ASS. REC. BY: Steve | CS/CT1220064601/y3 Evy3

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: SMQ 1928Z

Policy No. DMPCSNW00053052200

Claims No. SNM22D204592

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: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLY1179Z 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: GR3103Z433

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: 185/55R16

R: 11

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 PnrUH

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	NIV-97K
6/10/22	Steve informed LS $1300 (Red 2160, 62%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 12/10/22-typist

☐ : Preli. Report

☐ : Final Report

Report Format : MERIMEN

Lump Sum / ~~T.L.~~ ($ $1300)

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech, Invs ($)

☐ : Weekend ($)

Survey Fee:	
Transportation:	
$ + RS. $	
Photos	
Others	
TOTAL	

ACCORD AUTO SERVICES PTE LTD

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 & 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

No	Description	Unit	List ($)
1	FRONT LH FENDER	1	$ 580.00
2	FRONT BUMPER	1	$ 700.00
3	FRONT LH BUMPER SIDE GARNISH	1	$ 85.00
4	FRONT LH BUMPER SIDE REATINER	1	$ 60.00
5	RIM	1	$ 800.00
		Total (A) :	$ 2,225.00
		Less 20%	$ 445.00
		Total:	$ 1,780.00

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DOA: ~~1.7.2022~~ 30.6.2022

No	Description	Unit	List ($)
	Special Nett		
1	FRONT BUMPER CLIPS / Ni	SET	$ 30 40.00
2	FRONT FENDER SHIELD CLIPS X	SET	$ 40.00
	Labour		
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) 12/7/22, 1.??pm		
		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 "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:

SC1E22710001-01 / Charn's CustomCraft
ENTRY DATE & TIME: 01/07/2022 11:49 (SGT)
SUBMITTED BY: Lee Chia Ling Sharon
VERSION: 2 (05/07/2022 09:31 (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	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	kavieryew@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	-

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	-

olour	-
Category	NA / Unknown
of Driver	KOH KAI HOW
: No	SXXXX793D
ntact Number	(Phone) +65-96377693
ddress	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN #2

SKETCH PLAN

Veh A: SLV 1139 Z
Veh B: SMD 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**.
6. The 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.
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 AWARED 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

30/06/2022 1605

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

CHARN'S CUSTOMARY

Witnessed by Reporting Centre Personnel

Sketch Plan

H PLAN #2

Describe Circumstances of the Accident

Veh A SLV 1129Z

Veh B SWD 1928Z

Wanted to filter lane to left & enter left lane SWD1928Z hit

Declaration

I/We declare the foregoing particulars are true in every respect.

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