

ASS. REC. BY:

REF: SMR/ 22001389/KVKenneth**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

OD / (P) WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s My Car
of _____

Insured: _____

Policy No. _____

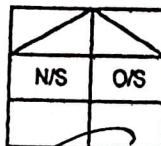
Claims No. _____

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SM2 5700 Regn: 01, 19

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

Truck / Trailer or (A) : WagonMake: Honda Shuttle c.c. 1496Colour: M. Grey A/C: Insured / Std / NI / NASp. Reading: 139933 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GP7 - 2001208Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre 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 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 9/12/22 D.O.I. 13/2/2022

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?

☐ : Prell. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Fees: _____

Others: _____

TOTAL

Report Format :

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

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 Day @
Pricing After Pain
3 days
ESTIMATE

Kenneth Hong@lkkauto.com

SML5700M
HONDA SHUTTLE
DATE OF ACCIDENT 09/02/2022

Date : 15/02/2022

DESCRIPTION	QUANTITY	RATE	AMOUNT	REMARKS
PARTS (LIST ITEM)				
Rear Boot	1	\$1,259.00	\$1,259.00	X
Rear Bumper	1	\$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	4001
Respray paint, putty on parts replaced & repaired area		\$1,600.00	\$1,600.00	4001
To remove & refix wiring & check all electrical components at damaged area for proper functions		\$600.00	\$600.00	151
To provide anti-rust treatment on affected areas		\$150.00	\$150.00	X
Labour subtotal				\$4,150.00
Subtotal				\$6,659.60

Total \$6,659.60

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before commencing 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:

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 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

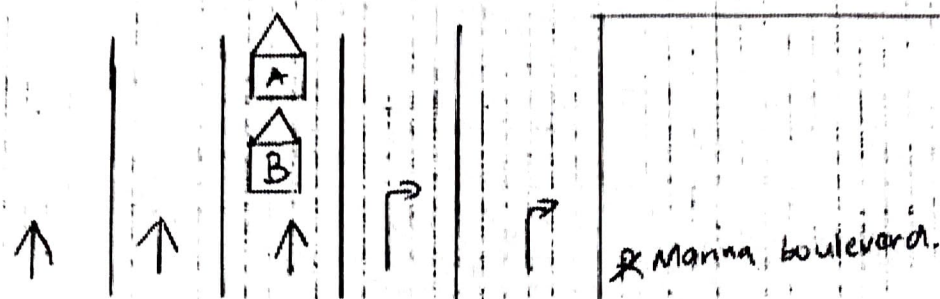
DRIVER

Name of Driver	MAR WENG WONG
NRIC No	S69133641

Sketch Plan

VEN A SML5700M

VEN B SHC4500L



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:



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

[Signature]

10/2/22

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

[Signature]

☐ Claim Own Policy ☒ Claim Third Party ☐ Reporting Only
☒ Claim OD/TP at other workshop *Myra Partners B/L*