

Steve

CS/C11 22 005535/43 Eqy3

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. SNM22D204065/C02
 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
	X

Bal. or Market Value: _____
 IDAC Accident Report: _____ 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 1475K Yr Regn: 14/1/19
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Honda Shuttle c.c. 1496
 Colour: Blue A/C: Insured / Std / Nil / NA
 Sp. Reading: 117098 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: GP77001392
 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: 185/55R15
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front
 R/Bal. 4 mm
 L/Bal. 4 mm
 D.O.A. 9/6/22
 Survey held at Wah Hong
 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

MV-85K

20/06/22 @ 4.11pm revised to Adeline Chng via Merimen.

Steve Finalize \$1350 (L/S, before GST). 4 days

Date/Time, File Pass to?

1) 13/07 Typist

Date/Time, File Return to?

2)

Report Format: MER-TPLump Sum Fee: (\$) 1350Days Of Repair: 4Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL



Wah Hong Motors & Credit Pte Ltd

Enterprise Hub 38 Toh Guan Road East #01-57 S(608581)

Email: motor@wahhong.sg

Contact: 6773 7377 / 8778 3338

ROC NO. & GST REG NO.: (199806235M)

Our Ref : UC431
Vehicle No. : SMH1475Z
Make & Model : HONDA SHUTTLE HYBRID 1.5 AUTO

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QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(\$\$)		SURVEYOR'S ADJUSTMENT	
PARTS (LIST ITEMS)						
1	Rear bumper / BR			1151.00		
2	Rear bumper side retainer LH/RH@2*\$25 / BR			50.00		
1	Boot lid emblem "hybrid" / NC			75.00		
1	Boot lid emblem "shuttle" / NC			56.00		
1	Boot lid logo badge X			28.00		
1	Boot lid (Repair refer to labor) X R			0.00		
1	End panel (Repair refer to labor) X ? (photo)			0.00		



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S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S\$)	SURVEYOR'S ADJUSTMENT
	LABOUR		
1	To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas and replace the damaged parts and components	800.00	250
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	800.00	400
3	To remove and refix wiring system at accident damaged area and check for all electrical proper function	60.00	30
4	To perform anti-rust treatment on affected areas	30.00 ✓	
5	To remove and replace rear reverse sensor	90.00	20
Steve (LKK) 20/6/19, 2.30p W RL L/S My My 4 yrs			
Labour Total :		1780.00	
TOTAL (PARTS & LABOUR):		3163.00	

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	10/06/2022 13:32 (SGT)
Date of Accident	09/06/2022 17:50 (SGT)
Exact Location of Accident	Near 51 Jln Buroh, Singapore 619495
Additional Location Information	JALAN BUROH SLIP ROAD TOWARDS PENJURU ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH1475K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEOW TONG POH
NRIC No	SXXXX016B
Email Address	WEE7897@ICLOUD.COM
Mobile Phone No	(Phone) +65-80441978
Alternative Phone No	+65-80441978

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ22-000529
Cover Note Number	-

DRIVER

Name of Driver	LEOW TONG POH
NRIC No	SXXXX016B

Date Of Birth	15/08/1978
Occupation	Indoor
Date Of Driving Pass	30/10/1998
Driving experience	23 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80441978
Alt. Phone Number	+65-80441978
Email Address	WEE7897@ICLOUD.COM
Address	164 CANBERRA DRIVE #03-58
Address complement	-
Postcode	768001
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	Collision - Head to Rear
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 SUMMARY & SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT9048E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM WEI LONG
Contact Number	(Phone) +65-92971776
Address	-
Address complement	-

Postcode	-
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

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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.

[Signature]

Policyholder's Signature / Date & Time

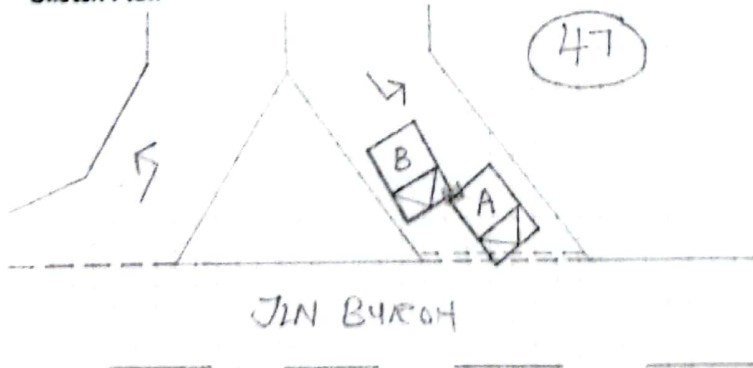
[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SMH 1475 K
B - SJT 9048 E

JIN BURUH SHIP RD THOS PENJURU FR OVER

Describe Circumstances of the Accident

On 09/06/2022 @ 1750HRS, I was driving my Vehicle A (SMH 1475K) on Slip Rd towards Jalan Buren. I stopped at the stop line of the Slip Rd to check for oncoming vehicles from the Main Road. Suddenly Vehicle B (SJT 904SE) collided onto the rear of my Vehicle A. We then drove to the side and aligned to take some photos and exchanged particulars for insurance claim. Vehicle B driver (Mr Lim Wei Hong) apologized and says he checked the Main Road and did not notice that my vehicle A (SMH 1475K) was also there to check for main road clearance before proceeding.

Declaration

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