

ASS. REC. BY: SteveREF: CS/CT122001547/y3

## 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.

N/S	O/S
X	X

Bel. 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: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SML 36145 Yr Regn: 7/10/16  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or  
Make: Honda HRV c.c. 1496  
Colour: Beige A/C: Insured / Std / NI / NA  
Sp. Reading: 224579 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: JHMRW18106X200.289  
Gen. Cond: Good / Fair / Poor / Burnt  
Steering: In order / Jammed / Leaked / Burnt or  
Brake: In order / Jammed / Leaked / Burnt or  
Mod: Nil / S/Rim / STD A/Rim or  
Tyre Size: F: 215/60 R16  
R: 17  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or  
Front R/Bal. 5 mm Rear R/Bal. 5 mm  
L/Bal. 5 mm L/Bal. 5 mm  
D.O.A. 30/12/21 D.O.I. 13/11/22  
Survey held at Cycle & Carriage  
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
	<u>MV-63K</u>
	<u>\$2824.28 (P/P., before GST). 4 days.</u>
	<u>red: 2255.72; 44%</u>

Date/Time, File Pass to?

☐ : Prel. Report  
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 4

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

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)  
☐ : Interview (\$ \_\_\_\_\_)  
☐ : Tech. Invs (\$ \_\_\_\_\_)  
☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Report Format: \_\_\_\_\_

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

# ESTIMATE

Invoice Name & Address	Owner Name & Vehicle Info	
SALES DEPARTMENT (PDI EXPENSE)-MIT	Cust No/Name	B1000001/CYCLE & CARRIAGE LEASING PTE LT
MIT USED CAR MAINT COST	Reg No/Reg Date	SML3614S / 07/10/201
Contact No	Date In/Mileage	/ 0
	Chassis No	JHMRU1810GX200289
	Engine No/Capacity	L15B4530288 1496
	Model/Description	HONDA /HRV 1.5 DX CVT
	Colour/Trim	BEIGE /

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
B1000001	Internal	11/02/2022/ 08:51	TLK	282 / Kevin Leong	40048

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
E PNT88000 REPLACE REAR BUMPER, TAILGATE & AFFECTED AREA 300 x 2	600			2560.00
REPAIR ON END PANEL				
E PNT98000 PAINT WORK ON REAR TAILGATE & END PANEL 250 x 1	250	<del>500</del>		1650.00
E PNT88000 REMOVE & INSTALL REAR PARKING ASSISTS	40			150.00
E PNT88000 REMOVE & INSTALL REAR WINDSCREEN FOR FACILITATE REPAIR	150			300.00
M SUNDRY TO APPLY WINDSCREEN SEALANT	50			100.00
M SUNDRY TO APPLY SEALANT ON AFFECTED AREA	30			80.00
M SUNDRY PERFORM RUST PREVENTION				X 80.00
I 54900099 CHECK WIRING & CHASSIS ELECTRICAL SYSTEM	120			120.00
I 10028901 TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM	170			300.00
M SUNDRY SUNDRIES	20			50.00
M SUNDRY REAR BOOT PANEL / 00				1068.00
M SUNDRY REAR BUMPER / CRU				829.00
M SUNDRY EMBLEM 'I-VTEC' / REC				35.00
M SUNDRY EMBLEM 'HR-V' / REC				35.00
M SUNDRY HONDA PLATE X				25.00
M SUNDRY WINDSHIELD GLASS RR X				980.00

Confirm & accepted by

Authorized signatory and company stamp



ESTIMATE

Invoice Name & Address	Owner Name & Vehicle Info	
SALES DEPARTMENT (PDI EXPENSE)-MIT	Cust No/Name	B1000001/CYCLE & CARRIAGE LEASING PTE LT
MIT USED CAR MAINT COST	Reg No/Reg Date	SML3614S / 07/10/201
	Date In/Mileage	/ 0
	Chassis No	JHMRU1810GX200289
	Engine No/Capacity	L15B4530288 1496
Contact No	Model/Description	HONDA /HRV 1.5 DX CVT
	Colour/Trim	BEIGE /

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
B1000001	Internal	11/02/2022/ 08:51	TLK	282 / Kevin Leong	40048

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
---------------------------------	-----	------------	-------	--------

M SUNDRY WINDSHIELD GLASS MOUNTING				76.00
---------------------------------------	--	--	--	-------

Estimate

Steve (LKK)  
13/4/22, 1.30pm

ML  
P/P  
by ML  
4 djs

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

Confirm & accepted by

- 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:

Authorized signatory and company stamp

Parts	0.00
Labour	5,080.00
Standard Menu	0.00
Specialist Job	0.00
Others(Lub,etc)	0.00
Sundry	3,358.00
Total(w/o GST)	8,438.00

## 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	03/01/2022 09:19 (SGT)
Date of Accident	30/12/2021 20:00 (SGT)
Exact Location of Accident	Still Rd, Singapore
Additional Location Information	CROSS JUNCTION STILL ROAD AND JOO CHIAT PLACE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML3614S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CYCLE & CARRIAGE LEASING PTE LTD
Company Reg No	2XXXXX307R
Email Address	leasing@cyclecarriage.com.sg
Mobile Phone No	(Phone) +65-85188668
Alternative Phone No	+65-85188668

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Hr-v
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 hire
Transmission	Auto
CC	1500

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

### DRIVER

Name of Driver	ROY ZHANG @CHEONG MUN FEI
NRIC No	SXXXX881J

Date Of Birth	13/12/1966
Occupation	Indoor
Date Of Driving Pass	21/05/1988
Driving experience	33 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96716954
Alt. Phone Number	-
Email Address	royzhang_rz@hotmail.com
Address	BLK. 408 PASIR RIS DRIVE 6
Address complement	#08-439 SINGAPORE
Postcode	510408
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHMENT

##### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP6220P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG KAR LOON
Contact Number	-
Address	-
Address complement	-

Postcode  
Insurance Company Name  
Nature Of Damage  
Details of property damaged in accident  
No. Of Passenger (Including Driver)

-  
-  
-  
-  
-



## 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

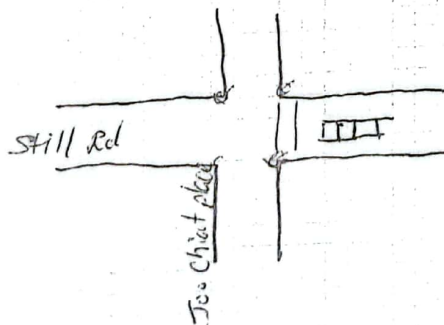
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

I was waiting at the traffic junction for the light to turn green. Suddenly from the back, vehicle no. SP 6220P couldn't stop and hit me from the rear.

Declaration

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

Witnessed by Reporting Centre Personnel