

ASS. REC. BY:

Steve

CS/40122009430/EX43

## 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
X	X

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: SMC4659D Yr Regn: 3/7/18  
 Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Honda Civic c.c. 1597  
 Colour: White AC: Insured / Std / NI / NA  
 Sp. Reading: 145694 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: MRHEC5650JTE00986  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Mod: NII / S/Rim / STD A/Rim or  
 Tyre Size: F: 205/50R16  
 R: 11  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or .  
 Front Rear  
 R/Bal. 5 mm R/Bal. 5 mm  
 L/Bal. 5 mm L/Bal. 5 mm  
 D.O.A. 22/9/22 D.O.I. 27/9/22  
 Survey held at Kah Motor  
 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>M1-86 K</u>

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

2)

Report Format: \_\_\_\_\_

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

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\$ + RS. \$1

Photos

Others

TOTAL



**KAH MOTOR CO. SDN. BHD.**  
(A Member of the Oriental Holdings Berhad)

Service and Body Repair

Tel: +65 6841 3838

Website: www.honda.com.sg

For 24-hours Roadside Assistance, Call 98203838

## QUOTATION

GST Reg No.: M200050223

Company Ref. No.: S60FC1380G

Customer : UNITED OVERSEAS INS LTD  
146 ROBINSON ROAD  
#02-01 UOI BUILDING  
SINGAPORE 068909  
Registration No : SMC4659D  
Chassis No : MRHFC5650JT000986  
Model : CIVIC 1.6 VTI YM2018  
Owner's Name : LIM SIU BOON  
Ins Policy No :  
Date of Accident : 22/9/2022

Document No. : SQT22002800  
Date : 23. Sep 2022  
Customer No. : WZU001  
Svc Advisor : IVAN TEO BOON KIAT  
Engine No : R16B25501090  
Date | Time : 23. Sep 2022 3:21:19 PM  
Surveyor Name :  
Survey Date :  
Authorisation Date :

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Item	Description	Qty	Unit Price	Disc %	Amount	7% GST Amount	Amount incld GST
	TP DIRECT SETTLEMENT (J/NO: ) OWNER: LIM SIU BOON OWNER INSURER: SINGLIFE ACC DATE: 22/09/2022 SURVEYED BY: DATE: REF NO: TP INSURER: UOI TP VEH: YQ1216C						
68500-TEA-N00ZZ	LID COMP TRUNK	1	724.70	25	543.52	38.05	581.57
74890-TEA-T11ZB	GARNISH ASSYRR.LICENSE	1	116.10	25	87.07	6.09	93.16
75722-TBA-A00	EMBLEM SETRR.	1	13.60	25	10.20	0.71	10.91
75725-TEA-T01	EMBLEMRR.	1	12.70	25	9.52	0.67	10.19
71500-TEC-Q00ZZ	FACE ASSY,RR.BUMPER	1	617.20	25	462.90	32.40	495.30
33505-TEA-T01	REFLECTOR ASSYR.RR.	1	19.20	25	14.40	1.01	15.41
33555-TEA-T01	REFLECTOR ASSYL.RR.	1	19.20	25	14.40	1.01	15.41
71502-TEX-Y00	GARNISH,RR.BUMPER LOWER	1	42.00	25	31.50	2.21	33.71
71503-TEA-T00	GARNISH,R.RR.BUMPER SIDE	1	9.00	25	6.75	0.47	7.22
71508-TEA-T00	GARNISH,L.RR.BUMPER SIDE	1	9.00	25	6.75	0.47	7.22
71530-TEA-T00ZZ	BEAM COMPRR.BUMPER	1	190.10	25	142.57	9.98	152.55
71593-TEA-T01	SPACERR.RR.BUMPER SIDE	1	11.50	25	8.62	0.60	9.22
71598-TEA-T01	SPACERL.RR.BUMPER SIDE	1	11.50	25	8.62	0.60	9.22
91505-TM8-003	CLIP,BUMPER	7	2.30	25	12.07	0.84	12.91
66100-TEC-307ZZ	PANEL SETRR.	1	280.70	25	210.52	14.74	225.26
84640-TEA-Z01ZA	LINING ASSYRR.PANEL	1	50.30	25	37.72	2.64	40.36
33500-TEA-T01	TAILLIGHT ASSYR.	1	301.70	25	226.27	15.84	242.11
33550-TEA-T01	TAILLIGHT ASSYL.	1	324.70	25	243.52	17.05	260.57
34150-TEX-Y01	LIGHT ASSYR.LID	1	141.10	25	105.82	7.41	113.23

