

ASS. REC. BY:

REF:

AG2/ 22 0066711KV

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: SMZ 3239T

Policy No.

Claims No. C10016329/JM

Sum Insured:

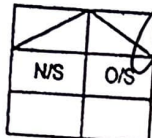
Excess:

(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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03 days

Res.: Yes or No

Lum Sum:

1.31 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Smp 71286

Yr Regn:

10/19

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

Truck / Trailer or

Make:

Honda

Shuttle

c.c

1498

Colour

M.D. Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

156297

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

GPF

2004590

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: M/T / S/Rim / STD A/Rim or

Tyre Size:

F:

185/60R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

12/7/22

D.O.I.

14/7/2022

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S Frt

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

Date / Time

Action / Instruction

4/8/22

Kenneth informed \$1200 (Red 3342.72, 73%)

Date/Time, File Pass to?



: Prell. Report

1)



: Final Report

Date/Time, File Return to?

2) 5/8/22-typist

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Parking

Others

TOTAL

Report Format: TP

Lump Sum / t.B.I: (\$ 1200)

Date: 13/07/2022

Vehicle No: SMP7128G

Model: HONDA SHUTTLE HYBRID 1.5

Chassis: GP72004590-2018

Reg.Year: 2019

Third Party Insurer: AGI

Third Party Veh No: SMZ3239T

Date of Accident: 12/07/2022

Estimator: TING AN

Surveyor:

Not Mr harte
Resurvey B&P only

3 days

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT HEADLAMP RH	1		<i>Per</i> \$2,315.50
2	FRONT HEADLAMP LOWER BRACKET RH	1		<i>Per</i> \$53.50
3	FRONT BUMPER	1		<i>Per</i> \$988.60
4	FRONT BUMPER SIDE BRACKET RH	1		<i>DIY</i> \$25.90
5	FRONT BUMPER FOG LAMP GARNISH COVER RH	1		<i>Per</i> \$35.50
6	FRONT FENDER RH	1		<i>Per</i> \$455.50
7	FRONT FENDER "HYBRID" EMBLEM	1		<i>Per</i> \$65.50
8	FRONT FENDER INNER SHIELD RH	1		<i>Per</i> \$125.90
SUB TOTAL				\$4,065.90
LESS 20%				-\$813.18
PARTS TOTAL				\$3,252.72

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	FRONT BUMPER CLIPS	1		<i>Per</i> \$50.00
2	FRONT FENDER INNER SHIELD CLIPS RH	1		<i>Per</i> \$40.00
S/N TOTAL				\$90.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX & READJUST FRONT ACCIDENT AREAS & ETC.

2001
\$500.00

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT BUMPER, FRONT FENDER RH & ETC.

4001
\$500.00

TO DIAGNOSIS FAULT CODE & RESET MEMORY.

Per \$120.00

TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.

\$80.00 *151*

TING AN

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during survey
- 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 recovered and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Branch (Motor Insurance Claims)

Date:

Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 56804

Tel: (+65) 6481 1622 | Fax: (+65) 6481 1011

Head office

6 Kung Chong Road Singapore 159143

Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554600

Tel: (+65) 6484 9919 | Fax: (+65) 6484 9923



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 12/07/2022 14:40 (SGT)
Reported by Driver
Date of Accident 12/07/2022 09:00 (SGT)
Exact Location of Accident Old Tampines Rd, Singapore
Additional Location Information OLD TAMPINES ROAD & LOYANG AVENUE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP7128G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner 1NSPIRED EMPIRE AUTO LEASING PTE LTD
Company Reg No 2XXXXX323H
Email Address 1nspiredautoleasing@gmail.com
Mobile Phone No (Phone) +65-93403154
Alternative Phone No -

VEHICLE PARTICULARS

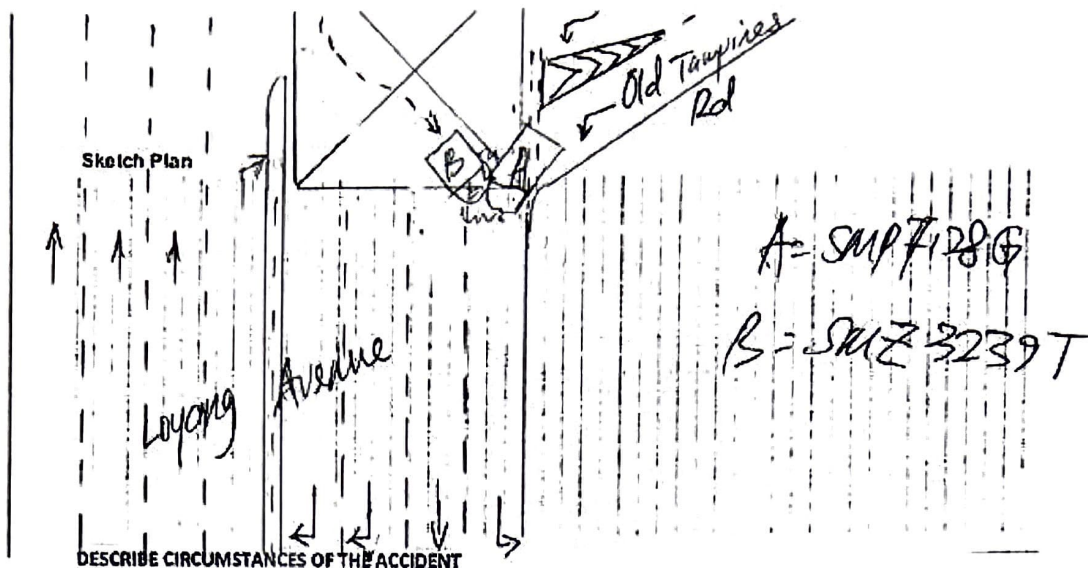
Manufacturer Honda
Model Shuttle
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number 5112288879-02

DRIVER

Name of Driver ABDUL MANAF BIN ABDUL HAMID
NRIC No SXXXX187F
Date Of Birth 12/10/1963
Occupation Outdoor



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12.7.22 at about 9am while driving M/Car SNP 7128G from Old Tampines rd toward Luyang Ave. Stopped at give-way sign at before T-junction yellow box of a 4 lane road (Luyang Ave). The 4th lane was clear then for me to enter Luyang Ave in the yellow box as traffic was busy (given way by vehicle on the 4th lane on my right). While moving into Luyang Ave in the yellow box, a M/Car SMZ 3239T made a switch from 3rd lane entering 4th lane, hitting my side bumper, right in front of right front wheel. No one was injured as it was slow speed of less than 10kph while entering from slip road to Luyang Ave. My car SNP 7128G damaged, dented at side bumper. The M/Car SMZ 3239T also dented its side bumper but more to its front as my car was already in a more advanced position when got suddenly hit at the side.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name: Joelle Tan
NRIC/FIN No.:

() Claim Own Policy () Claim Third Party () Reporting Only
☒ Claim ODP at other workshop

AMK EMPPOINT PTE LTD
12.07.2022