

ASS. REG. BY:

REF:

C72 / 220056841Kt

Kenneth

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:

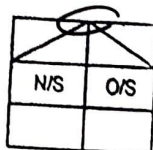
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

S4P 8382C

Yr Regn:

09, 16

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

Truck / Trailer or

Make:

Honda

Vezel

c.c.

1496

Colour:

M. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading:

203199

T/Radio:

Insured / Std / NI / NA

Eng/No:

G/No:

RUI

1203832

Gen. Cond: Good / Fair / Poor / Burnt

Working: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/60R16

R:

BS / BON / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

YOYO / YOKO or

Front

R/Bal.

8

mm

Rear

R/Bal.

7

mm

L/Bal.

8

mm

L/Bal.

7

mm

D.O.A.

23/4/22

D.O.I.

15/6/2022

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, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Report Format :

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

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

To: China Taiping Insurance (S) Pte Ltd

Policy No: Third Party

Date: 14.06.2022

Accident Date : 23.04.2022

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

ESTIMATE

承接汽车烧焊喷漆及
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 Vezel" Reg. No. SGP8382C Claiming Against Your Insured Veh. No. SJE3381K		
1pc	Front Bumper	3.80	963.00
14pcs	Front Bumper Clips		53.20
1pc	Front Bumper Bracket RH		86.00
1pc	Front Bumper Reinforcement		415.00
1pc	Grille		570.00
1pc	Grille Garnish Cover		385.20
1pc	Grille Garnish Emblem		75.00
1pc	Headlamp Lower Bracket RH		72.00
	Less 20%		2,619.40
			523.88
			2,095.52
	Front Number Plate		45.00
	Labour Charge - Panel Beating, Repairing Of Bonnet, Support And Part Replacement.		400.00
	To Respray Affected Areas		650.00
		Total :	3,190.52

Not Notified
1/Rep &
After Paint

- 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:

2 days

(S)

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	25/04/2022 14:03 (SGT)
Date of Accident	23/04/2022 18:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	COMPASSVALE BOW
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP8382C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YONG POO CHYE
NRIC No	SXXXX3751
Email Address	DARENYONGCY@GMAIL.COM
Mobile Phone No	(Phone) +65-97206398
Alternative Phone No	+65-97206398

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	HONDA / VEZEL 1.5X 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	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118934941-01
Cover Note Number	-

DRIVER

Name of Driver	YONG CHENG YEW
NRIC No	SXXXX111D

SKETCH PLAN

IMPORTANT NOTICE

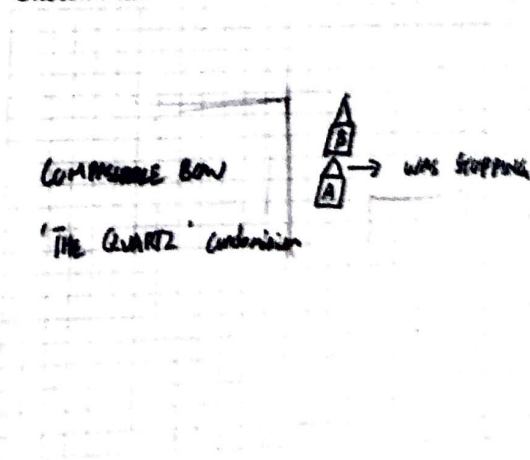
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: SGP 8382 C

B: SJE 3381 K