

## 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: SLY11792 Yr Regn: 1/6/22  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Honda Fit c.c. 1497  
 Colour: White A/C: Insured / Std / NI / NA  
 Sp. Reading: 6956 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: GR31032433  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Mod: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 185/55R16  
 R: 17  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Continental  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R/Bal. 5 mm R/Bal. 5 mm  
 L/Bal. 5 mm L/Bal. 5 mm  
 D.O.A. 30/6/22 D.O.I. 12/7/22  
 Survey held at Accord Auto  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
Front  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>M/V-97K</u>

Date/Time, File Pass to?

☐ : Preli. Report  
☐ : Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.B.B. (\$ \_\_\_\_\_)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)  
☐ : Interview (\$ \_\_\_\_\_)  
☐ : Tech. Invs (\$ \_\_\_\_\_)  
☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL


BLOCK 1009 BUKIT MERAH LANE 3  
#01-80 SINGAPORE 159723  
TEL:62715133/ 62717433 FAX:62745715

**ESTIMATE REPAIR**

China Taiping Insurance (Singapore) Pte Ltd

Date: 5.7.2022

Owner's Name : Kenneth Yew Khai Wah

Vehicle No : SLV1129Z

Claim Type: Third Party Claim

Vehicle Make &amp; Model : Honda Fit Basic 1.5L Hybrid CVT

Chassis No: GR31032433

Registration Date : 1 Jun 2022 (YOM 2020) COE Expiry Date 31 May 2032

DOA: ~~1.7.2022~~ 30.6.2022





# ACCORD AUTO SERVICES PTE LTD

BLOCK 1009 BUKIT MERAH LANE 3

#01-80 SINGAPORE 159723

TEL:62715133 62717433 FAX:62745715

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## ESTIMATE REPAIR

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Claim Type: Third Party Claim

Chassis No: GR31032433

DOA: 4.7.2022 30.6.2022

No	Description	Unit	List (\$)
<b>Special Nett</b>			
1	FRONT BUMPER CLIPS / N/A	SET	\$ 30 40.00
2	FRONT FENDER SHIELD CLIPS X	SET	\$ 40.00
<b>Labour</b>			
1	Spray Painting to All Affected Areas	1	\$ 250 400 500.00
2	Labour Remove / Refix Accident Damages parts to knock , jack, cut weld and realign accident affected area	1	\$ 400 250 600.00
3	Anti Rust Treatment	1	\$ 30 100.00
4	Check Wiring System & Light	1	\$ 30 120.00
5	To Check & Adjust Front Wheel Aligment	1	\$ 80 100.00
6	To Remove/Replace Rim	1	\$ 30 80.00
7	To Check Undercarrige	1	\$ X 100.00
Steve (LKK) m k			
12/7/22, 1.17p L/S			
H H y			
4 Jgr			
Total (B) :			\$ 1,680.00
Grand Total:			\$ 3,460.00

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 "Mutual Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary work(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	01/07/2022 11:49 (SGT)
Reported by	Both
Date of Accident	30/06/2022 14:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO AVE 5
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV1129Z

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KENNETH YEW KHAI WAH
NRIC No	SXXXX718I
Email Address	kennethyew@yahoo.com.sg
Mobile Phone No	(Phone) +65-96194878
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5127672936

#### DRIVER

Name of Driver	YEW JUN WEI KAVIER
NRIC No	SXXXX430E
Date Of Birth	26/06/1998
Occupation	Indoor

Date Of Driving Pass 29/11/2017  
 Driving experience 4 YEARS AND 7 MONTHS  
 Gender Male  
 Mobile Number (Phone) +65-86861127  
 Alt. Phone Number -  
 Email Address kaviryew@hotmail.com  
 Address BLK 744 JURONG WEST ST 73 #11-27  
 Address complement -  
 Postcode 640744  
 Is the driver the policyholder? No  
 If No, Relationship of the Driver with the Insured Child  
 Does Driver Own Other Vehicles? No  
 Vehicle Registration Number of Other Vehicle Owned by Driver -  
 Insurance Company of Other Vehicle Owned by Driver -

Colour  
 Category  
 No of Driver  
 Contact Number  
 Address  
 Postcode  
 Insurance  
 Nature

#### 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) 2  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No  
 Translator's name -  
 Translator's ID -  
 Translator's phone number -  
 Translator's email -  
 Original language used in the statement -

#### PASSENGER 1

Name ANNA TAN  
 Gender Female

#### 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? No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMQ1928Z  
 Vehicle Manufacturer -  
 Vehicle Model -  
 Vehicle Variant -

Accident report SC1E22710001

Colour  
Category  
of Driver  
No  
Contact Number  
Address  
Address complement  
Postcode  
Insurance Company Name  
Nature Of Damage  
Details of property damaged in accident  
No. Of Passenger (Including Driver)

-  
NA / Unknown  
KOH KAI HOW  
SXXXX793D  
(Phone) +65-96377693  
-  
-  
-  
-  
-  
-



## SKETCH PLAN

Veh A: 9LV 1139 Z  
Veh B: 9MD 1938 Z

## 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.
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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.
- (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 AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIME FRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

*[Signature]*

Policyholder's Signature / Date & Time

Sketch Plan

*[Signature]*

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

30/06/2022 1605

*[Signature]*

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

Veh A: SLV 1129Z

Veh B SMD 1A282

Wanted to filter line to test, & enter test name. So I used `but`

### Declaration

We declare the foregoing particulars are true in every respect.

*[Signature]*

Policyholder's Signature / Date &  
Time



30/06/2022 1605

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



Witnessed by Reporting Centre  
Personnel