Printed on 23/9/2022 3:40:46 PM

This is a computer generated invoice. No signature is required.

Part prices are subjected to change without notice.

The above estimated cost of repair do not include any unforeseen damages.

GST Amount is calculated from individual line(s).

An amount of \$53.50 (incl GST) will be applicable for the request of the above quotation for estimates above \$2,000.00.

However, if the repairs are subsequently done at Kah Motor Co. Sdn. Bhd, it will be refunded.

All quotations and prices are subjected to GST adjustment from 7% to 8% with effect from 1st Jan 2023.





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## QUOTATION

GST Reg No.: M200050223

Company Ref. No.: S60FC1380G

Customer	: UNITED OVERSEAS INS LTD	Document No.	: SQT22002800	Page	2
	146 ROBINSON ROAD	Date	: 23. Sep 2022		
	#02-01 UOI BUILDING	Customer No.	: WZU001		
	SINGAPORE 068909	Svc Advisor	: IVAN TEO BOON KIAT		
Registration No	: SMC4659D	Engine No	: R16B25501090		
Chassis No	: MRHFC5650JT000986	Date   Time	: 23. Sep 2022 3:21:19 PM		
Model	: CIVIC 1.6 VTI YM2018	Surveyor Name	:		
Owner's Name	: LIM SIU BOON	Survey Date	:		
Ins Policy No.	:	Authorisation Date	:		
Date of Accident	: 22/9/2022				

Item	Description	Qty	Unit Price	Disc %	Amount	7% GST Amount	Amount incld GST
34155-TEX-Y01	LIGHT ASSYL LID	1	141.10	25	105.82	7.41	113.23
BO-NUM-COMP-L	NUMBER PLATE WITH CASING-L(N) / CUT	1	45.00		45.00	3.15	48.15
Sum Item					2333.56	163.35	2,496.91
BOSUN	SUNDRIES	1	50.00	20	50.00	3.50	53.50
BML02I	INSPECT RR LIGHTING MECHANISMS. PERFORM WATER	1	280.00	250	280.00	19.60	299.60
BA02R	REMOVE & RENEW REVERSE SENSORS-4 PCS (N)	1	280.00	250	280.00	19.60	299.60
BMI03D	REMOVE & INSTALL REAR COMPARTMENT LININGS	1	650.00	325	650.00	45.50	695.50
BKTRR	REMOVE & TRANSFER ITEMS TO NEW TRUNK LID	1	560.00	325	560.00	39.20	599.20
BC012R	RESET VEHICLE SMART ENTRY SYSTEM	1	560.00	500	560.00	39.20	599.20
BC011R	REMOVE INSTALL & CALIBRATE REAR VIEW CAMERA	1	560.00	500	560.00	39.20	599.20
BKRP02S	STRAIGHTEN ALIGN RR PANEL & RENEW DAMAGE PARTS. (end p-1 X 277447) 3 X 650	1	5200.00	1200 1950	5200.00	364.00	5564.00
BP05R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (5P) 570 X 5	1	3120.00	2600	3120.00	218.40	3338.40
Sum Labor					11260.00	788.20	12,048.20

Survey By Steve (LKK)

Date & Time 27/9/22, 2.12p

Excess ✓ R

Status PIP

Signature by PIP

Total Amount 13,593.56 951.55 14,545.11

Total (Inclusive of GST) 14,545.11

7 dy (9 dy for rph end p1)

LKK Auto Consultants hence notify the Repairer of the following:

To resurvey before/after spray painting

Printed on 23/9/2022 3:40:46 PM

This is a computer generated invoice. No signature is required.

