

ASS. REC. BY:

Steve

REF:

CS/SMR 22007038/Lay3

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. TAX/03/22/2010
 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 Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 4 days Res.: Yes or No
 Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMR 2387Y Yr Regn: 26/12/19
 Type: ☒ M. Car / ☐ M. Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /
 Truck / Trailer or
 Make: Honda Shuttle c.c. 1496
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 144591 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: GP11217433
 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: 185/60R15
 R: 11
 BS ☒ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front
 R/Bal. 4 mm
 L/Bal. 4 mm
 D.O.A. 3/3/92
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 o/s rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Rear

R/Bal. 4 mm

L/Bal. 4 mm

D.O.I. 4/3/92

Date / Time Action / Instruction

MV-90X

Steve finalised LS \$1950, 4 days (Red \$2358.32, 55%)

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1) 10/03 Typist

Date/Time, File Return to?

2)

Rep. Form: TP

Lump Sum H.S. 1950

Days Of Repair: 4

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL



Prime Auto Claims Service Pte Ltd

GST Reg. No : 201606560M
6 Benoi Place Singapore 629927
Tel: 6861 0908 Fax: 6515 2948

Date: 04.03.2022

MS First Capital Insurance Ltd
36 Robinson Road #16-01
City House
Singapore 068877

Attn: Motor Claims Dept

RE: ESTIMATE COST TO VEHICLE SMR2387Y HONDA SHUTTLE HYBRID

Registration Date: 26/12/2019

To Supply

1) 1pc	right rear fender	X R	\$	1,010.90
2) 1pc	right rear fender cowling	X	\$	89.00
3) 1pc	right rear fender glass moulding	X	\$	110.00
4) 1pc	right rear door	/ 00	\$	988.00
5) 1pc	right lower rocker panel garnish	/ BR	\$	550.00

Sub total parts	\$	2,747.90
Less: 20% discount	\$	(549.58)
	\$	2,198.32

To supply S.Nett parts

1) 1pc	right rear wheel cap	X	\$	195.00
2) 1pc	right rear fender cowling clip	X	\$	15.00
3) 1tube	sealant	X	\$	40.00

Sub total S/Nett parts	\$	250.00
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L/charges

1)	To remove & refit right rear fender glass, replace moulding & sealant	\$	60.00	X
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- | | | |
|--|----|------------|
| 2) To transfer right rear door glass, mechanism parts | \$ | 40.00 X |
| 3) To tuff kote affected area | \$ | 60.00 30 |
| 4) To cut/ welding right rear fender, remove right rear door, right lower rocker panel garnish, repair rear bumper, replace necessary parts. | \$ | 800.00 500 |
| 5) To putty, respray painting rear bumper & rear right fender inner & outer, right rear door inner & outer and lower rocker panel garnish To polish | \$ | 900.00 800 |

Sub total L/charges	\$	1,860.00
Estimated Grand Total	\$	4,308.32

Steve (LKK)
4/3/22, 300p

WL PL
L/S
My PL by
4 dys

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 03/03/2022 16:37 (SGT)
Date of Accident 03/03/2022 09:31 (SGT)
Exact Location of Accident Temasek Blvd, Singapore
Additional Location Information NEAR TOWER 4 TEMASEK AVENUE EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR2387Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner DRAGON LIMOUSINE PTE LTD
Company Reg No 2XXXXX300G
Email Address peiyee@primeautoclaims.com
Mobile Phone No (Phone) +65-68628878
Alternative Phone No (Office) +65-68610908

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1497

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number 5119535335-01-000019
Cover Note Number -

DRIVER

Name of Driver ABDUL HALIM BIN ABDUL AZIZ
NRIC No SXXXX919H

Date Of Birth
 Occupation
 Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

18/04/1990
 Outdoor
 05/01/2013
 9 YEARS AND 2 MONTHS
 Male
 (Phone) +65-97226823

peiyee@primeautoclaims.com
 BLK 874D TAMPINES STREET 85 #03-46 SINGAPORE

524874
 No
 Hirer
 No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Change/cross lane
 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 ATTACHED STATEMENT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB5876B
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi
 Name of Driver WONG SENG FOOK
 NRIC No SXXXX963C
 Contact Number (Phone) +65-83396891
 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.
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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.

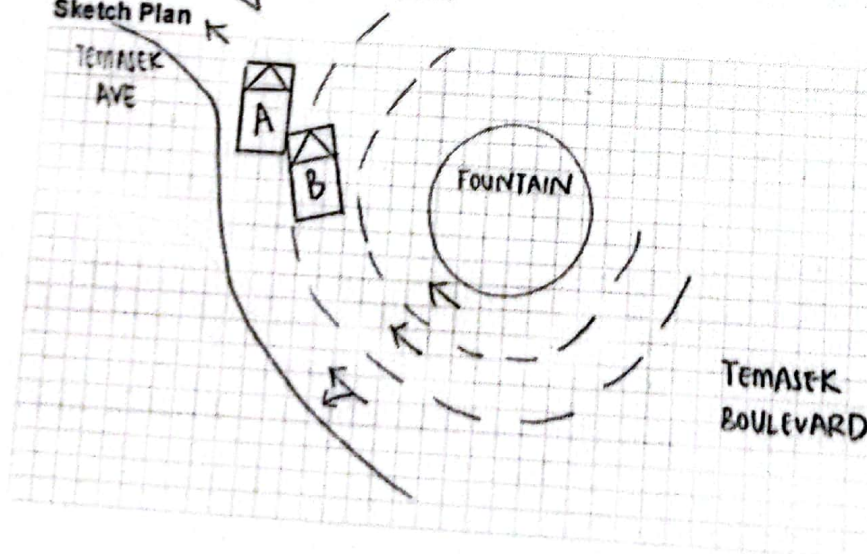


Policyholder's Signature / Date & Time

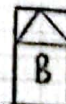
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



SMR 2387Y



SHB5876B

Ai

Describe Circumstances of the Accident

On 03.03.2022 @ 0931 hrs, I was driving my car SMR2387Y along Temasek Boulevard on most left lane (Lane 3). While negotiating the roundabout, one Strides Taxi SHB5876B on my right lane all of sudden changed lane from Lane 2 into my lane in order to exit to Temasek Avenue. ^(Lane 2 is strictly for going straight only) As a result, SHB5876B left front portion collided into my car right rear portion.

After the accident, we alighted from our vehicles to check on the damages. We exchanged particulars. I proposed to driver of SHB5876B whether to compensate my car's repair cost, due to the repair cost exceeded his budget he advised to report the accident respectively. Nobody injured in this accident.

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Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

As 03 MAR 2022 1606
Driver's Signature (if driver is not the policyholder) / Date & Time

Ry
Witnessed by Reporting Centre Personnel