

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: SMH 8887J Yr Regn: 5/4/19Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda HRV c.c. 1496Colour: White A/C: Insured / Std / NI / NASp. Reading: 107573 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHMR 41830JX 901510Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD A/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. 4 mmR/Bal. 4 mmL/Bal. 4 mmL/Bal. 4 mmD.O.A. 3/5/22D.O.I. 23/5/22Survey held at Kah Motor

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

Rear RH

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

Date / Time	Action / Instruction
	<u>MV-93K</u>

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee:

2)

Transportation:

Report Format: _____

Lump Sum / L.S.H. (\$) _____

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

S + RS. \$ _____

Photos

Others

TOTAL

**HONDA****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	: SMRT BUSES LTD	Document No.	: SQT22001206	Page	1
	60 WOODLANDS INDUSTRIAL	Date	: 4. May 2022		
	PARK E4	Customer No.	: WZS001		
	SINGAPORE 757705	Svc Advisor	: IVAN TEO BOON KIAT		
Registration No	: SMH8887J	Engine No	: L15B5671514		
Chassis No	: JHMRU1830JX201510	Date Time	: 4. May 2022 2:49:40 PM		
Model	: HRV LX-SIN CVT YM 2018	Surveyor Name	:		
Owner's Name	: FOONG SEOW PENG	Survey Date	:		
Ins Policy No.	:	Authorisation Date	:		
Date of Accident	: 3/5/2022				

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
	TP DIRECT SETTLEMENT (J/NO:)						
	OWNER: FOONG SEOW PENG						
	OWNER INSURER: FED						
	ACC DATE: 03/05/2022						
	SURVEYED BY:						
	DATE:						
	REF NO:						
	TP INSURER:						
	TP VEH: SMB1598X						
04715-T7A-900ZZ	FACE,RR.BUMPER X 111	1	492.50	25	369.37	25.86	395.23
04717-T7A-J00ZZ	FACE,R.RR.BUMPER CORNER X R	1	100.40	25	75.30	5.27	80.57
74450-T7A-J01ZD	PROTECTORL.RR.WHEEL ARCH / CRN	1	187.20	25	140.40	9.83	150.23
					Sum Item	585.07	40.96
							626.03
BOSUN	SUNDRIES	1	100.00	20	100.00	7.00	107.00
BML02I	INSPECT RR LIGHTING MECHANISMS. PERFORM WATER	1	280.00		280.00	19.60	299.60
BA02R	REMOVE & RENEW REVERSE SENSORS-4 PCS (N)	1	280.00		280.00	19.60	299.60
BKBU02R	REMOVE & RENEW RR BUMPER INCLUDING FITTINGS ON	1	1950.00	650	1950.00	136.50	2086.50
BP03R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (3P) 570 X 7.5	1	2080.00	1300	2080.00	145.60	2225.60
					Sum Labor	4690.00	328.30
							5,018.30

Survey By

Date & Time

Excess

Status

Signature

Total Amount 5,275.07 369.26 5,644.33

Total (Inclusive of GST) 5,644.33

Printed on 4/5/2022 2:55:09 PM

This is a computer generated invoice. No signature is required.

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.

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
- Legal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

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 12:40 (SGT)
Date of Accident 03/05/2022 13:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information BUKIT PANJANG ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH8887J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner FOONG SEOW PENG
NRIC No S6940039F
Email Address elvis455x@gmail.com
Mobile Phone No (Phone) +65-89098777
Alternative Phone No +65-89098777

VEHICLE PARTICULARS

Manufacturer Honda
Model Hr-v
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 FWD Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number PNCV2021-0000233
Cover Note Number -

DRIVER

Name of Driver FOONG SEOW PENG
NRIC No S6940039F

Date Of Birth 08/11/1969
 Occupation Outdoor
 Date Of Driving Pass 16/03/1992
 Driving experience 30 YEARS AND 2 MONTHS
 Gender Male
 Mobile Number (Phone) +65-89098777
 Alt. Phone Number +65-89098777
 Email Address elvis455x@gmail.com
 Address BLK 457 JURONG WEST ST 41 #10-758
 Address complement -
 Postcode 640457
 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 Side Swipe
 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) 1
 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 SKETCH

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 SMB1598X
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Bus
 Name of Driver M AZMAN BIN SAIM
 NRIC No S1555073B
 Contact Number -
 Address -

Scanned with CamScanner

SKETCH PLAN

SMH 8887J
03/05/22

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

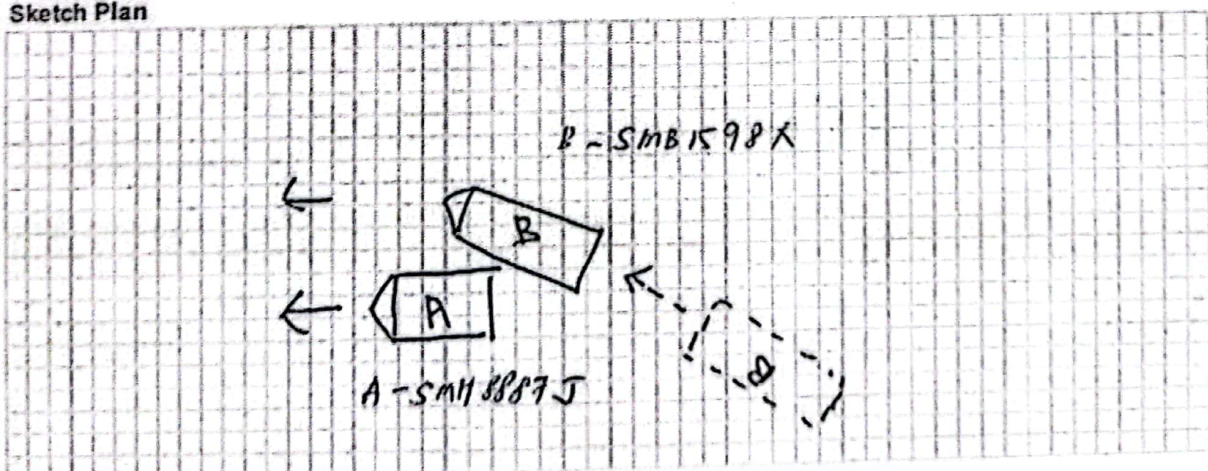
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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


SMH 8887J - 3/5/12


My vehicle was stationary stop waiting for front traffic to clear. Vehicle B do a sharp turn on my right and hit onto my vehicle rear right side portion.

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


Witnessed by Reporting Centre Personnel