

ASS. REC. BY:

REF:

CTZ 2200-8995/ke

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ Wei Lee

of _____

Insured: _____

Policy No. _____

Claims No. _____

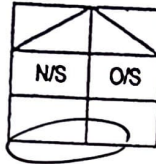
Sum Insured: _____ Excess: _____

(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: 6-9 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

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

Veh No: PKX 5223 Yr Regn: 12, 15

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

Truck / Trailer or

Make: Honda Jazz C.G. 1496

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

Sp. Reading: 200909 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHM GK 58506 X 201179

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 / RIM or

Tyre Size: F: B.S 185/55R16

Navigator

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 2 mm

Rear

R/Bal. 3 mm

L/Bal. 2 mm

L/Bal. 3 mm

D.O.A. 12/9/22

D.O.I. 14/9/2022

Survey held at _____

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

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

Date / Time	Action / Instruction
<u>1</u>	<u>GOT BZ</u>

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation

S + RS. \$

Fixing

Others

TOTAL

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Report Format :

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

威利摩托 WEI LEE MOTOR WORKS

BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32,
SINGAPORE 575644.

TEL: 6456 9830 • FAX: 6458 0128 • EMAIL: weileemotorworks@gmail.com
Business Regn No: 269436/00J

*Not available
L1 Pay @
Penny After Pain*

13 SEPTEMBER 2022

China Taiping Co (S) PL
105 Cecil Street
#18-00 The Octagon
Singapore 069534

Attn: Motor claim dept-3rd party claim
Claiming against your insured vehicle no: SMN4495B
Accident involving vehicle no: SKX5223J/SMN4495B
DOA: 12/09/2022 at ALONG SELETAR EXPRESSWAY

Dear officer in charge
Estimate cost of repair for vehicle no: SKX5223J
To supplied:

Description	Qty	Amount	
Lid	1	961.30	✓
Lid - Jazz emblem	1	62.10	✓
Lid - RS emblem	1	48.70	X
Lid - H logo	1	35.90	?
Lid lock	1	94.80	✓
Lid chrome mldg	1	199.60	?
Lid reflector	2	358.00	?
Rear bumper	1	492.60	✓
Rear bumper retainer	2	97.00	✓
Rear bumper cover	2	56.40	X
Rear end panel	1	434.30	✓
End panel top garnish	1	144.60	✓
Tailamp	2	1665.60	✓
Boot weatherstrip	1	142.30	50% ✓
Spare tyre panel	1	692.30	?
Spare tyre compartment box	1	269.60	?
Spare tyre hard board	1	278.90	✓
Tailgate door board	1	197.90	?
Rear fender	2	1,314.80	X
Exhaust pipe	1	398.50	?
Rear absorber	2	386.40	X
Parts		8,331.60	
Parts less 20%		6,665.28	

1. Reverse sensor (4pcs)
2. Private hire sticker
3. Rear nos plate w bracket
4. Remove reinstall rear windscreen glass
5. Remove inner garnish rear speaker hood
rear interior cushion seat, roof lining enables job carry out
Reinstall after job done
6. To remove damaged parts n attachment
Cut n weld damaged panels
To straighten rear chassis where necessary
Repair reshape damaged areas
Replace realign all parts into same position
7. To spray paint

Est 220.00 ✓
in 30.00 X
in 50.00 X
 180.00 *1200*

250.00 *1000*

1,300.00 ?

1,200.00 *1000*

 9,895.28

LKK Auto Consultants hence notify the Repairer of the following:

- To insurey be completed spray painting
- To display damaged parts during insurey
- Part prices are subject to confirmation
- Third party insurey is on a "Without Prejudice" basis
- No illegal modifications is allowed
- Supplementary items must be insureyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

ATED BY: (13/09/2022 11:52 (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 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 13/09/2022 11:52 (SGT)
Reported by Driver
Date of Accident 12/09/2022 08:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG SELETAR EXPRESSWAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKX5223J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KH LEASING PTE. LTD.
Company Reg No 201611813C
Email Address KAHUPLEASING@GMAIL.COM
Mobile Phone No (Phone) +65-96566588
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Jazz
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 1500

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5109989974-03

DRIVER

Name of Driver NEO KOK HIN
NRIC No S1766721A
Date Of Birth 08/04/1966
Occupation Outdoor

IMPORTANT NOTICE

SKETCH PLAN

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 Accident 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 rescind the 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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 be 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 be 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.



[Handwritten Signature]

[Handwritten Signature]

Policyholder's Signature / Date & Time

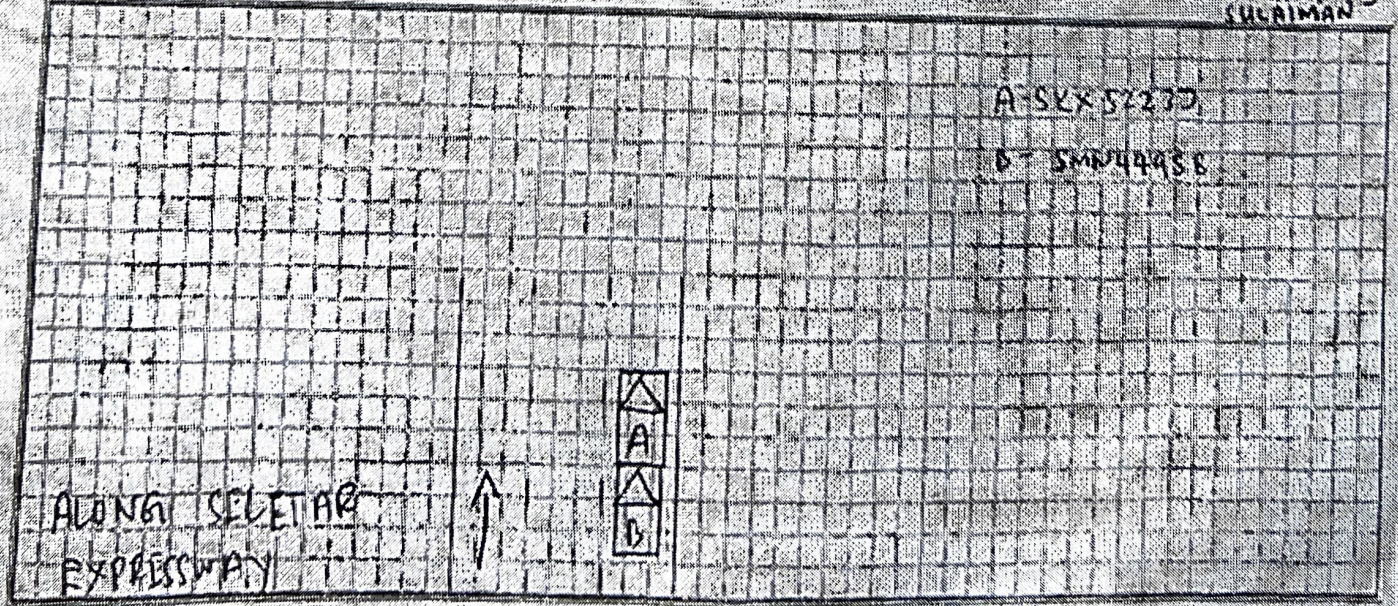
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

(Name as in NRIC ID card)
MOHAMMAD RIDHWAN BIN MOHAMMAD SULAIMAN

Sketch Plan

13/09/2020



A-5KX527D
B-5M4495B