ASS. REC. BY: Steve | CS/UE1220943O/EVA3

ASSIGNMENT

From: _____ Date: _____

Eslimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: YQ 1216C

Policy No. _____

Claims No. M11D16252210

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 Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMG4659D 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 A/C: Insured / Std / NI / NA

Sp.Reading 45694 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MRHFC5650JT00986

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: NII / S/Rim / STD A/Rim or _____

Tyre Size: F: 205/50R16

R: "

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
	M11-86 K
21/11/22	Steve informed final fig $9233.49 (red 4435.67, 32%)

Date/Time, File Pass to? _____ 1) _____ Date/Time, File Return to?

☐ : Prell. Report

☐ : Final Report

2) 21/11/22-typist

Days Of Repair: 9

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech, Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S + R.S. _____ SI

Photos _____

Others _____

TOTAL _____

Report Format : TP

~~Lump Sum~~ / I.B.I: ($ $9233.49 _____)

HONDA

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	**Document No.**	: SQT22002800	**Page**	1
		Date	: 23. Sep 2022		
		Customer No.	: WZU001		
Registration No	: SMC4659D	**Svc Advisor**	: IVAN TEO BOON KIAT		
Chassis No	: MRHFC5650JT000986	**Engine No**	: R16B25501090		
Model	: CIVIC 1.6 VTI YM2018	**Date | Time**	: 23. Sep 2022 3:21:19 PM		
Owner's Name	: LIM SIU BOON	**Surveyor Name**	:		
Ins Policy No.	:	**Survey Date**	:		
Date of Accident	: 22/9/2022	**Authorisation Date**	:		

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

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)	1	45.00		45.00	3.15	48.15
				Sum Item	2333.56	163.35	2,496.91
BOSUN	SUNDRIES	1	50.00		50.00	3.50	53.50
BML02I	INSPECT RR LIGHTING MECHANISMS. PERFORM WATER	1	280.00		280.00	19.60	299.60
BA02R	REMOVE & RENEW REVERSE SENSORS-4 PCS (N)	1	280.00		280.00	19.60	299.60
BMI03D	REMOVE & INSTALL REAR COMPARTMENT LININGS	1	650.00		650.00	45.50	695.50
BKTRR	REMOVE & TRANSFER ITEMS TO NEW TRUNK LID	1	560.00		560.00	39.20	599.20
BC012R	RESET VEHICLE SMART ENTRY SYSTEM	1	560.00		560.00	39.20	599.20
BC011R	REMOVE INSTALL & CALIBRATE REAR VIEW CAMERA	1	560.00		560.00	39.20	599.20
BKRP02S	STRAIGHTEN ALIGN RR PANEL & RENEW DAMAGE PARTS.	1	5200.00		5200.00	364.00	5564.00
BP05R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (5P)	1	3120.00		3120.00	218.40	3338.40
				Sum Labor	11260.00	788.20	12,048.20

Handwritten annotations beside items: "cut" (number plate); 20 (sundries); 250; 250; 325; 325; 500; 500; 1950, (end pnl x2) 3 x 650 (straighten/renew); 2600, 520 x 5 (spray painting).

Survey By	Steve (LKK)				
Date & Time	27/9/22, 2.??p	Total Amount	13,593.56	951.55	14,545.11
Excess		Total (Inclusive of GST)			14,545.11
Status	P/P				
Signature	[signature]				

7 dys (9 dy for rplc end pnl)

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To display ... 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:

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

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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 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	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

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.
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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.

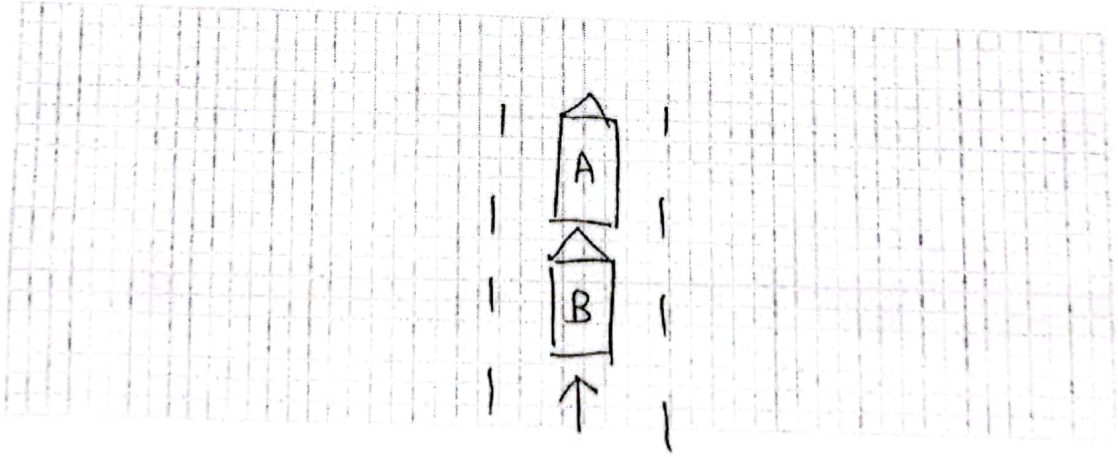
(collectively the "**Purposes**")

(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



SKETCH PLAN #2

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

I/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