

ASS. REC. BY: Steve

CC4/ASM 2200 3510/EPA 3

## 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
XXX	

Bal. 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

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

Vehicle: IN / OUT

Veh No: SMD 2876B Yr Regn: 13/8/18Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda HRV c.c. 1496Colour: Red A/C: Insured / Std / NI / NASp. Reading: 50614 T/Radio: Insured / Std / NI / NA

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

C/No: JHMR4 18306X 204155Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / 6/Rim / STD A/Rim orTyre Size: F: 215/60R16R: 11BS / DUN / EXNOVA / GY / FS / LIZA / NIC / OHTSU / PIR / SUMI /

TOYO / YOKO or \_\_\_\_\_

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 8/4/22 D.O.I. 20/4/22Survey held at Kah Meter

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

MV-82X

Date/Time, File Pass to?

☐ : Prel. Report

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

☐ : Final Report

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

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

Date/Time, File Return to?

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

2)

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_ ) \$ + RS. \$ \_\_\_\_\_☐ : Interview (\$ \_\_\_\_\_ ) Photos☐ : Tech. Invs (\$ \_\_\_\_\_ ) Others☐ : Weekend (\$ \_\_\_\_\_ )

TOTAL

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

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



**KAH MOTOR CO. SDN. BHD.**  
(A Member of the Oriental Holdings Berhad)

Service and Body Repair

Tel: +65 6841 3838

Website: www.honda.com.sg

For 24-hours Roadside Assistance, Call 98203838

**QUOTATION**

GST Reg No.: M200050223  
Company Ref. No.: S60FC1380G

Customer	: AXA INSURANCE PTE LTD	Document No.	: SQT22000962	Page	1
	8 SHENTON WAY	Date	: 9. Apr 2022		
	#27-01 AXA TOWER	Customer No.	: WZA006		
	SINGAPORE 068811	Svc Advisor	: NG SIN HAI		
Registration No	: SMD2876B	Engine No	: L15B4534155		
Chassis No	: JHMRU1830GX204155	Date   Time	: 9. Apr 2022 10:31:59 AM		
Model	: HRV LX-SIN CVT YM 2016	Surveyor Name	:		
Owner's Name	: HAMISH JOSEPH WINSTANLEY	Survey Date	:		
Ins Policy No.	:	Authorisation Date	:		
Date of Accident	: 8/4/2022				

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
	TP DIRECT SETTLEMENT (J/NO: )						
	OWNER:						
	OWNER INSURER:						
	ACC DATE:						
	SURVEYED BY:						
	DATE:						
	REF NO:						
	TP INSURER:						
	TP VEH:						
BOSUN	SUNDRIES	1	110.00		110.00	7.70	117.70
BA02R	REMOVE & RENEW REVERSE SENSORS-4 PCS (N)	1	220.00		220.00	15.40	235.40
BOJSE	BODY JOINT SEALANT REAR END PANEL	1	120.00		120.00	8.40	128.40
BOJSE	BODY JOINT SEALANT REAR FLOOR PANEL	1	120.00		120.00	8.40	128.40
BOJSE	BODY JOINT SEALANT TAILGATE	1	120.00		120.00	8.40	128.40
BML02I	INSPECT RR LIGHTING MECHANISMS. PERFORM WATER	1	220.00		220.00	15.40	235.40
BMF00D	RREMOVE & INSTALL FUEL TANK FUEL PIPES.(N)	1	650.00		650.00	45.50	695.50
BMI02D	REMOVE & INSTALL SPEAKER BOARD RR SEATS TRUNK	1	650.00		650.00	45.50	695.50
BKTG02R	REMOVE & TRANSFER ITEMS TO NEW TAILGATE. ADJUST &	1	650.00		650.00	45.50	695.50
BG02D	REMOVE & INSTALL RR. WINDSCREEN.(N)	1	650.00		650.00	45.50	695.50
BODAMKIT	WINDSCREEN DAM KIT.	1	120.00		120.00	8.40	128.40
BKRP02M	CUT OFF & RENEW RR PANEL. STRAIGHTEN ALIGN	1	5500.00		5500.00	385.00	5885.00
BP06R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (6P)	1	3200.00		3200.00	224.00	3424.00
BKOT00R	REMOVE & RENEW RR FLOOR INSULATOR.(N)	1	450.00		450.00	31.50	481.50
BC012R	RESET VEHICLE SMART ENTRY SYSTEM	1	650.00		650.00	45.50	695.50
BC011R	REMOVE INSTALL & CALIBRATE REAR VIEW CAMERA	1	650.00		650.00	45.50	695.50
BMI03D	REMOVE & INSTALL REAR COMPARTMENT LININGS	1	650.00		650.00	45.50	695.50

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Part prices are subjected to change without notice.

