

REF: SMO/ 21012131K

ASS. REC. BY:

REF: SMO/ 220009721K

Kennerth

ASSIGNMENT

Sm J 2854H

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

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

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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

at Workshop m/s \_\_\_\_\_

of 05-21 My Car Carros

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.

N/S	O/S

Bal. or Market Value: 878k

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SMO 73272 Yr Regn: 02, 19

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

Truck / Trailer or Wagon

Make: Honda Shuttle C.C. 1496

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

Sp. Reading: 257206 T/Radio: Insured / Std / NI / NA

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

C/No: GPT 2004684

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: M / S / R / m / STD A / R / m or

Tyre Size: F: 185 / 60 R 15

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

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

TOYO / YOKO or Fin 89

Front Rear

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 22/1/22 D.O.I. 28/1/2022

Survey held at 10.30am

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

0/5/15

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

1) \_\_\_\_\_

☐ : Final Report

Date/Time, File Return to?

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

Days Of Repair: \_\_\_\_\_

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

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation:

S - RS, SI

Fees

Others

TOTAL

Report Format :

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



# MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

Address: 60 JALAN LAM HUAT, CARROS CENTRE #05-68 S737869

HP: 98888885

## Estimation

Date:

28/1/2022

Vehicle:

SMJ2854H

Make / Model:

HONDA SHUTTLE

Chassis:

GK8-2101980

No.	Description	Unit	Unit Price	Amount
Parts Replacement:				
1	FRONT FENDER RH	1	\$ 452.00	\$ 452.00
2	FRONT FENDER INNER EMBLEM RH	1	\$ 42.00	\$ 42.00
3	HEADLAMP RH	1	\$ 1,985.00	\$ 1,985.00
				\$ 2,479.00
			Less 20%	\$ 495.80
			Total	\$ 1,983.20
S/Nett items:				
1	FRONT WHEEL HUB CAP RH	1	\$ 80.00	\$ 80.00
				\$ 80.00
Labour to:				
1	TO CHECK ELECTRICAL WIRING	1	\$ 80.00	\$ 80.00
3	CONDUCT WHEEL ALIGNMENT	1	\$ 150.00	\$ 15.00
4	TO RESPRAY UNDERCOATING	1	\$ 300.00	\$ 300.00
5	APPLY ANTI RUST ON AFFECTED AREAS	1	\$ 200.00	\$ 200.00
6	SPRAY PAINTING ON AFFECTED AREAS	1	\$ 400.00	\$ 400.00
7	PANEL BEATING ON AFFECTED AREAS	1	\$ 400.00	\$ 400.00
				\$ 1,395.00
			Parts Replacement Amount	\$ 2,063.20
			Total Amount for Labour	\$ 1,395.00
			Total Amount	\$ 3,458.20

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:

Not Withain

11/2/22

Repairing After Paint

2 days

Kenneth

96910663



## 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 ..... 24/01/2022 12:28 (SGT)  
Date of Accident ..... 22/01/2022 13:40 (SGT)  
Exact Location of Accident ..... Jalan Bukit Merah, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMJ2854H

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... FOCUS RENTALS PTE LTD  
Company Reg No ..... 2XXXXX450G  
Email Address ..... operations@focusrentals.sg  
Mobile Phone No ..... (Phone) +65-93671575  
Alternative Phone No ..... (Office) +65-98875600

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Shuttle  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... -  
Fleet Policy ..... Yes  
Policy Number ..... D20MFL0007747\_01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... WONG TECK CHUANG  
NRIC No ..... SXXXX201E



## 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 willful 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. The 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.
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.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 22/01/2022 1530

Dahnial

Witnessed by Reporting Centre Personnel

### Sketch Plan

