

ASS. REC. BY:

REF: MSG/22001709/KV

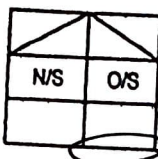
Kenneth

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s Chen Gum  
 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: \$73k  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 04 days Res.: Yes or No  
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SMA 94797 Yr Regn: 06, 18  
 Type: M/Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Honda Vox c.c. 1496  
 Colour: Mat Black A/C: Insured / Std / NI / NA  
 Sp. Reading: 7394 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_  
 C/No: Rui 1301607

Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: 215/60R16  
 R: \_\_\_\_\_

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

Front Rear  
 R/Bal. 6 mm R/Bal. 6 mm  
 L/Bal. 6 mm L/Bal. 6 mm  
 D.O.A. 17/2/22 D.O.I. 23/2/2022  
 Survey held at 10.05am

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
None of

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

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

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

\$ - RS. SI

Fuels

Others

TOTAL

Report Format :

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

# 趙源摩哆 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5  
#01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047  
Tel: 6484 1626 (24Hrs) Fax: 6484 0465  
Business Reg. No: 221880/00C GST Reg. No: MX-0486007-AO

*Not Withheld  
6/1/2022  
Penny After Penny  
Upday*

To: AXA Insurance (S) Pte Ltd

Policy No: Third Party

Date: 21.02.2022

Accident Date : 17.02.2022

Specialised in Car Painting, Welding,  
Panel-Beating and Insurance Claim.

## ESTIMATE

承接汽车烧焊喷漆及  
代理各种车辆赔偿

数量 Quantity	货名 DESCRIPTION	单价 Unit Price	银 Amount 额 \$ cts.
Estimate Cost of Repair to "Honda Vezel" Reg. No. SMA9479J Claiming Against Your Insured Veh. No. SLL6615G			
1pc	Rear Bumper		892.00 ✓
142cs	Rear Bumper Clips	3.80	45.60 ✓
1pc	Rear Bumper Top Retainer RH		28.00 X
1pc	Rear Bumper Reflector RH		155.70 ✓
1pc	Rear Bumper Corner Retainer RH		18.00 ✓
1pc	Rear Bumper Side Cover RH		204.30 ✓
1pc	Rear Fender Arch Protector RH		205.00 ✓
10pcs	Rear Fender Arch Protector Clips	4.50	45.00 ✓
1pc	Rear Fender Shield RH		109.00 ✓
1pc	Rear Fender Shield Clips	4.50	45.00 ✓
1pc	Tailgate Emblem		26.00 X
1pc	Tailgate Badge Vezel		45.80 ✓
	Less 20%		1,819.40
			363.88
			1,455.52
	Labour Charge - Panel Beating, Repairing of Tailgate, End Panel, Rear Fender & Part Replacement		550.00 2801
	To Spray Paint Affected Areas (Matt Black) (Boot, Bumper, Fender, End Panel)		1,200.00 8001
	<b>Total :</b>		<b>3,205.52</b>

**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:



## 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 ..... 18/02/2022 16:46 (SGT)  
Date of Accident ..... 17/02/2022 09:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SINARAN DRIVE FILTER LANE TWDS MOULMEIN RD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMA9479J

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NATASHA SAWHNEY  
NRIC No ..... SXXXX640J  
Email Address ..... NATASHASAWHNEY17@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-83455778  
Alternative Phone No ..... +65-83455778

#### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Vezel  
Variant ..... HONDA / VEZEL 1.5X CVT  
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 ..... 1496

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5122433573  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... NATASHA SAWHNEY  
NRIC No ..... SXXXX640J