The above estimated cost of repair do not include any unforeseen damages.

GST Amount is calculated from individual line(s).

An amount of \$53.50 (incl GST) will be applicable for the request of the above quotation for estimates above \$2,000.00.

However, if the repairs are subsequently done at Kah Motor Co. Sdn. Bhd, it will be refunded.

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SINGAPORE 068811  
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Chassis No : JHMRU1830GX204155  
Model : HRV LX-SIN CVT YM 2016  
Owner's Name : HAMISH JOSEPH WINSTANLEY  
Ins Policy No :  
Date of Accident : 8/4/2022

Document No. : SQT22000962  
Date : 9. Apr 2022  
Customer No. : WZA006  
Svc Advisor : NG SIN HAI  
Engine No : L15B4534155  
Date | Time : 9. Apr 2022 10:31:59 AM  
Surveyor Name :  
Survey Date :  
Authorisation Date :

Page 2

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
BOSUN	REMOVE AND RE-INSTALL TAILGATE SPOILER	1	480.00	350	480.00	33.60	513.60
BP00R	APPLY BODY UNDERSIDE COATING (N).	1	520.00		520.00	36.40	556.40
Sum Labor					15730.00	1,101.10	16,831.10
RS-TMP3040L	VPC 4PCS REAR SENSORS	1	320.00		320.00	22.40	342.40
33502-T7A-J01	LAMP UNITR. X	1	503.90	25	377.92	26.45	404.37
33552-T7A-J01	LAMP UNITL. X	1	503.90	25	377.92	26.45	404.37
34150-T7A-J01	LIGHT ASSY,R.LID / CUT	1	287.80	25	215.85	15.11	230.96
34155-T7A-J01	LIGHT ASSYL.LID X	1	287.80	25	215.85	15.11	230.96
68100-T7A-J20ZZ	TAIL GATE COMP / DO	1	912.60	25	684.45	47.91	732.36
74440-T7A-003	WEATHERSTRIPTAILGATE X	1	105.20	25	78.90	5.52	84.42
74800-T7A-J02	LOCK ASSYTAILGATE X	1	90.10	25	67.57	4.73	72.30
84431-T7A-J01ZA	LINING ASSYTAILGATE X	1	145.10	25	108.82	7.62	116.44
75722-T7W-A01	EMBLEMRR. / MC	1	15.20	25	11.40	0.80	12.20
33505-T7A-J01	REFLECTOR ASSYR.RR. X	1	178.50	25	133.87	9.37	143.24
33555-T7A-J01	REFLECTOR ASSYL.RR. X	1	178.50	25	133.87	9.37	143.24
04717-T7A-000ZZ	FACER.RR.BUMPER CORNER X	1	105.50	25	79.12	5.54	84.66
04718-T7A-000ZZ	FACEL.RR.BUMPER CORNER X	1	105.50	25	79.12	5.54	84.66
71593-T7A-000	SPACER,R.RR.BUMPER SIDE X	1	18.00	25	13.50	0.95	14.45
71598-T7A-000	SPACER,L.RR.BUMPER SIDE X	1	18.00	25	13.50	0.95	14.45
91505-TM8-003	CLIP,BUMPER / MC	8	2.30	25	13.80	0.97	14.77
66100-T7A-300ZZ	PANEL COMPRR. ?	1	397.90	25	298.42	20.89	319.31
84640-T7A-J01ZA	LINING ASSYRR.PANEL X	1	46.80	25	35.10	2.46	37.56
04655-T7A-310ZZ	PANEL SET,RR.FLOOR X	1	720.30	25	540.22	37.82	578.04
72841-SH3-315	OILSHEET X	3	43.40	25	97.65	6.84	104.49
73214-T7J-H01	RUBBER CR.WINDSHIELD DAMPER / MC	1	19.30	25	14.47	1.01	15.48
73226-SZW-000	DAMPERSTD 5X5 / MC	1	9.10	25	6.82	0.48	7.30
73254-T7J-H01	RUBBER CL.WINDSHIELD DAMPER / MC	1	19.30	25	14.47	1.01	15.48
76711-T6A-003	CAPPVOT / MC	1	5.20	25	3.90	0.27	4.17

