ASS. REC. BY: Kenneth

REF: CTL/2200137S1Kv

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ Accord

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLG 600L Yr Regn: 06, 17

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

Make: Honda Vtec c.c 1496

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

Sp.Reading 198188 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU3 · 1244333

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 215/60R16

R: _____

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	3 mm
L/Bal.	4 mm	L/Bal.	3 mm
D.O.A.	7/2/22	D.O.I.	15/2/2022

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?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ x RS _____ SI

Parking: _____

Others: _____

TOTAL: _____

Report Format :

Lump Sum / I.B.I: (S _____)

ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A
#03-11 AMK Autopoint Singapore 568047
Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

Not Authorised
Revised Repair
5 days

ESTIMATE

CHIAN TAIPING INSURANCE (SINGAPORE) PTE LTD
3 ANSON ROAD #15-11
SPRINGLEAF TOWER
SINGAPORE 079909
ATTN: ACCIDENT CLAIMS DEPARTMENT

DATE : 07.02.2022
VEHICLE NO : SLQ600L
VEH MAKE/MODEL : HONDA VEZEL
YOM : 2017
CHASSIS NO : RU31244333
DATE OF ACCIDENT : 07.02.2022

NO	QTY	DESCRIPTION	AMOUNT $	
		LIST PRICE:-		
1	1	FRONT BONNET	$ R 854.10	—
2	1	FRONT BONNET HINGE o/s	$ Dis 50.00	—
3	1	FRONT BONNET LOCK	$ 124.20	?
4	1	FRONT BONNET SEAL	$ Sm 36.80	X
5	1	FRONT BONNET STOPPER	$ Sm 10.90	X
6	1	FRONT HEADLAMP LH	$ Mg CHR 1,999.30	—
7	1	FRONT HEADLAMP RH	$ " " 1,999.30	—
8	2	FRONT HEADLAMP LOWER BRACKET LH & RH	$ 68.40	?
9	2	FRONT HEADLAMP CHROME	$ NSP 280.00	X
10	1	FRONT GRILLE TOP OUTER GARNISH	$ CHR 434.50	—
11	1	FRONT GRIILE TOP RUBBER	$ Sm 194.20	X
12	1	FRONT GRILLE BASE	$ 301.80	?
13	1	FRONT GRILLE CHROME LOWER	$ 71.20	?
14	1	FRONT EMBLEM "H"	$ M 30.00	—
15	1	FRONT BUMPER	$ Bu 898.30	—
16	2	FRONT BUMPER SIDE RETAINER	$ Dis 47.80	—
17	1	FRONT BUMPER TOW COVER	$ Sm 18.30	X
18	2	FRONT BUMPER SIDE GARNISH LH & RH	$ Sm 70.00	X
19	1	FRONT FOGLAMP LH	$ Sm 280.00	X
20	1	FRONT FOGLAMP RH	$ Sm 280.00	X
21	1	FRONT LOWER GRILLE	$ 84.20	?
22	1	FRONT LH FENDER	$ R 421.10	X
23	1	FRONT LH FENDER SHIELD	$ Sm 125.90	X
24	1	FRONT RH FENDER	$ R 421.00	X
25	1	FRONT RH FENDER SHIELD	$ Sm 125.90	X
26	1	FRONT SUPPORT PANEL	$ 526.50	?
27	1	FRONT REINFROCEMENT BAR	$ R 293.40	X
28	1	FRONT RADIATOR TOP COVER / GARNISH	$ Sm 61.30	X
29		Brace Panel CRV		
30				
31				
		TOTAL - LIST ITEM	$ 10,108.40	
		LIST 20%	$ 2,021.68	
		TOTAL	$ 12,130.08	

ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A
#03-11 AMK Autopoint Singapore 568047
Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

ESTIMATE

CHIAN TAIPING INSURANCE (SINGAPORE) PTE LTD
3 ANSON ROAD #15-11
SPRINGLEAF TOWER
SINGAPORE 079909
ATTN: ACCIDENT CLAIMS DEPARTMENT

DATE : 07.02.2022
VEHICLE NO : SLQ600L
VEH MAKE/MODEL : HONDA VEZEL
YOM : 2017
CHASSIS NO : RU31244333
DATE OF ACCIDENT : 07.02.2022

NO	QTY	DESCRIPTION	AMOUNT $	
		SPECIAL NETT ITEMs:-		
1	1	CAR PLATE NUMBER WITH HOLDER	$ Del 50.00	495
2	SET	FRONT BUMPER CLIPS	$ Na 45.00	—
3	SET	FRONT BONNET INSULATOR CLIPS	$ na 45.00	X
4	SET	FRONT RADIAOTR CLIPS COVER / GARNISH CLIPS	$ na 45.00	X
5	2 SET	FRONT FENDER INNER SHIELD CLIPS LH & RH	$ na 80.00	X
6				
		Total - SN Item	**$ 265.00**	
		Labour Charges:-		
1		SPRAY PAINT ON ALL AFFECTED AREA	$ 1,000.00	600
2		LABOUR REMOVE/REFIX ACCIDENT DAMAGE PARTS TO KNOCK, JACK, CUT WELD AND REALIGN ACCIDENT AFFECTED AREA	$ 1,000.00	500
3		TO CHECK WIRING SYSTEM & LIGHT	$ 100.00	20
4		TO APPLY ANTI RUST TREATMENT	$ 120.00	30
		TO REMOVE/REFIX NECESSARY ATTACHMENT SUPPORT PANEL	$ na 280.00	X
		Total - L/C	**$ 2,500.00**	
		Sub-Total	**$ 14,895.08**	
		7% GST	**$ 1,042.66**	
		Total	**$ 15,937.74**	

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:

SC0922270002 / Cheng Hoe Motor Pte Ltd[568047]
ENTRY DATE & TIME: 07/02/2022 17:14 (SGT)
SUBMITTED BY: LI YAZHU DORLYN
VERSION: 1 (07/02/2022 17:14 (SGT))

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 witholding 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	07/02/2022 17:14 (SGT)
Date of Accident	07/02/2022 09:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 780 WOODLANDS CRESCENT MSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ600L

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YONG TIAN HOCK
NRIC No	S8407525F
Email Address	garrick84@hotmail.com
Mobile Phone No	(Phone) +65-96853367
Alternative Phone No	+65-96853337

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118586892-01 DC
Cover Note Number	06/12/2021 - 05/12/2022

DRIVER

Name of Driver	YONG TIAN HOCK
NRIC No	S8407525F

Veh A: SLQ 602L
Veh B: YQ3458H

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**.
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.

"I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel Jonyn (AMK) 07/02/22

Sketch Plan