

ASS. REC. BY:

REF: ASM / 22 00 3910 1KV

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Chom Hock

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: 856k

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLE 3058X Yr Regn: 07, 16

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

Truck / Trailer or _____

Make: Honda ^{SA} Vozel c.c. 1496

Colour: M. Green A/C: Insured / Std / NI / NA

Sp. Reading: 111757 T/Radio: Insured / Std / NI / NA

Eng/No: _____ C/No: RA1 - 1200688

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 / RIM or

Tyre Size: F: 215/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 9 mm R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 23/4/22 D.O.I. 27/4/2022

Survey held at 10:30am

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to? : Prell. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:	_____
Transportation:	_____
S - RS. SI	_____
Fees	_____
Others	_____
TOTAL	_____

Report Format :
Lump Sum / I.B.I: (\$ _____)

Total Parts & ... 2,260.00

CHOON HOCK MOTOR TRADING CO

25 April 2022

*NOT Authorized
6/1/22 &
Return After Paint
3 days*

ESTIMATE REPAIR BILL ON SLE 3058X HONDA VEZEL AUTO

1 pce front headlamp RH		\$ 1,999.30	?
1 pce front bumper assy.	<i>By</i>	\$ 466.20	✓
1 pce front bumper reinforcement		\$ 257.40	?
1 pce front bumper fog light cover RH	<i>By</i>	\$ 25.90	✓
1 pce front bumper fog light RH		\$ 237.90	?
1 pce front bumper lid RH	<i>By/Dri</i>	\$ 212.70	✓
1 pce front fender arch garnish RH	<i>Dri</i>	\$ 150.60	✓
1 pce front retainer RH	<i>CM</i>	\$ 12.40	✓
		\$ 3,362.40	
less 20%		\$ 672.48	
		\$ 2,689.92	

Labour

Wiring	\$ 60.00	<i>2d</i>
Panel beating	\$ 600.00	<i>300d</i>
Spray painting	\$ 600.00	<i>400d</i>
Total amount :	\$ 3,949.92	NETT

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:

Mailing address : 28 Surrey Road #18-03 Singapore 307762 Reg No: 30568200L
Tel: (65) 64530778 Email: choonhockmotor@gmail.com

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	25/04/2022 17:54 (SGT)
Date of Accident	23/04/2022 10:30 (SGT)
Exact Location of Accident	73 Compassvale Bow, Singapore 544995
Additional Location Information	THE QUARTZ CONDOMINIUM, 73 COMPASSVALE BOW
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE3058X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN THIANG YEW MICHEAL
NRIC No	SXXXX756B
Email Address	MIKETYTAN@GMAIL.COM
Mobile Phone No	(Phone) +65-91788821
Alternative Phone No	(Home) +65-91788821

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezele
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	1496

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01009700
Cover Note Number	15/07/2021 TO 14/07/2022

DRIVER

Name of Driver	TAN THIANG YEW MICHEAL
NRIC No	SXXXX756B

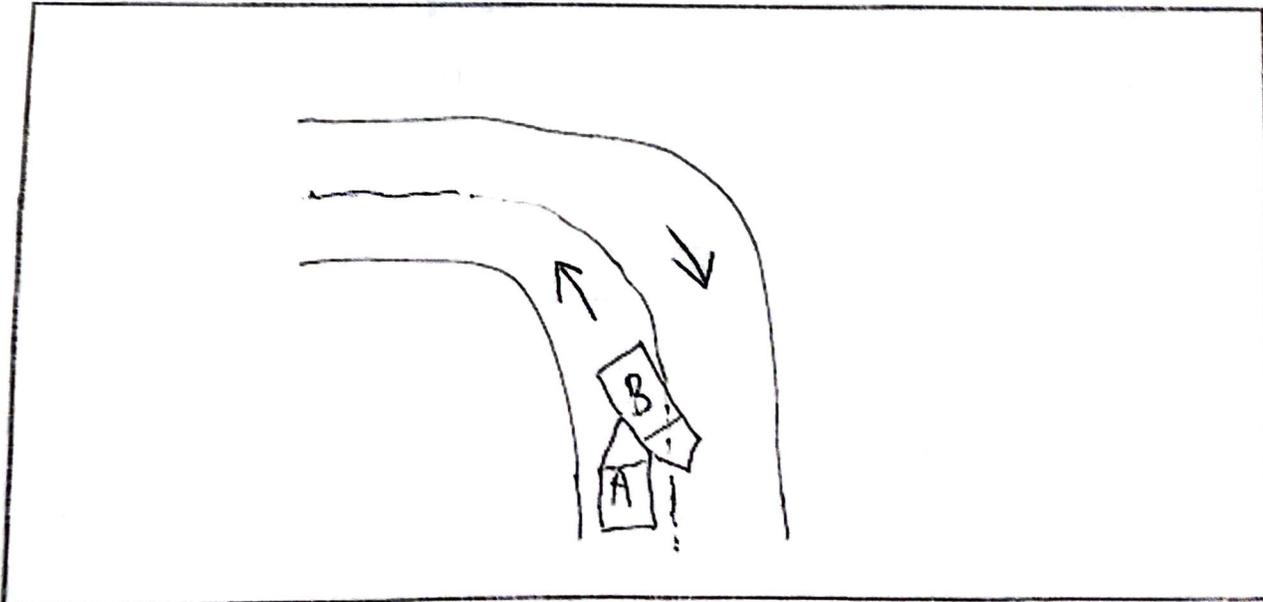
SKETCH PLAN

Sompo
Vehicle: SLE 3058 X
25/04/2022

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5. Any false reporting may be referred to the Police for investigation.
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7. By the judgment 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.

Sketch Plan



[Signature]
Policyholder's Signature / Date & Time

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

[Signature] 25/04/2022
Witnessed by Reporting Centre Personnel