

ASS. REC. BY:

REF:

U02/22002116/Kg

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. \_\_\_\_\_

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: 04 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

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

Veh No: SLU 6337L Yr Regn: 12, 17Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Vent c.c. 1496Colour: Dark Blue A/C: Insured / Std / NI / NASp. Reading: 86445 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: RUI - 1229675Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD A/Rlm orTyre Size: F: 215/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 4/3/12

Rear

R/Bal. 8 mmL/Bal. 8 mmD.O.I. 22/3/2022

Survey held at \_\_\_\_\_

Des. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop orN/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report1) \_\_\_\_\_  
Date/Time, File Return to?

2) \_\_\_\_\_

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

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

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

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

) S + RS. \$ \_\_\_\_\_

) F.I.R.S. \_\_\_\_\_

) Others \_\_\_\_\_

Report Format :

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

TOTAL

# ESTIMATE TO REPAIR

VEHICLE NO. : SLU 6337 L  
MAKE : HONDA  
MODEL : VEZEL 1.5X SENSING CVT ABS D/AIRBAG 2WD  
YEAR : 2017  
CHASSIS NO : L15B4429680

SURVEYOR NAME : LKK  
DATE OF SURVEY : 22/03/22  
TIME OF SURVEY :

DATE : 07-Mar-22  
DATE OF ACCIDENT : 04-Mar-22  
THIRD PARTY REF : SJQ 6183 H  
THIRD PARTY REF : UNITED OVERSEAS INS LTD

Qty	Parts Description/ Labour	Type	Unit Price	Nett Item Amt	Amount
1 pc	front bumper			N/A	\$ 801.20
2 pcs	front bumper retainer		\$ 20.60		\$ 41.20
10 pcs	front bumper clips		\$ 3.50		\$ 35.00
1 pc	n/s front fender				\$ 421.80
1 pc	n/s front fender arch garnish				\$ 153.20
1 pc	n/s head lamp				\$ 1,923.40
1 pc	n/s front wheel rim P-1				\$ 833.30
	Less 20%				\$ 4,209.10
					\$ 420.91
					\$ 3,788.19
	To putty & spray paint				\$ 700.00
	To check wiring & focus head lights.				\$ 30.00
	To check wheel alingment				\$ 60.00
	To anti rust.				\$ 50.00
	Labour Charges				\$ 600.00
TG/VL	TOTAL				\$ 5,228.19
<p>Not withair L1R &amp; Penny After Pain 4days</p> <div style="border: 1px solid black; padding: 5px;"> <p><b>LKK Auto Consultants</b> hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company.</li> </ul> <p>Acknowledged by Repairer Signature: Date:</p> </div>					
	total amount b/f				\$ -



# 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	04/03/2022 16:53 (SGT)
Date of Accident	04/03/2022 13:45 (SGT)
Exact Location of Accident	Near 452 Ang Mo Kio Ave 10, Singapore 560452
Additional Location Information	ANG MO KIO AVE 3 BEFORE JUNCTION ANG MO KIO AVE 10
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU6337L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG SAY HIN
NRIC No	SXXXX385G
Email Address	SAYHINNG@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97326832
Alternative Phone No	+65-97326832

## VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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 car
Transmission	Auto
CC	1500

## INSURANCE COMPANY

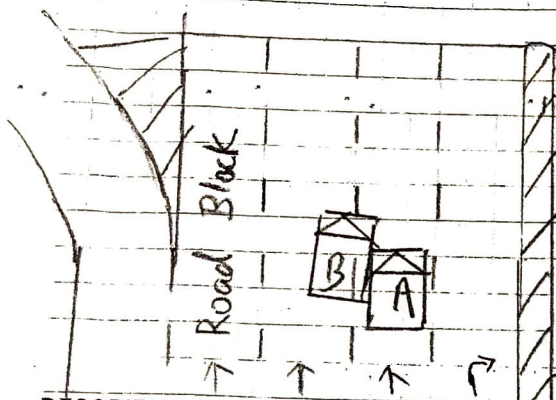
Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5113725102-02
Cover Note Number	-

## DRIVER

Name of Driver	GOH CHAY CHER
NRIC No	SXXXX355B

# SKETCH PLAN

Date & Time of Accident: 04/03/2022 / 1345hrs Location: Ang mo kio Ave 3 before Junction  
 Veh A: SW 633FL Veh B: 810 6183H Veh C/Others:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the material date & time I was travelling along Ang mo kio Ave 3 before Junction Ang mo kio Ave 10 Veh B suddenly cut into my lane and hit onto my veh A. Cause Veh B's front right portion hit onto my veh A's front left portion. That's All. Nobody injury. That's All

NOTE : PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

☐ Own Damage Claim at Lim Tan Motor ☒ TP Claim at Lim Tan Motor  
☐ Own Damage Claim at Other Workshop ☐ TP Claim at Other Workshop ☐ Reporting Only

I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:-

My/Our workshop via email : \_\_\_\_\_

My/Our email : sayhiang@hotmail.com

## 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:

Reporting Centre Personnel's Signature  
 Name: Vene  
 NRIC/FIN No.: SXXXX99M