

CS/SMR 120094.33/Eny3

## 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.

Bail, or Market Value:

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

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

Est. Repairs:	days	Res.: Yes or No
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Item	Unit	Quantity	Unit Price	Total Price	3 Val.: Yes or No
Lum Sum:	%				

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

INMENT

Veh No: SM6 68215 Yr Regn: 28/12/18

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

Truck / Trailer or

Make: Honda Odyssey c.c. 2356

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

Sp. Reading 55610 T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No: JHMRC1880JC102803

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/55R17

R: 11

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

Front Rear

R/Bal. 4 mm R/Bal. 4 mm

U/Bal. 4 mm U/Bal. 4 mm

D.O.A. 22/9/22 D.O.I. 5/10/22

Survey held at Isob Motor

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

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

[illegible]

Date/Time, File Pass to?

☐: Prel. Report

1) \_\_\_\_\_  
Date/Time, File Return to?

**Final Report**

2)

Report Format :

Lump Sum / L.S.: (₹ \_\_\_\_\_.)

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

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$)

☐: Interview (\$

	Tech. Invs	(%)
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☐ : Weekend ( )

Survey Fee:

Transportation:

$$S + RS \rightarrow SI$$

11 Photos

Yi 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 : MS FIRST CAPITAL INSURANCE LIMITED  
36 ROBINSON ROAD  
#16-01 CITY HOUSE  
SINGAPORE 068877  
Registration No : SMG6821S  
Chassis No : JHMRC1880JC202803  
Model : ODYSSEY 2.4 EX-S 18YM (EURO 6)  
Owner's Name : HO HAI LOON  
Ins Policy No. :  
Date of Accident : 22/9/2022

Document No. : SQT22002801  
Date : 23. Sep 2022  
Customer No. : WZF002  
Svc Advisor : NG SIN HAI  
Engine No : K24W72401501  
Date | Time : 23. Sep 2022 5:47:01 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: OWNER INSURER: ACC DATE: SURVEYED BY: DATE: REF NO: TP INSURER: TP VEH:						
BOSUN	SUNDRIES	1	110.00		110.00	7.70	117.70
BKBH12M	RENEW BULKHEAD, WHEELHOUSE & CHASSIS FRAME. 1	1	3000.00		3000.00	210.00	3210.00
BML01I	INSPECT FR LIGHTING MECHANISMS & FOCUS	1	250.00		250.00	17.50	267.50
BP06R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (6P)	1	3000.00		3000.00	210.00	3210.00
BC012R	RESET VEHICLE SMART ENTRY SYSTEM	1	650.00		650.00	45.50	695.50
BC01R	PERFORM SETTING ON MULTI VIEW CAMERAS & SMART	1	650.00		650.00	45.50	695.50
BKDR11R	REMOVE & TRANSFER ITEMS TO NEW FR L DR ADJUST	1	650.00		650.00	45.50	695.50
BMU11R	REMOVE & REPLACE FR L UNDERCARRIAGE PARTS.(N)1	1	2000.00		2000.00	140.00	2140.00
BOSUN	REMOVE AND RENEW LHF RIM/WHEEL/TYRE	1	80.00		80.00	5.60	85.60
Sum Labor					10390.00	727.30	11,117.30
04711-T6A-900ZZ	FACE,FR.BUMPER	1	749.30	25	561.97	39.34	601.31
71117-T6A-901ZA	SPOILER ASSY,L.FR.	1	84.60	25	63.45	4.44	67.89
71193-T6A-003	SPACERR.FR.BUMPER SIDE	1	12.60	25	9.45	0.66	10.11
71198-T6A-003	SPACERL.FR.BUMPER SIDE	1	12.60	25	9.45	0.66	10.11
91505-TM8-003	CLIP,BUMPER	14	2.30	25	24.15	1.69	25.84
33150-T6A-Q21	LIGHT ASSY,L.HEAD	1	893.90	25	670.42	46.93	717.35

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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.