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Svc Advisor : NG SIN HAI  
Engine No : L15B4534155  
Date | Time : 9. Apr 2022 10:31:59 AM  
Surveyor Name :  
Survey Date :  
Authorisation Date :

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
91501-S70-003	FASTENER BW/SHIELD -nc	4	5.30	25	15.90	1.11	17.01
91502-S70-003	FASTENER B -nc	2	5.50	25	8.25	0.58	8.83
91536-SS0-J01	FASTENER AW/SHIELD -nc	2	3.80	25	5.70	0.40	6.10
BO-WS-SEALANT	WINDSCREEN SEALANT (N) -nc	2	60.00		120.00	8.40	128.40
Sum Item					4086.36	286.06	4,372.42

Survey By

Date & Time

Excess

Status

Signature

Total Amount 19,816.36 1,387.16 21,203.52

Total (Inclusive of GST) 21,203.52

- 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:

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## 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	09/04/2022 10:30 (SGT)
Date of Accident	08/04/2022 17:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CLEMENTI ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMD2876B

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HAMISH JOSEPH WINSTANLEY
NRIC No	SXXXX747Z
Email Address	HAMISHWINSTANLEY@GMAIL.COM
Mobile Phone No	(Phone) +65-93209004
Alternative Phone No	(Home) +65-93209004

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Hr-v
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 car
Transmission	Auto
CC	1500

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

#### DRIVER

Name of Driver	HAMISH JOSEPH WINSTANLEY
NRIC No	SXXXX747Z

Date Of Birth ..... 25/09/1986  
 Occupation ..... Indoor  
 Date Of Driving Pass ..... 02/09/2010  
 Driving experience ..... 11 YEARS AND 7 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-93209004  
 Alt. Phone Number ..... (Home) +65-93209004  
 Email Address ..... HAMISHWINSTANLEY@GMAIL.COM  
 Address ..... S  
 Address complement ..... -  
 Postcode ..... -  
 Is the driver the policyholder? ..... Yes  
 If No, Relationship of the Driver with the Insured ..... -  
 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) ..... 2  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... No

#### PASSENGER 1

Name ..... HOON SHU MEI SUMATHI  
 Gender ..... Female

#### 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

#### 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 ..... SMA4964H  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car

ne of Driver -  
ontact 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 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.
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.

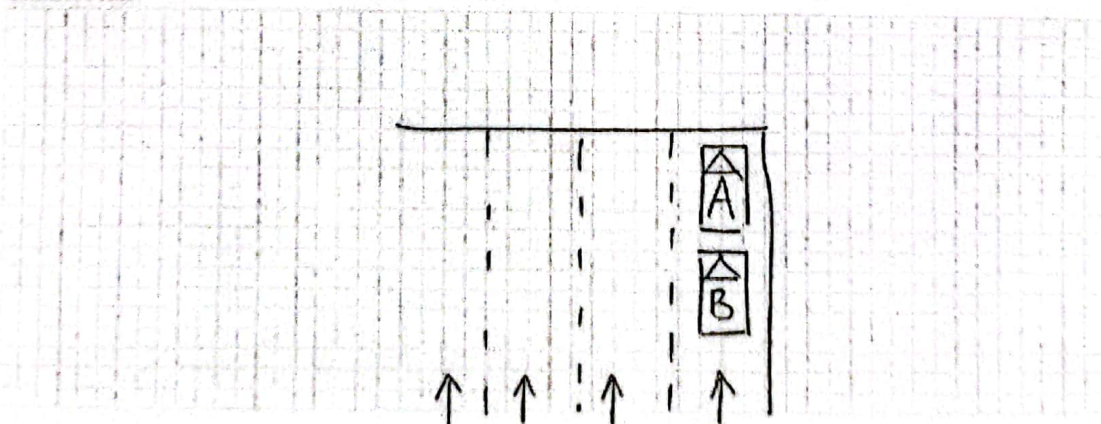


Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

**Sketch Plan**

Describe Circumstances of the Accident

I was driving along Clementi Road when the traffic lights at Ngaz Ann Poly changed to red. I came to a gradual stop as the first car to reach the light. The rear of my car was hit a few seconds later by car SMA 4964H. This caused my car to be pushed forward a couple of metres. There was extensive damage caused to the rear of my car.

The driver of the car that hit me got out and said "oh sorry, it's my fault, lost concentration" and we then exchanged details.

Declaration

We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature / Date & Time  
 9/4/22 8:56 am

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

Witnessed by Reporting Centre Personnel