

ASS. REC. BY:

REF:

MS6/ 22 001 761/kg f3

Kenneth

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.

270019

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:

\$198k

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04

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:

STB 3660E

Yr Regn:

OF, 21

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

Truck / Trailer or

Make:

Honda Odyssey

c.c

Wagon 1993

Colour

N. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

12177

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

RC4 - 1304518

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / SRim / STD A/Rim or

Tyre Size:

F:

235/40R19

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

18/2/22

D.O.I.

24/2/2022

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S Rm

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

Date / Time

Action / Instruction

29/06/22 @ 5.19pm revised to Douglas Ong via Merimen.

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ - RS. \$

Fees:

Others:

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

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-A0

Not Notified
Running B & palm
4 days

To: AXA Insurance (S) Pte Ltd

Accident Date : 18.02.2022

Third Party
Policy No: _____
Date: 23.02.2022

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 Odyssey" Reg. No. SJB3666E Claiming Against Your Insured Veh. No. SLM2144U		
1pc	Front Bumper	3.50	1,016.00 ✓
14pcs	Front Bumper Clips		35.00 ✓
1pc	Front Bumper Corner Retainer		22.60 ✓
1pc	Front Bumper Reinforcement		414.80 X
1pc	Front Bumper Day Running Lamp		576.00 ✓
1pc	Front Bumper Day Running Lamp Outer Cover		72.00 ✓
1pc	Front Bumper Side Air Vent		62.00 ✓
1pc	Front Bumper Lower Chrome Moulding		695.00 ✓
1pc	Headlamp RH (LED)		2,362.00 ✓
1pc	Front Lower Arm		654.00 X
1pc	Front Knuckle Arm		357.00 X
1pc	Front Knuckle Arm Bearing		192.00 X
			6,458.40
			1,291.68
	Less 20%		5,166.72
	Front Wheel Rim Ultra Light 19"		1,200.00 SN X
	Front Shock Absorber (Mod)		1,600.00 SN X
	To Dismantle / Replace / Transfer Rear Parking Distance Sensor. Reprogram Frequency Unit, Drilling, Testing etc		120.00 X
	To Conduct Front Electrical Check, Locking System, Adjust, Focus Headlamp etc		40.00 200
	To Dismantle / Replace Front Under Carriage to Facilitate Repair		250.00 X
	To Conduct Computerize Wheel Alignment Test		80.00 X
	To Conduct High Speed Balancing		80.00 X
	Labour Charge - Panel Beating, Repairing of Front Fender, Headlamp Panel & Part Replacement		500.00 400
	To Spray Paint Affected Areas		580.00 420
	To Reseal Paint Protection (Diamondbride) to Spray Paint Areas		400.00 ?
		Total :	10,016.72

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before and 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:

(S)

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 10:56 (SGT)
Date of Accident 18/02/2022 07:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information LANE 3 ALONG UPPER SERANGOON RD TWDS CITY
BETWEEN OVERHEAD BRIDGE & ST XAVIER'S LN
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJB3666E
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner YAP KOK MENG CLARENCE
NRIC No SXXXX921C
Email Address CLARENCE@HOTMAIL.COM
Mobile Phone No (Phone) +65-96880080
Alternative Phone No +65-96880080

VEHICLE PARTICULARS

Manufacturer Honda
Model Odyssey
Variant HONDA / ODYSSEY HYBRID ABSOLUTE 2.0 CVT 7 SEATER
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 1993

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5122908440
Cover Note Number -

DRIVER

Name of Driver YAP KOK MENG CLARENCE

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any willful 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.
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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

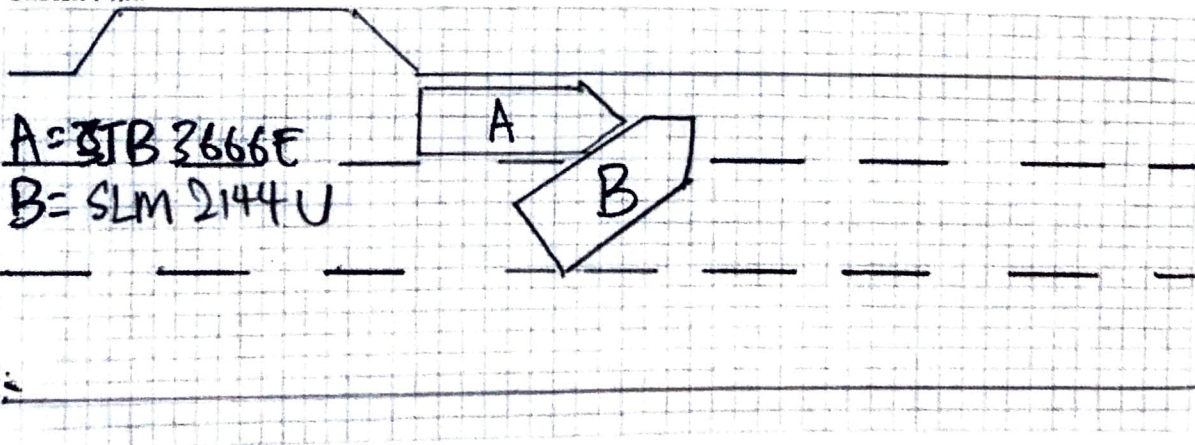
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

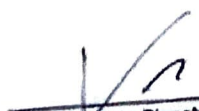


Describe Circumstances of the Accident


AFTER EXITING FROM DROP OFF POINT ONTO LANE 3 OF UPPER SERANGOON RD
A CAR "SLM 2144U" CUT INTO MY LANE FROM LANE 2 ~~ABRUPTLY~~ ABRUPTLY
CAUSING A COLLISION ONTO MY RIGHT FRONT SIDE.

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