# HONDA

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Item	Description	Qty	Unit Price	Disc %	Amount	7% GST Amount	Amount incld GST
60260-T6A-300ZZ	FENDER COMPL.FR. <i>OK</i>	1	587.20	25	440.40	30.83	471.23
74150-T6A-000	FENDER ASSYL.FR INNER <i>(RU)</i>	1	129.20	25	96.90	6.78	103.68
74155-T6A-000	ENCLOSUREL.FR.FENDER	1	28.20	25	21.15	1.48	22.63
91505-TM8-003	CLIP,BUMPER <i>OK</i>	12	2.30	25	20.70	1.45	22.15
72465-T6A-003	MOLDING ASSYL.FR.CORNER	1	93.90	25	70.42	4.93	75.35
72450-T6A-003	MOLDING ASSYL.FR.DOOR <i>X</i>	1	79.10	25	59.32	4.15	63.47
72470-T6A-003	GARNISHL.FR.DOOR CENTER <i>X</i>	1	54.00	25	40.50	2.84	43.34
72950-T6A-003	MOLDING ASSYL.RR.DOOR <i>X</i>	1	74.50	25	55.87	3.91	59.78
67050-T6A-000ZZ	PANEL COMPL.FR.DOOR <i>X</i>	1	958.30	25	718.72	50.31	769.03
42700-T6A-T81	WHEEL,DISK ALUMINIUM 17X7J <i>X</i>	1	922.90	25	692.17	48.45	740.62
44300-T6A-J51	BEARING ASSYFR.HUB <i>X</i>	1	147.90	25	110.92	7.76	118.68
44600-T0B-A00	HUB ASSYFR. <i>X</i>	1	200.40	25	150.30	10.52	160.82
76251-T6A-J01ZA	CAPL.SKULL <i>X</i>	1	70.70	25	53.02	3.71	56.73
76258-T6A-J03	MIRROR SET,L. <i>X</i>	1	601.00	25	450.75	31.55	482.30
60100-T6A-000ZZ	HOOD COMP <i>X</i>	1	718.70	25	539.02	37.73	576.75
Sum Item					4859.05	340.12	5199.17

Survey By

Date & Time

Excess

Status

Signature

*Sten CLKK 5/10/22, 17:30 PM*  
*MLR*  
*PIP*  
*by BL*  
*S L P*

Total Amount 15,249.05 1,067.42 16,316.47

Total (Inclusive of GST) 16,316.47

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

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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 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 17:43 (SGT)
Reported by	Driver
Date of Accident	22/09/2022 11:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO STREET 13
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG6821S
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	STEVE HO HAI LOON
NRIC No	SXXXX837C
Email Address	STEVEHLHO@hotmail.com
Mobile Phone No	(Phone) +65-96751870
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2400

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	-

#### DRIVER

Name of Driver	HO JUN XIAN
NRIC No	SXXXX914Z
Date Of Birth	22/06/1998
Occupation	Indoor



Date Of Driving Pass 28/11/2018  
 Driving experience 3 YEARS AND 10 MONTHS  
 Gender Male  
 Mobile Number (Phone) +65-91286803  
 Alt. Phone Number -  
 Email Address HOJUNXIAN1998@GMAIL.COM  
 Address S  
 Address complement -  
 Postcode -  
 Is the driver the policyholder? No  
 If No, Relationship of the Driver with the Insured Child  
 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 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

#### 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 SHF120K  
 Vehicle Manufacturer -  
 Vehicle Model -  
 Vehicle Variant -  
 Vehicle Colour -  
 Vehicle Category Taxi  
 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)

-  
-  
-  
-  
-  
-  
-

## SKETCH PLAN

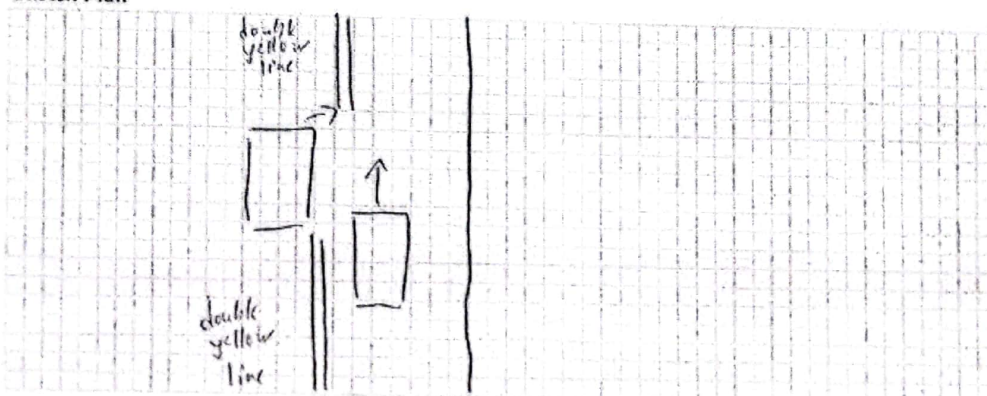
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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**



**Describe Circumstances of the Accident**

I was driving along my own Street 18, and saw that the taxi was stopped at the side of the road for the entire time since I turned into the road. I continued along to move past him, but he suddenly moved out into the lane and there was insufficient time to react to it. After the accident, the taxi driver came out to apologise, and said that he would like to privately settle it so that it would not be so expensive. About 15 minutes later, he called me to inform that as his car was quite badly damaged, he would like to claim insurance.

**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