

ASS. REC. BY:

REF:

INC/ 22007910/Kgy3

C

Kenneth

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: \_\_\_\_\_

at Workshop n/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

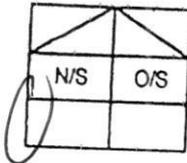
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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 Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 06 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 01/27 Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SGG 3375B Yr Regn: 01, 07

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

Truck / Trailer or MPV

Make: Honda Stream c.c. 1799

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: 503920 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: RN6 1018207

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: \_\_\_\_\_

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

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 16/8/22 D.O.I. 23/8/2022

Survey held at \_\_\_\_\_

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

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

Date / Time Action / Instruction

25/8/22 11:00 @ 4000 Cash 13/10/22 (Red, 7999.66, 67%)

Date/Time, File Pass to?

1) 17/10/22

Date/Time, File Return to?

2) \_\_\_\_\_

: Prell. Report

: Final Report

Days Of Repair: 6

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + R.S. \$

Fuel

Others

TOTAL

Add Fee:  : Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Report Format :

Lump Sum / I.B.I: (\$) 4000

## 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 Actual 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	17/08/2022 10:39 (SGT)
Reported by	Driver
Date of Accident	16/08/2022 07:33 (SGT)
Exact Location of Accident	Woodlands Ave 7, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ3375B
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SAFE N SWIFT
Company Reg No	5XXXX649W
Email Address	SnsCarRental@gmail.com
Mobile Phone No	(Phone) +65-96615252
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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 hire
Transmission	Auto
CC	1799

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5118037232-02

#### DRIVER

Name of Driver	LEE KHAR HOU
NRIC No	SXXXX151B
Date Of Birth	01/04/1986
Occupation	Indoor

Date Of Driving Pass .....	25/04/2011
Driving experience .....	11 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96615252
Alt. Phone Number .....	-
Email Address .....	alphajh@gmail.com
Address .....	BLK 785A WOODLANDS RISE
Address complement .....	#10-108
Postcode .....	731785
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Collision - Head to Rear
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	ALEN LEE EN YU
Gender .....	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

CIRCUMSTANCES OF ACCIDENT

PLEASE SEE ATTACHED SKETCH PLANS AND POLICE REPORT.

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 .....	PC3543A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	LEE KHAR HOU
Gender .....	Male
Phone No .....	(Phone) +65-96615252
Address .....	BLK 785A WOODLANDS RISE
Address Complement .....	#10-108
Post Code .....	731785
Approximate Age Years Old .....	-
Injuries Sustained .....	REFER POLICE REPORT.
Injured person in which vehicle? .....	SGQ3375B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**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 willful 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

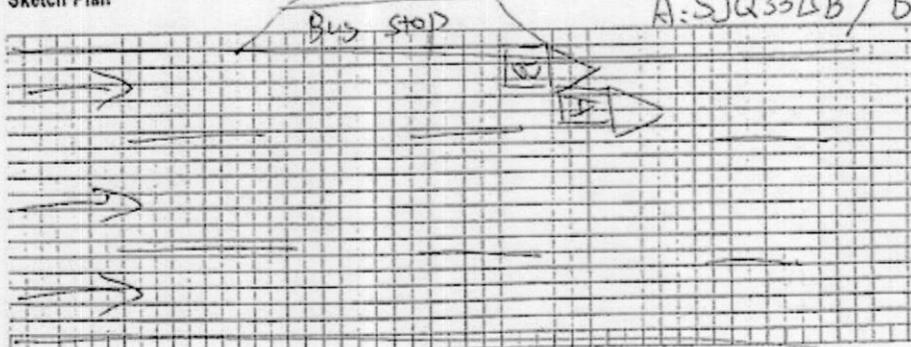
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
  
 Policyholder's Signature / Date & Time

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

  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**





# AUTOWORX HOUSE

176 SIN MING DRIVE #02-01 SINGAPORE 575721  
 TEL : 6452 8211 FAX : 6451 7420

*Not Authorized  
 61 Sing & 4000/-  
 Penny After Paint  
 6 days*

## ESTIMATE

**SAFE N SWIFT**  
 c/o 46 Lentor Plain  
 Singapore 786548

Date: 19/8/2022

QUANTITY	PARTICULARS	AMOUNT (\$)
<b>RE: HONDA STREAM / SGQ 3375 B</b>		
1 pc	rear bumper <i>688.90</i>	<i>Bu</i> 974.70 <i>—</i>
1 pc	rear bumper side retainer	<i>Dis</i> 73.40 <i>—</i>
1 pc	rear bumper tow cover	<i>Sm</i> 69.30 <i>X</i>
1 pc	rear tail lamp <i>458.60</i>	<i>Gr</i> 782.60 <i>—</i>
1 pc	rear fender <i>975.20</i>	<i>Ry</i> 1,067.56 <i>—</i>
1 pc	rear fender lower inner trim	<i>Sm</i> 754.80 <i>X</i>
1 pc	rear fender fuel inlet cover	<i>R</i> 154.20 <i>X</i>
1 pc	rear fender fuel inlet pipe	<i>Sm</i> 396.40 <i>X</i>
1 pc	rear fender quarter glass moulding <i>P: 82.40</i>	<i>ma</i> 574.20 <i>—</i>
1 pc	rear door L/H	<i>R</i> 1,331.16 <i>X</i>
1 pc	rear door outer handle	<i>Sm</i> 345.20 <i>X</i>
1 pc	rear door weatherstrip	<i>Sm</i> 298.60 <i>X</i>
1 pc	rear shock absorber <i>289.60</i>	<i>Ry</i> 596.70 <i>—</i>
1 pc	rear wheel hub <i>339</i>	<i>Ry</i> 488.40 <i>—</i>
2 pcs	rear wheel bearing <i>339</i>	<i>Ry</i> 468.40 <i>—</i>
1 pc	rear knuckle arm	<i>Ry</i> 357.20 <i>—</i>
1 pc	rear lower arm <i>384.10</i>	<i>Dis</i> 569.40 <i>—</i>
1 pc	rear upper control arm	<i>Sm</i> 366.10 <i>X</i>
		Sub-total 9,668.32
		Less 20% 1,933.66
		Sub-total 7,734.66
1 tube	<i>Fender</i> windscreen glass sealant	<i>Net</i> 60.00 <i>30.00</i>
1 set	sundries ( clips, bolts, nuts etc.)	<i>nn</i> 50.00 <i>X</i>
1 pc	Alloy rim	<i>Net</i> 650.00 <i>25.00</i>
		sub-total 8,494.66

**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:

Balance carried forward.		8,494.66	
To remove & replace parts, realign & panel beat the affected areas.		1,200.00	6501
To check wiring system.		50.00	201
To spray painting on affected areas.		1,100.00	6001
To drain fuel, remove and refit fuel tank.		80.00	601
To apply rust proofing.		120.00	301
To install reverse sensor.		80.00	501
To remove and refit cabin interiors for enable repair works.		180.00	1001
To remove and refit side windscreen glass.		140.00	601
To apply water proof sealant on jointed panels.		150.00	301
To remove and replace rear under carriage parts		220.00	1001
To perform wheel alignment.		85.00	601
To replace alloy rim and balance wheel.		40.00	201
To transfer door accessories.		60.00	201 X
	Total	11,999.66	