ASS. REC. BY: Kenneth

REF: SMO/22004159/KQy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Supreme

of _____

Insured: _____

Policy No. _____

Claims No. CMTD2201530/RUC

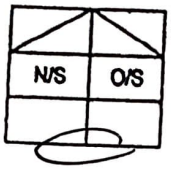
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: @ 71K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 4-5 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: SLX 2675 X Yr Regn: 03, 18

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (4) Wagon

Make: Honda Shuttle c.c 1496

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

Sp.Reading 205853 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GP7 - 1120454

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 185/65R16

R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	9/5/22	D.O.I.	9/5/2022

Survey held at _____ 11.30am

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
/	
	01/06/22@11.10am revised to Ruth Chua by email.
	Kenneth finalised LS $3600, 4 days. (Red $4846.80, 57%)

Date/Time, File Pass to?

1) 16/06 Typist

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S + RS _____ SI

Parking _____

Others _____

TOTAL _____

Report Format : TP

Lump Sum ~~I.B.I.~~ ($ 3600)

AUTOWORX HOUSE

176 SIN MING DRIVE #02-01 SINGAPORE 575721
TEL: 6452 8211 FAX: 64517420

ESTIMATE

Not Authorised
Liaise &
Recovery After Paint
4-5days

LEE AN, EDWARD
c/o 46 Lentor Plain
Singapore 786548

Date: 7/5/2022

QUANTITY	PARTICULARS			AMOUNT ($)	
	RE: HONDA SHUTTLE / SLX 2675 X				
1 pc	rear bumper			958.30	✓
2 pcs	rear bumper reflector	@	137.60	275.20	X
2 pcs	rear bumper reflector garnish	@	216.70	433.40	X
1 pc	rear bumper tow cover			65.80	X
1 pc	rear boot lid			1,643.10	✓
1 pc	rear boot chrome outer garnish			347.10	✓
1 pc	rear boot emblem "SHUTTLE"			87.60	✓
1 pc	rear boot emblem "HYBRID"			75.10	✓
1 pc	rear boot emblem logo H			66.40	✓
1 pc	rear boot inner trim			443.70	?
1 pc	rear boot lock			221.50	X
1 pc	rar boot lock catch			76.50	X
1 pc	rear end panel			598.40	?
1 pc	rear end panel top garnish			269.60	?
1 pc	rear windscreen glass moulding			195.00	✓
			Sub-Total	5,756.70	
			less 20%	1,151.34	
			sub-total	4,605.36	
1 set	reverse sensor	s.nett		220.00	?
1 pc	number plate	s.nett		55.00	X
1 pc	number plate casing - carbon fiber	s.nett		60.00	X
1 pc	boot rubber strip	s.nett		35.00	X
2 tubes	windscreen glass sealant	s.nett @	60.00	120.00	40 ok
	To remove and replace the parts mentioned above, panel beat and realign the necessary affected areas.			1,000.00	?
	To apply putty and spray painting on affected areas.			950.00	600
			sub-total	7,045.36	

balance brought forwards.	7,045.36	
To check wiring system.	50.00	2 a
To apply rust proofing on affected areas.	150.00	3 c /
To apply waterproof sealant on affected areas.	150.00	?
To apply putty and spray painting on affected areas.	110.00	X
To install reverse sensors.	80.00	5 a
To remove / refit rear windscreen glasses to enable repair.	150.00	12 c k
To remove / refit carpet, trimming and seats to enable repair.	100.00	?
Total	7,835.36	

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	04/05/2022 15:02 (SGT)
Date of Accident	04/05/2022 08:45 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	TOWARDS CTE (LAMP POST 78)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX2675X

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE AN, EDWARD
NRIC No	SXXXX453H
Email Address	wire3818@yahoo.com.sg
Mobile Phone No	(Phone) +65-90903818
Alternative Phone No	+65-90903818

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
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	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5099194005-04
Cover Note Number	-

DRIVER

Name of Driver	LEE AN, EDWARD
NRIC No	SXXXX453H

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 w ilful misrepresentation or w ithholding 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 w ill be forw arded 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 w ill 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 w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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 w ith 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

(collectively the "Purposes")

(b) all insurer(s) w ho have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), w hich 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