

Steve

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: _____

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 Rpt: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMG 6308H Yr Regn: 27/12/18Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda City c.c. 1497Colour: Silver A/C: Insured / Std / Nil / NASp. Reading 63148 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: MRT-HGM 6670KT 000138Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/60R15

R: _____

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 16/9/22 ARC D.O.I. 19/9/22

Survey held at _____

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

Front RH

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

Date / Time Action / Instruction

MK-81K

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / L.B.A. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL

**Automotive Repair Centre Pte Ltd**CO. Reg. No. : 201312913C
GST Reg. No. : 201312913C**Estimate**

48 Toh Guan Road East (Enterprise Hub)

#02-146, Singapore 608586

Tel: 64688834 Fax: 67228585

E-mail: info@automotiverepaircentre.com.sg

ESTIMATE NO. : EST2209-501-TG

DATE : 19-Sep-2022

POLICY NO. :

VEHICLE REG. NO. : SMG6308H

VEHICLE MAKE : HONDA CITY 1.5 V CVT

TO Motor Claim Department

China Taiping Insurance (Singapore) Pte. Ltd

3 Anson Road, #15-00 Springleaf Tower

Singapore 079909

Tel: 6389 6116, Fax: 6222 1033

FOR SURVEYOR

ESTIMATE REPAIR COST

NO.	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
SPARE PARTS				
1	Front Bumper <i>X</i>	1	\$ 509.80	\$ 509.80
2	Front BumperSide Retainer RH <i>X</i>	1	\$ 31.40	\$ 31.40
3	Front Fender RH <i>DD</i>	1	\$ 393.80	\$ 393.80
4	Front Fender Innershield RH <i>?</i>	1	\$ 96.50	\$ 96.50
5	Front Door RH <i>DD</i>	1	\$ 788.40	\$ 788.40
6	Front Door Hinge Upper RH <i>X</i>	1	\$ 76.80	\$ 76.80
7	Front Door Hinge Lower RH <i>X</i>	1	\$ 78.40	\$ 78.40
8	Front Headlamp RH <i>X</i>	1	\$ 695.70	\$ 695.70
9	Front Rim RH <i>CVT</i>	1	\$ 640.20	\$ 640.20
10	Front Wheel Bearing RH <i>X</i>	1	\$ 173.50	\$ 173.50
11	Front Wheel Hub RH <i>X</i>	1	\$ 188.20	\$ 188.20
12	Front Lower Arm RH <i>X</i>	1	\$ 210.30	\$ 210.30
13	Front Knuckle Arm RH <i>X</i>	1	\$ 246.70	\$ 246.70
14	Front Shock Absorber RH <i>X</i>	1	\$ 381.20	\$ 381.20
15	Front Shock Absorber Mounting RH <i>X</i>	1	\$ 55.80	\$ 55.80
16	Front Tie Rod End RH <i>X</i>	1	\$ 91.80	\$ 91.80
17	Front Stabilizer Linkage RH <i>X</i>	1	\$ 69.80	\$ 69.80
Part Less 20%				\$ (945.66)
Total Spare Parts				\$ 3,782.64
SPECIAL NETT				
18	Front Bumper Clips <i>X</i>	10	\$ 5.00	\$ 50.00
19	Front Fender Innershield Clips <i>?</i>	10	\$ 5.00	\$ 50.00
Total Special Nett				\$ 100.00
LABOUR				
20	Remove, Refit, Repair and Replace Accident Affected Parts	1	\$ 1,000.00	\$ 1,000.00 <i>700</i>
21	Spray Paint (Front Bumper, Front Fender RH, Front Door RH, Rocker Panel RH)	1	\$ 1,000.00	\$ 1,000.00 <i>800</i>
23	To Perform 4 Wheel Alignment	1	\$ 70.00	\$ 70.00 <i>✓</i>
24	Remove, Refit and Replace Front Undercarriage RH	1	\$ 180.00	\$ 180.00 <i>X</i>
25	Transfer door fitting and window mechanism to new door	1	\$ 80.00	\$ 80.00 <i>50</i>
26	Check and Rectify Electrical Wiring	1	\$ 50.00	\$ 50.00 <i>30</i>
Total Labour				\$ 2,380.00

Estimate prepared by: James Tan

**Automotive Repair Centre Pte Ltd**CO. Reg. No. : 201312913C
GST Reg. No. : 201312913C**Estimate**48 Toh Guan Road East (Enterprise Hub)
#02-146, Singapore 608586
Tel: 64688834 Fax: 67228585
E-mail: info@automotiverepaircentre.com.sgESTIMATE NO. : EST2209-501-TG
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VEHICLE MAKE : HONDA CITY 1.5 V CVTTO Motor Claim Department
China Taiping Insurance (Singapore) Pte. Ltd
3 Anson Road, #15-00 Springleaf Tower
Singapore 079909
Tel: 6389 6116, Fax: 6222 1033