Prices are subject to confirmation.

Part prices are subjected to change without notice.

The above estimated cost of repair do not include any unforeseen damages.

No illegal modification(s) is allowed.

GST Amount is calculated from individual line(s).

Supplementary items cost is resurveyed and is subject to final approval from Insurance Company.

However, if the repairs are subsequently done at Kah Motor Co. Sdn. Bhd., it will be refunded.

All quotations and prices are subjected to GST adjustment from 7% to 8% with effect from 1st Jan 2023.

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	23/09/2022 09:10 (SGT)
Reported by	Both
Date of Accident	22/09/2022 11:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YIO CHU KANG ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC4659D
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM SIU BOON
NRIC No	SXXXX579B
Email Address	LIMSIUBOON@GMAIL.COM
Mobile Phone No	(Phone) +65-97120680
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1600

#### INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Policy Number / Cover Note Number	10850618

#### DRIVER

Name of Driver	LIM SIU BOON
NRIC No	SXXXX579B
Date Of Birth	18/05/1950
Occupation	Indoor



Date Of Driving Pass 18/07/1984  
 Driving experience 38 YEARS AND 2 MONTHS  
 Gender Female  
 Mobile Number (Phone) +65-97120680  
 Alt. Phone Number -  
 Email Address LIMSIUBOON@GMAIL.COM  
 Address 19 SUNRISE WAY  
 Address complement -  
 Postcode 2880  
 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 - Head to Rear  
 Weather Conditions Raining  
 Road Surface Wet

#### 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) 1  
 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 -

#### 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 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 YQ1216C  
 Vehicle Manufacturer -  
 Vehicle Model -  
 Vehicle Variant -  
 Vehicle Colour -  
 Vehicle Category Commercial vehicle  
 Name of Driver MUMAMMAD SYAUKAT  
 NRIC No SXXXX227I


Contact Number	(Phone) +65-96535707
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEH B
No. Of Passenger (Including Driver)	-

## SKETCH PLAN

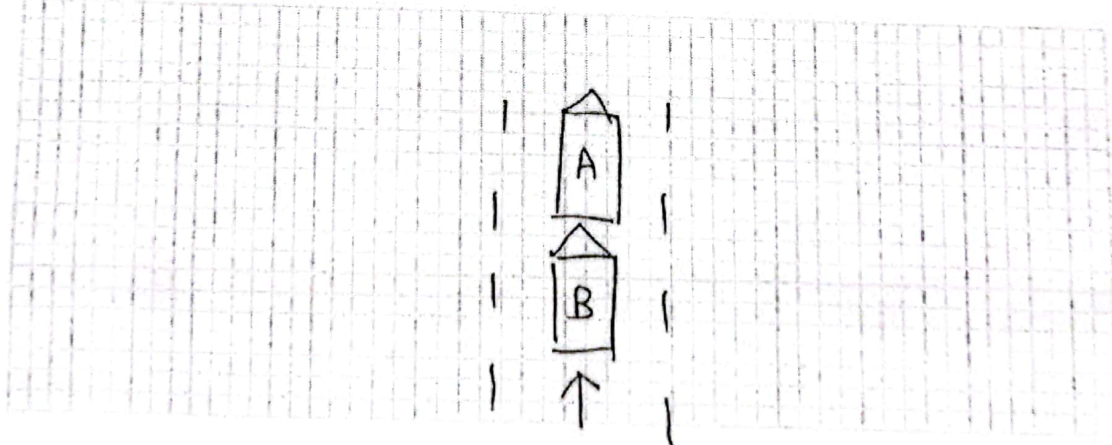
**IMPORTANT NOTICE**

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 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. 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.
  - (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**



Describe Circumstances of the Accident


The traffic light turn amber and I stopped my vehicle. Vehicle B behind me suddenly hit onto my vehicle rear portion.

Declaration

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

  
Witnessed by Reporting Centre Personnel