

ASS. REC. BY:

REF:

012 / 22001330/Kg

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:

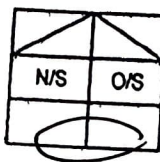
Excess:

(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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

1. B. / %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SND 7038P

Yr Regn:

01, 22

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

Truck / Trailer or

Make:

Honda

Shuttle

c.c.

1496

Colour

M. Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

295

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

GK8

2100863

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NI / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

185/60R15

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

TOYO / YOKO or

Front

R/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

10/2/22

Rear

R/Bal.

9

mm

L/Bal.

9

mm

D.O.I.

11/2/2022

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

Date/Time, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Fees:

Others

TOTAL

Report Format :

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

Date: 10/02/2022
Vehicle No: SND7036P
Model: HONDA SHUTTLE 1.5G CVT
Chassis: GK82100863-2019
Reg.Year: 2022

Third Party Insurer: CHINA TAIPINK
Third Party Veh No: SNC5641K
Date of Accident: 10/02/2022
Estimator: TING AN
Surveyor:

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR WINDSCREEN SEALANT	1		\$80.00
2	REAR TAILGATE INNER TRIM CLIPS	1		\$50.00
3	REAR BUMPER CLIPS	1		\$50.00
4	REAR BUMPER REVERSE SENSOR	1		\$300.00
5	REAR END PANEL SEALANT	1		\$80.00
6	REAR END PANEL UPPER COVER CLIPS	1		\$40.00
7	REAR FENDER INNER TRIM BOARD CLIPS LH	1		\$60.00
8	REAR FENDER INNER TRIM BOARD CLIPS RH	1		\$60.00
S/N TOTAL				\$720.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX & READJUST REAR ACCIDENT AREAS & ETC.

\$700.00

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR TAILGATE, REAR BUMPER, REAR END PANEL & ETC.

\$700.00

LABOUR CHARGES TO REMOVE & REPLACE REAR BUMPER REVERSE SENSOR & ETC.

\$100.00

LABOUR CHARGES TO REMOVE & REFIX REAR WINDSCREEN GLASS, REAR WINDSCREEN MOULDING, REAR WINDSCREEN SEALANT & ETC. TO EFFECT REPLACE OF REAR TAILGATE.

\$150.00

LABOUR CHARGES TO REMOVE & REINSTALLED REAR TAILGATE INNER MECHANISM & ETC. BACK TO ORIGINAL OPERATIONS.

\$120.00

TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.

\$80.00

TO TUFF KOTE & UNDERSEAL MATERIALS.

\$150.00

TO DIAGNOSIS FAULT CODE & RESET MEMORY.

\$120.00

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

LABOUR TOTAL

\$2,120.00

TOTAL

\$8,864.80

TING AN

Head office

8 Kung Chong Road Singapore 150143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554505
Tel: (+65) 6484 9919 | Fax: (+65) 6484 1333

Acknowledged by Repairer

Signature:

Branch (Motor Insurance Claims)

Date: Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 688047
Tel: (+65) 6491 1522 | Fax: (+65) 6481 1011



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 10/02/2022 20:16 (SGT)
Date of Accident 10/02/2022 07:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information CTE (TOWARDS ANG MO KIO AVE 1)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SND7036P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SMARTCARS BOUTIQUE PTE LTD
Company Reg No 201501007N
Email Address smartcarsboutique@gmail.com
Mobile Phone No (Phone) +65-84283690
Alternative Phone No +65-84283690

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
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

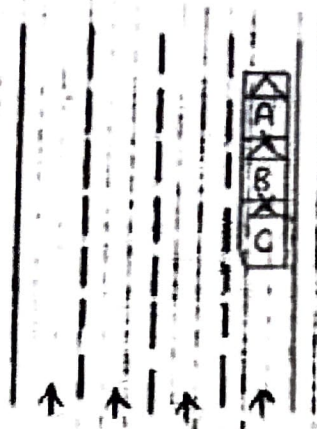
INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5125544484 DC
Cover Note Number 20/01/2022 - 19/01/2023

DRIVER

Name of Driver HO CHONG PING SEBASTIAN
NRIC No S8231250A

Sketch Plan



CTE (Towards Ang Mo Kio Avenue 1)

(A) SND7036P
(B) SNC564HK
(C) SMY77880

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/02/2022 at about 0700 hours, I was stationary along CTE towards Ang Mo Kio Avenue 1. Suddenly, I felt an impact from behind. I alighted and realised it was a chain collision involving 3 vehicles. Vehicle B: SNC564HK front portion had collided into the rear of my vehicle A: SND7036P causing damage. We all exchanged contact.

Note : Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature

Date & Time: 10/02/2022

Driver's Signature

(If driver is not the policyholder)

Date & Time: 10/02/2022

Reporting Centre/Insurer's Signature

Name:

NRIC/ID No.:

Reporting Only

☒ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only
☒ Claim ODP at other workshop (ULTIMA WHEEL PTE LTD)

(AMK)