

ASS. REC. BY: Steve

CS/CT/22003822/Ety3

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: _____ 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: SKX 3023H Yr Regn: 3/2/15Type: ☒ M.Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: Honda Vezel c.c. 1496Colour: White A/C: ☒ Insured / ☐ Std / ☐ NI / ☐ NASp. Reading: 26769 T/Radio: ☒ Insured / ☐ Std / ☐ NI / ☐ NA

Eng/No: _____

C/No: RU 1105929Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orModl: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim orTyre Size: F: 215/60R16R: 11☒ BS / ☐ DUN / ☐ EXNOVA / ☐ GY / ☐ FS / ☐ LIZA / ☐ MIC / ☐ 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. 22/4/22 D.O.I. 22/4/22Survey held at Accord AutoDes. of Damages: ☒ Frt / ☐ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop orFront RH

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

Date / Time	Action / Instruction
	<u>MV-50K</u>
	<u>cost of repair of \$ 2450 (L/S before GST) - with 4 days of repair,</u>
	<u>red:3879.68;61%</u>

Date/Time, File Pass to?

☐ : Prell. ReportDays Of Repair: 4

1) _____

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) _____

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

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format: _____
Lump Sum / L.S. (\$) _____

ACCORD AUTO SERVICES PTE LTD

BLOCK 1009 BUKIT MERAH LANE 3

#01-80 SINGAPORE 159723

TEL:62715133 62717433 FAX:62745715

ESTIMATE REPAIR

Pgl

China Taiping Insurance (Singapore) Pte Ltd

Date: 25.4.2022

Owner's Name : Accord Car Leasing Pte Ltd

Vehicle No : SKX3023H

Claim Type: Third Party Claim

Vehicle Make & Model : Honda Vezel 1.5X A

Chassis No: RU11105989

Registration Date : 3 Dec 2015 (YOM 2015) COE Expiry Date 2 Dec 2025

DOA: 22.4.2022

[illegible]

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Pg2

ESTIMATE REPAIR

China Taiping Insurance (Singapore) Pte Ltd

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Owner's Name : Accord Car Leasing Pte Ltd

Vehicle No : SKX3023H

Vehicle Make & Model : Honda Vezel 1.5X A

Registration Date : 3 Dec 2015 (YOM 2015) COE Expiry Date 2 Dec 2025

Claim Type: Third Party Claim

Chassis No: RU11105989

DOA: 22.4.2022

No	Description	Unit	List (\$)
Special Nett			
1	FRONT BUMPER CLIPS ✓ MC	SET	\$ 30 35.00
2	FRONT FENDER SHIELD CLIPS X	2 SET	\$ 60.00
3	RIM X	1	\$ 750.00
4	TYRE X	1	\$ 245.68
Labour			
1	Spray Painting to All Affected Areas	1	\$ 480 490 600.00
2	Labour Remove / Refix Accident Damages parts to knock, jack, cut weld and realign accident affected area	1	\$ 750 900.00
3	Check Wiring System & Light	1	\$ 30 100.00
4	Anti Rust Treatment	1	\$ 30 100.00
5	To Check & Adjust Wheel Aligment	1	\$ X 100.00
6	To Remove & Replace Tyre & Rim	1	\$ X 80.00
Store (LKK) MC MC			
28/4/22, 1:30 PM L/S			
Lg M y			
4 L/S			
<div style="border: 1px solid black; padding: 5px;"> <p>LKK Auto Consultants hereby notify the Repairer of the following:</p> <ul style="list-style-type: none"> 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 "What you see is what you get" basis No illegal modification(s) is allowed Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company </div>			
Total (B) :			\$ 2,970.68
Grand Total:			\$ 6,329.68

Acknowledged by Repairer

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	23/04/2022 15:36 (SGT)
Date of Accident	22/04/2022 18:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TELOK BLANGAH BLK 8 C/P
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX3023H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ACCORD CAR LEASING PTE. LTD.
Company Reg No	201803722K
Email Address	gilbert.ng@mycarworkshop.com.sg
Mobile Phone No	(Phone) +65-92299191
Alternative Phone No	+65-92299191

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	VEZEL 1.5X A
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	TEO NIAN YONG
NRIC No	S9417570D

Date Of Birth 10/05/1994
 Occupation Outdoor
 Date Of Driving Pass 18/12/2021
 Driving experience 4 MONTHS
 Gender Male
 Mobile Number (Phone) +65-88629159
 Alt. Phone Number -
 Email Address gilbert.ng@mycarworkshop.com.sg
 Address BLK 557 ANG MO KIO AVE 10
 Address complement #03-1888
 Postcode 560557
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured No
 Does Driver Own Other Vehicles? Hirer
 Vehicle Registration Number of Other Vehicle Owned by Driver No
 Insurance Company of Other Vehicle Owned by Driver -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collided into Parked Vehicle
 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) 0
 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 TO THE SKETCH PLAN

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 GV7172S
 Vehicle Manufacturer Toyota
 Vehicle Model Dyna
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver -
 Contact Number -
 Address -
 Address complement -

Code
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

SKETCH PLAN

Veh A: SKX 3023 H
Veh B: GV 7172 S

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

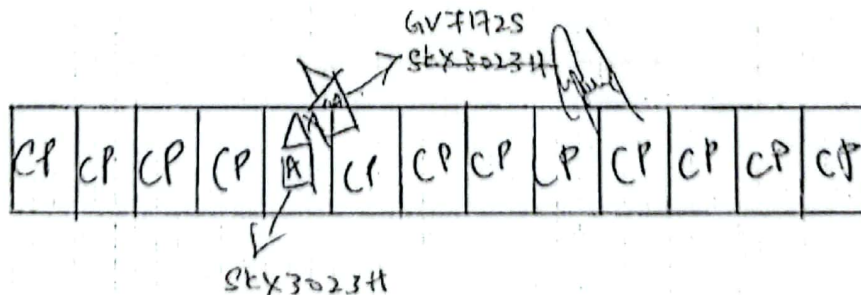
ACCORD CAR LEASING PTE LTD
RDC No. 201803722K
1003 Bukit Merah Lane 3
#01-30 Singapore 159723

Policyholder's Signature / Date & Time
23.04
1300HRC

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

Veh A: SKX3053H

Veh B: GV71725

My car was parked at carpark lot. Veh B Rang Onto my stationary car.

Declaration

I/We declare the foregoing particulars are true in every respect.

ACCORD CAR LEASING PTE LTD
RCC NO. 201803722K
Veh A: Kit Merah Lane 3
#1100 Singapore 159723

Policyholder's Signature / Date &
Time

23.04
1300HR

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

23.04
1300HR



Witnessed by Reporting Centre
Personnel