ASS. REC. BY: Kenneth

REF: AGZ/ 22005312/K

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Accord

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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 06 days Res.: Yes or No

Lum Sum: I.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SMN 6082X Yr Regn: 08, 19

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

Make: Honda Fit (A) c.c 1317

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

Sp.Reading: 67077 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GK3 - 3417150

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 175/70R14

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.	1/6/22	D.O.I.	8/6/2022

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	Action / Instruction
/	

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : 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

Parkings

Others

TOTAL

Report Format :

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

Not Authorize
Running B4 repair
6days

ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A
#03-11 AMK Autopoint Singapore 568047
Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

ESTIMATE

AUTO & GENERAL INSURANCE (SINGAPORE) PTE LTD
SINGAPORE SHOPPING CENTRE
190 CLEMENCEAU AVE #03-01
SNGAPORE 239924
ATTN: ACCIDENT CLAIMS DEPARTMENT

DATE :	02.06.2022
VEHICLE NO :	SMN6082X
VEH MAKE/MODEL :	HONDA FIT 1.3 CVT
YOM :	2019
CHASSIS NO :	GK33417150
DATE OF ACCIDENT :	01.06.2022

NO	QTY	DESCRIPTION	AMOUNT $
		LIST PRICE:-	
1	1	FRONT BUMPER	$ 529.60
2	1	FRONT BUMPER SIDE RETAINER LH	$ 14.20
3	1	FRONT FENDER LH	$ 368.20
4	1	FRONT FENDER SHIELD LH	$ 88.40
5	1	LH SIDE MIRROR ASSY	$ 507.90
6	1	FRONT LH DOOR	$ 848.30
7	1	FRONT LH DOOR HINGE	$ 89.40
8	1	FRONT LH DOOR CHECKER	$ 89.40
9	SET	FRONT LH DOOR STICKER	$ 88.70
10	1	FRONT LH DOOR PILLAR STICKER	$ 250.00
11	1	FRONT LH DOOR INNER TRIM BOARD	$ 890.40
12	1	FRONT LH RIM COVER	$ 170.20
13	1	FRONT LH DOOR RUBBER	$ 180.00
14	1	LH ROCKER PANEL	$ 348.00
15			
16			
17			
18			
19			
20			
21			
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23			
24			
25			
26			
27			
28			
29			
30			
31			

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:

TOTAL - LIST ITEM	$	**4,462.70**
LIST 20%	$	**892.54**
TOTAL	$	**5,355.24**

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VEH MAKE/MODEL :	HONDA FIT 1.3 CVT
YOM :	2019
CHASSIS NO :	GK33417150
DATE OF ACCIDENT :	01.06.2022

NO	QTY	DESCRIPTION	AMOUNT $	
		SPECIAL NETT ITEMs:-		
1	SET	FRONT BUMPER CLIPS	$ 45.00	X
2	SET	FRONT LH INNER DOOR COMPARTMENT CLIPS	$ 50.00	X
3	SET	FRONT LH FENDER SHILED CLIPS	$ 50.00	✓
4	1	RIM	$ 1,000.00	✓
5	1	RIM COVER	$ 300.00	✓
		Total - SN Item	$ **1,445.00**	
		Labour Charges:-		
1		SPRAY PAINT ON ALL AFFECTED AREA	$ 1,000.00	880
2		LABOUR REMOVE/REFIX ACCIDENT DAMAGE PARTS TO KNOCK, JACK, CUT WELD AND REALIGN ACCIDENT AFFECTED AREA	$ 600 1,000.00	800
3		TO CHECK WIRING SYSTEM & LIGHT	$ 100.00	200
		TO APPLY ANTI RUST TREATMENT	$ 120.00	600
4		TO REMOVE/REFIX REVERSE SENSOR	$ 150.00	X
5		TO REMOVE/REFIX FRONT LH WINDOW GLASS, MECHAMISM & ETC TO NEW DOOR	$ 180.00	600
6				
7				
8				
9				
		Total - L/C	$ **2,550.00**	
		Sub-Total	$ **9,350.24**	
		7% GST	$ **654.52**	
		Total	$ **10,004.76**	

SA1922620007 / AH LIM MOTOR COMPANY (MAIN)
ENTRY DATE & TIME: 02/06/2022 17:14 (SGT)
SUBMITTED BY: ZILA
VERSION: 1 (02/06/2022 17:14 (SGT))

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 witholding 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	02/06/2022 17:14 (SGT)
Date of Accident	01/06/2022 15:45 (SGT)
Exact Location of Accident	Punggol Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN6082X

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN ZE HUI
NRIC No	SXXXX640Z
Email Address	TZH3381@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-94234833
Alternative Phone No	+65-94234833

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
Variant	FIT 1.3GF CVT
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	1317

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA579049/01
Cover Note Number	20/08/2021 - 19/08/2022

DRIVER

Name of Driver	TAN ZE HUI
NRIC No	SXXXX640Z

SKETCH PLAN

Veh A: SMN6082X
Veh B: FBK 1848H
Veh C: GBC 3870 X

SKETCH PLAN

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.

*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

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
[signature] 2/6/2022 11am	[signature] 2/6/2022 11am	[signature]

COMPLETED

Sketch Plan