

ASS. REQ. BY:

REF:

FCW 220047011Kgy3

Kenneth

ASSIGNMENT

From:

Estimated Cost:

Date:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Est. or Market Value:

IDAC Accident Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I. (\$) :

: Prell. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

: Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

01/06/22@5.52pm revised to FCI by email.

趙源摩哆 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5
#01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047
Tel: 6484 1626 (24Hrs) Fax: 6484 0465
Business Reg. No: 221880/00C GST Reg. No: MX-0486007-A0

Not Withheld
Re survey B4 painting
6 days

To: First Capital Insurance Limited

Third Party

Policy No:

18.05.2022

Date:

Accident Date : 10.05.2022

Specialised in Car Painting, Welding,
Panel-Beating and Insurance Claim.

承接汽车烧焊喷漆及
代理各种车辆赔偿

ESTIMATE

数量 Quantity	貨名 DESCRIPTION	單價 Unit Price	銀 Amount 額 \$ cts.
Estimate Cost of Repair to "Honda Shuttle" Reg. No. SMT6576G Claiming Against Your Insured Veh. No. SBS6535K			
1pc	Tailgate		1,460.00 ✓
1pc	Tailgate Glass		Shatter 1,320.00 ✓
1pc	Tailgate Glass Moulding Top		na 144.50 ✓
2pcs	Tailgate Glass Moulding Sides	26.50	na 53.00 ✓
1pc	Tailgate Glass Moulding lower		na 149.20 ✓
1pc	Tailgate Outer Moulding		CM 179.00 ✓
2pcs	Tailgate Number Plate Lamps	46.00	na 92.00 X
2pcs	Tailgate Lamps (LED)	560.00	1,120.00 ✓
2pcs	Tailgate Lamp Gaskets	23.00	na 46.00 X
1pc	Tailgate Badge Shuttle		na 72.00 ✓
1pc	Tailgate Badge Hybrid		na 96.00 ✓
1pc	Tailgate Lock		na 203.00 ✓
1pc	Tailgate Weatherstrip		na 217.00 ✓
1pc	Tailgate Stopper RH		na 14.50 ✓
1pc	Tailgate Trim Board		CM 465.00 ✓
11pcs	Tailgate Trim Board Clips	3.50	na 38.50 ✓
1pc	Tailgate Inner Handle Grip		na 55.00 ✓
1pc	Tailgate Outer Garnish		CM 383.10 ✓
1pc	Tailgate Emblem		na 95.00 ✓
1pc	Rear Wiper Arm		na 103.00 ✓
1pc	Rear Wiper Arm Cover		na 15.00 ✓
1pc	Rear Wiper Blade		na 48.20 X
1pc	Rear Wiper Motor		na 467.00 ?
1pc	Rear Bumper		na 1,320.00 ✓
14pcs	Rear Bumper Clips	3.50	na 52.50 ✓
2pcs	Rear Bumper Reflectors	65.00	na 130.00 X
2pcs	Rear Bumper Covers	65.50	na 131.00 ✓
1pc	Rear Bumper Tow Cover		na 65.00 ✓
2pcs	Rear Bumper Brackets	46.00	na 92.00 ?
2pcs	Rear Bumper Sponge	135.00	na 270.00 ?
1pc	Rear Bumper Inner Boot Auto Sensor		na 245.00 ?
2pcs	Taillamps Assy (LED)	625.00	na 1,250.00 ✓
2pcs	Taillamp Gaskets	25.00	na 50.00 ✓
1pc	End Panel		na 725.00 ✓
1pc	End Panel Garnish		na 186.00 ✓
1pc	Rear Storage Tray		CM 354.00 ✓
1pc	Rear Exhaust		na 1,100.00 X
1pc	Rear Exhaust Gasket		na 65.00 X
Less 20%			12,871.50
			2,574.30
			10,297.20

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:

B/F

趙源摩哆 Chew Goon Motor

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代理各种车辆赔偿

数量 Quantity	货名 DESCRIPTION	单价 Unit Price	银 Amount 额 \$ cts.
	Estimate Cost of Repair to "Honda Shuttle" Reg. No. SMT6576G Claiming Against Your Insured Veh. No. SBS6535K		
		C/F	10,297.20
	Tailgate Glass Solar Film		250.00 SN 1501a
	Tailgate Glass Sticker (Private Hire)		45.00 SN 201a
	Tailgate Protector		150.00 SN 301a
	Rear Number Plate		45.00 SN 1
	Rear Bumper Reverse Sensor		280.00 SN 201a
	Rear Windscreen Sealant		40.00 SN 1
	Rear Windscreen Sealer		30.00 SN 1
	To Conduct Electrical Check, Replace Reverse Sensor, Module, Rewiring etc		120.00 501
	To Transfer Tailgate Fittings / Ancillary Accessories		150.00 601
	To Replace Rear Windscreen		160.00 1201
	To Dismantle / Refit Trunk Compartment Boards & Trims		80.00 601
	To Supply End Panel Body Sealant		60.00 301
	To Repair / Replace & Align Muffler/Exhaust System and Conduct Carbon Monoxide Leakage Test		120.00 X
	To Apply Rust Proofing / Reseal Tuff Coating Treatment to Respray / Replaced / Repair Panel		50.00 601
	Labour Charge - Panel Beating, Repairing of Rear Chassis Member, Inner Panel, Floor Panel, Spare Tyre Panel, Cnt, Weld End Panel & Part Replacement		950.00 601
	To Respray Affected Areas		800.00 601
	Towing Accident		(Bill) 80.00 7
	To Tow Veh To and Back to Vicom Inspection Centre for Reapply PHV Sticker		160.00 X
	Total :		13,867.20

8

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	11/05/2022 11:40 (SGT)
Date of Accident	10/05/2022 20:19 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PASIR RIS STREET 51
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT6576G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	GMV GENERAL CONTRACTOR
Company Reg No	XXXXXX56B
Email Address	GMV.GC2000@GMAIL.COM
Mobile Phone No	(Phone) +65-97681310
Alternative Phone No	+65-97681310

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	HONDA / SHUTTLE HYBRID 1.5 AUTO
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	5116724563-02
Cover Note Number	-

DRIVER

Name of Driver	GOVINDASAMY S/O PARAMASIVAM
NRIC No	SXXXX676D

IMPORTANT NOTICE

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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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

