ASS. REC. BY: Kenneth

REF: AG21 2200671/KV

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Optams

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 Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 1.131 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SNP 7128G Yr Regn: 10 19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Wagon

Make: Honda SA 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: GP7 - 2004590

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modi : NIL / 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 Intertrac

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	5 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 FM

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Parking _____

Others _____

TOTAL _____

OPTIMA WERKZ SINGAPORE

OPTIMA WERKZ PTE LTD
Co. Reg. No. 201212465W
www.ow.sg /OptimaWerkz /OptimaWerkz

Not Authorised
Resurvey B4 paint

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:

3 days

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S$	AMOUNT S$
1	FRONT HEADLAMP RH	1		$2,315.50
2	FRONT HEADLAMP LOWER BRACKET RH	1		$53.50
3	FRONT BUMPER	1		$988.60
4	FRONT BUMPER SIDE BRACKET RH	1		$25.90
5	FRONT BUMPER FOG LAMP GARNISH COVER RH	1		$35.50
6	FRONT FENDER RH	1		$455.50
7	FRONT FENDER "HYBRID" EMBLEM	1		$65.50
8	FRONT FENDER INNER SHIELD RH	1		$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		$50.00
2	FRONT FENDER INNER SHIELD CLIPS RH	1		$40.00
			S/N TOTAL	$90.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE,REPLACE,REFIX & READJUST FRONT ACCIDENT AREAS & ETC. — $500.00 (2 col)

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT BUMPER, FRONT FENDER RH & ETC. — $500.00 (4 col)

TO DIAGNOSIS FAULT CODE & RESET MEMORY. — $120.00 X

TO CHECK WIRING & ELECTRICAL SYSTEM & ETC. — $80.00 15%

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:

LABOUR TOTAL	$1,200.00
TING AN TOTAL	$4,542.72

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) 6481 1893

Branch (Motor Insurance Claims)
Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568049
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011

SA1H227C0001 / AMK Autopoint Pte Ltd
ENTRY DATE & TIME: 12/07/2022 14:40 (SGT)
SUBMITTED BY: Joelle Tan
VERSION: 1 (12/07/2022 14:40 (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	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

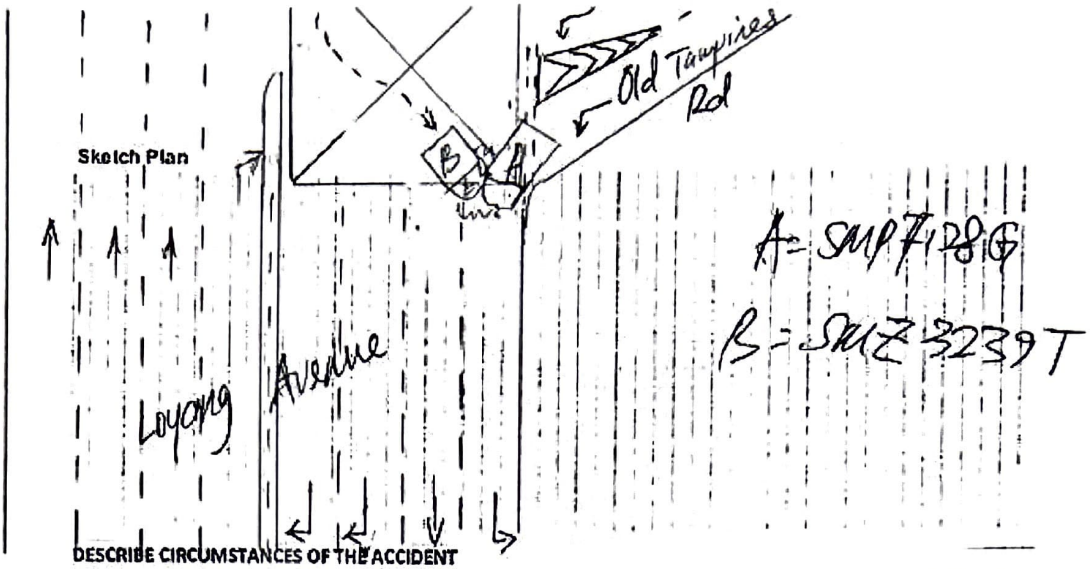
INSURANCE COMPANY

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

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12.7.22 at about 9am while driving m/car SMP 7128G from Old Tampines Rd towards Loyang Ave, stopped at give-way sign at before T-junction yellow box of a 4 lane road (Loyang Ave). The 4th Lane was clear then for me to enter Loyang Ave in the yellow box as traffic was busy (given way by vehicle on the 4th Lane on my right). While moving into Loyang Ave in the yellow box, a m/car SMZ 3239T make 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 Loyang Ave. My car SMP 7128G damaged, dented at side bumper. The m/car SMZ 3239T also dented its side bumper but more to the 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:

UEN: 201927323H

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

Reporting Centre Personnel's Signature
Name: Joelle Tan
NRIC/FIN No.: AMK AUTOPOINT PTE LTD
12.07.2022

( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only
(✓) Claim ~~OD/TP~~ at other workshop (Ephma Werkz Pte Ltd