ 25.90	<i>ln</i>	\$ 25.90	X
22	Dust Cover Rh	1	\$ 27.40	<i>ln</i>	\$ 27.40	X
23	Bush RH	1	\$ 43.90	<i>ln</i>	\$ 43.90	X

Sub-Total: 8,631.70  
 Less: 20% discount - 1,726.34  
**Total Parts after 20% discount: 6,905.36**

**Special Nett Items**

1	Anti-rust coating	4	80.00	<i>ln</i>	320.00	X
2	Front Tyre RH	1	285.00	<i>ln</i>	285.00	X
					605.00	

**Total Parts: 7,510.36**

**Labour Charges For Front Portion**

1	Provide skill labour to remove all damaged parts, panel beat , cut & weld if necessary and align all panel and reinstall all damaged parts.				2,000.00	<i>400l</i>
2	Provide skill labour & material to putty all damaged parts & panel & to respray with 2K paint with oven spray booth facilities				2,000.00	<i>400l</i>
3	Provide skill labour to disconnect and check electrical wiring				150.00	<i>20l</i>
4	Provide Labour skill to check undercarriage, removal and replacement			<i>ln</i>	300.00	<i>X</i>
5	Provide skill labour for wheel alignment				200.00	<i>60l</i>

<b>Total Labour:</b>	<u>4,650.00</u>
<b>Total Parts &amp; Labour:</b>	<u>12,160.36</u>
<b>GST 7%:</b>	<u>851.23</u>
<b>Grand Total:</b>	<u><u>13,011.59</u></u>

**Estimate Repair Duration** 45 days

*4 days*

ACCIDENT VEHICLE OF : **SKC9583A**

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**Remark: Supplementary estimate will be raised in the event additional damaged parts are found in the course of repair.**

Yours sincerely,

**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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ESTIMATOR: *NINJA LO*

Survey attended by:

Name : \_\_\_\_\_  
Company : \_\_\_\_\_  
Date : \_\_\_\_\_  
Time : \_\_\_\_\_  
Contact No : \_\_\_\_\_  
Email : \_\_\_\_\_

# 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	07/01/2022 15:28 (SGT)
Date of Accident	06/01/2022 11:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	279 COMPASSVALE ANCILLIA
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC9853A
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM SENG YIONG AARON
NRIC No	S8201080G
Email Address	LIMSY.AARON@GMAIL.COM
Mobile Phone No	(Phone) +65-93689682
Alternative Phone No	+65-93689682

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cr-z
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	1500

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5123517505
Cover Note Number	-

### DRIVER

Name of Driver	LIM SENG YIONG AARON
NRIC No	S8201080G

Date Of Birth	04/01/1982
Occupation	Outdoor
Date Of Driving Pass	19/06/2003
Driving experience	18 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93689682
Alt. Phone Number	+65-93689682
Email Address	LIMSY.AARON@GMAIL.COM
Address	BLK280B, SENGKANG EAST AVE, #10-627
Address complement	-
Postcode	542280
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	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)	1
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 1

Vehicle Registration Number	SLM2086D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHEW SIYUE
Contact Number	(Phone) +65-87174807
Address	-
Address complement	-

Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

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.
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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.
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.

**CITY AUTO PTE LTD**  
 Blk 8 Sin Ming Road  
 #01-58/60/62 Sin Ming Ind Est  
 Singapore 575643  
 Tel: 6453 1235 Fax: 6453 7944  
 (Claims Section)

  
 Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



