ASS. REC. BY: Kenneth

REF: SMR/ 22001389/KV f3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s My Car

of _____

Insured: SHC 4500L

Policy No. _____

Claims No. TAX/02/22/2023

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: 03 days Res.: Yes or No

Lum Sum: 26 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SMR 5700 Yr Regn: 01, 19

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

Make: Honda Shuttle c.c 1496

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

Sp.Reading 139933 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GP7 · 2001208

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : NII / S/Rim / STD A/Rim or _____

Tyre Size: F: 185/60R15

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	9/2/22	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
22/2/22	Kenneth informed LS $1250 (Red 5409.60, 81%)

Date/Time, File Pass to? 1) _____

☐ : Prell. Report

☐ : Final Report

Date/Time, File Return to? 2) 23/2/22-typist

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Parking _____

Others _____

TOTAL _____

Report Format : TP

Lump Sum / I.B.I: ($ 1250)

MYCAR PARTNERS PTE LTD
Company Reg No. 20187350M
10 Ang Mo Kio Industrial Park 2A
#03-18 AMK Autopoint
Singapore 568047
Tel: 97898985

Not Authorised
11 Sep &
Pre-wrong After Paint
3days

KennethKong@lkkauto.com

ESTIMATE

SML5700M
HONDA SHUTTLE
DATE OF ACCIDENT 09/02/2022

Date : 15/02/2022

DESCRIPTION	QUANTITY	RATE	AMOUNT	REMARKS
PARTS (LIST ITEM)	-	-	-	-
Rear Boot	1 R	$1,259.00	$1,259.00	X
Rear Bumper	Bodyway 1 20%	$1,250.60	$1,250.60	✓
		Parts subtotal	$2,509.60	
LABOUR				
To remove the affected parts & fittings to commence repairs, panel beat & reshape the affected area		$1,800.00	$1,800.00	40%
Respray paint, putty on parts replaced & repaired area		$1,600.00	$1,600.00	40%
To remove & refix wiring & check all electrical components at damaged area for proper functions		$600.00	$600.00	15%
To provide anti-rust treatment on affected areas		NW $150.00	$150.00	X
		Labour subtotal	$4,150.00	
		Subtotal	$6,659.60	
		Total	**$6,659.60**	

LKK Auto Consultants hence notify
[redacted]
- 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:

SC09222A0003 Cheng Hoe Motor Pte Ltd[S68U4T]
ENTRY DATE & TIME 10/02/2022 15:10 (SGT)
SUBMITTED BY LI YAZHU DORLYN
VERSION 1 (10/02/2022 15:10 (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	10/02/2022 15:10 (SGT)
Date of Accident	09/02/2022 09:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CENTRAL BOULEVARD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML5700M

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MYCAR LEASING PTE LTD
Company Reg No	201509747W
Email Address	melvin@mycar.com.sg
Mobile Phone No	(Phone) +65-97898985
Alternative Phone No	(Office) +65-65700007

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	1500

INSURANCE COMPANY

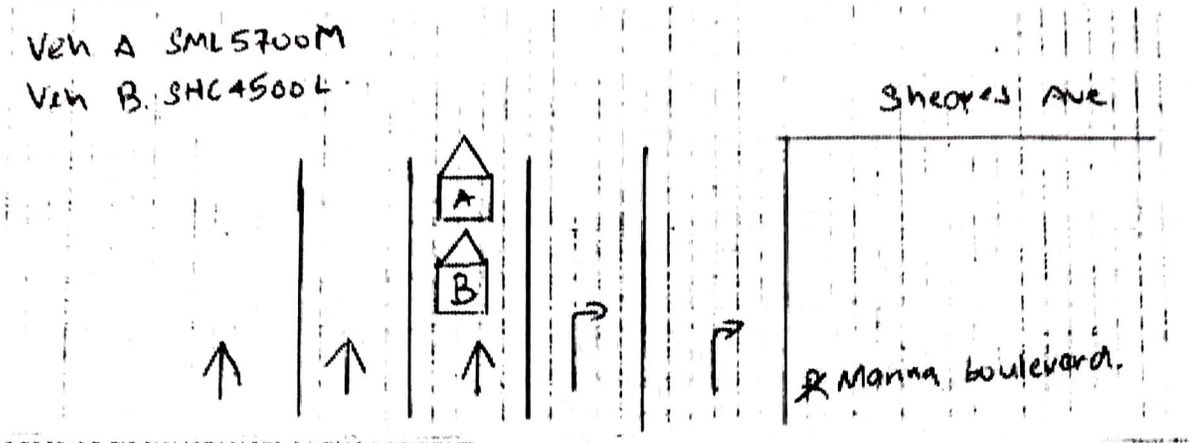
Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SPMF1000000450
Cover Note Number	24/05/2021 - 23/05/2022

DRIVER

Name of Driver	MAR WENG WONG
NRIC No	S6913364I

KETCH PLAN #2

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

Note : Please note that your insurer may have 14days 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:

10/2/22
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

( ) Claim Own Policy (✓) Claim Third Party ( ) Reporting Only
(✓) Claim OD/TP at other workshop (Myrac Partners S/L

2