FOR SURVEYOR

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ESTIMATE REPAIR COST

NO.	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
<div>The above is an estimate based on our inspection and does not cover any additional parts or labour which may be required after work has been started. Occasionally, worn or damaged parts are discovered which may not be evident on the first inspection. Because of this, the above price are not guaranteed. Quotation on parts and labour are current and subject to change.</div>			Amount Before Excess	\$ 6,262.64
			Add GST @ 7%	\$ 438.38
			Total Amount Payable	\$ 6,701.02

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:

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	17/09/2022 12:39 (SGT)
Reported by	Both
Date of Accident	16/09/2022 18:45 (SGT)
Exact Location of Accident	Near 332 Ubi Ave 1, Block 332, Singapore 400332
Additional Location Information	ALONG UBI AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG6308H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM SAY KEAT
NRIC No	SXXXX233F
Email Address	MAVERICK.LIM@NTN.COM.SG
Mobile Phone No	(Phone) +65-81288647
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	City
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	1500

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10293511R02

DRIVER

Name of Driver	LIM SAY KEAT
NRIC No	SXXXX233F
Date Of Birth	18/03/1970
Occupation	Indoor

 Accident report SA1T229H0001

Date Of Driving Pass	18/11/1983
Driving experience	38 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81288647
Alt. Phone Number	-
Email Address	MAVERICK.LIM@NTN.COM.SG
Address	74 UPPER SERANGOON VIEW #01-49
Address complement	KINGSFORD WATERBAY
Postcode	533881
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Change/cross lane
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)	5
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	WIFE
Gender	Female

PASSENGER 2

Name	DAUGHTER
Gender	Female

PASSENGER 3

Name	DAUGHTER
Gender	Female

PASSENGER 4

Name	SON
Gender	Male

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 PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT2363R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR RIDHWAN
Contact Number	(Phone) +65-90847367
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 Actual 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 revoke 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:

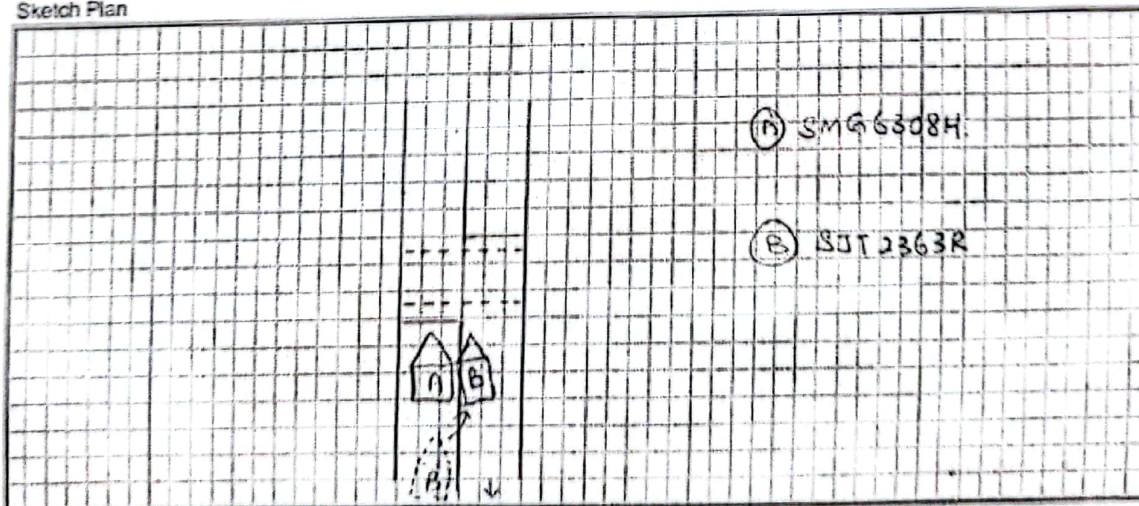
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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


James Tan
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) :elt

Sketch Plan



Describe Circumstance of the Accident

ON 16/9/2022 @ 1845HR, I WAS DRIVING
ALONG UBI AVE 1. SUDDENLY, VEHICLE (B) TRIED TO
OVERTAKE ME ON A SINGLE WHITE LINE LANE AND HIT
ONTO MY FRONT RIGHT PORTION.

Declaration

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

[Signature]

Policyholder's Signature / Date & Time

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

[Signature]
James Tan

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)