

ASS. REC BY: Tau Jm

REF:

CS/CT122009560/Tgy3

ASSIGNMENT

From: _____ Date: _____

Estimated cost: _____

OD (TP) / IS / 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: \$48K

IDAC Accident Report: _____ 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: Jeff

Vehicle: IN / OUT

Veh No: SHB95666 Yr Regn: 2015, Dec.Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Vezel C.C. 1496Colour: White A/C: Insured / Std / NI / NASp. Reading: 129 625 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU 11101636 *Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R16R: 215/60R16

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

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 29/11/21Survey held at Premier Automotive WorkshopDes. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

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

\$ + RS. \$ _____

Photos

Others

TOTAL

Report Format: _____

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

REPAIR / ACCIDENT QUOTATION

DATE : 9/23/2022
OWNER NAME : SEAH CHING NAM
REGN NO : SGB9566G
MODEL : HONDA VEZEL
CHASSIS NO : RU11101636

MATERIALS:- PART DESCRIPTION

S\$

1	FRT BUMPER
2	FRT BUMPER SIDE RETIANER LH
3	FRT BUMPER SIDE RETIANER RH
4	FRT BUMPER LOWER GRILLE
5	FRT LOWER BUMPER
6	FRT BUMPER LOWER LIP
7	FRT FOGLAMP COVER LH
8	FRT FOGLAMP COVER RH
9	FRT BUMPER BRACKET LH
10	FRT BUMPER BRACKET RH
11	FRT BUMPER REINFORCEMENT
12	FRT BUMPER AIRGUARD LH
13	FRT BUMPER AIRGUARD RH
14	FRT BUMPER STRIPS LH
15	FRT BUMPER STRIPS RH
16	FRT BUMPER CLIPS x 10 (\$7.5 EACH)
17	RADIATOR GRILLE BASE
18	RADIATOR GRILLE COVER
19	RADIATOR GRILLE COVER MOULDING LH
20	RADIATOR GRILLE COVER MOULDING RH
21	RADIATOR GRILLE LOGO
22	RAGIATOR GRILLE BARCKET LH
23	RAGIATOR GRILLE BARCKET RH
24	RADIATOR GRILLE TOP COVER
25	RADIATOR GRILLE BARCKET
26	HEADLAMP RH
27	HEADLAMP LH
28	REAR BUMPER
29	REAR BUMPER SIDE RETAINER RH
30	REAR BUMPER SIDE RETAINER LH
31	REAR BUMPER SIDE PANEL RH
32	REAR BUMPER SIDE PANEL LH
33	REAR BUMPER CLIPS X 10 (\$4 EACH)

920.00 *de*
 35.00 *de*
 35.00 *de*
 85.00 *X*
 197.00 *de*
 165.00 *X*
 25.00 *X*
 25.00 *X*
 58.00 *X*
 58.00 *X*
 418.00 *3x*
 45.00 *X*
 45.00 *X*
 88.00 *X*
 88.00 *X*
 55.00 *de* *30*
 481.00 *cut*
 262.00 *cut*
 46.00 *cut*
 46.00 *cut*
 44.00 *cut*
 32.00 *X*
 32.00 *X*
 65.00 *X*
 32.00 *X*
 1,927.00 *X*
 1,927.00 *X*
 566.00 *de*
 33.00 *de*
 33.00 *de*
 317.00 *de*
 317.00 *de*
 55.00 *de* *30*

Headlamp bracket x2 cut

34	REAR BUMPER REFLECTER RH
35	REAR BUMPER REFLECTER LH
36	REAR END PANEL
37	REAR END PANEL TOP COVER
38	REAR COMPARTMENT
39	REAR COMPARTMENT UNDER COVER <i>mt</i>
40	TAILGATE
41	TAILGATE WEATHER STRIP
42	TAILGATE LOCK
43	TAILGATE HINGE RH & LH
44	EMBLEM VEZEL
45	TAILGATE GLASS MOULDING LOWER
46	TAILGATE GLASS MOULDING UPPER
47	TAILGATE GLASS MOULDING LH
48	TAILGATE GLASS MOULDING RH
49	TAILGATE LOGO
50	REAR COMPARTMENT TRAY
51	TAILGATE LAMP LH
52	TAILGATE LAMP RH
53	EXHAUST MUFFLER ASSY
54	EXHAUST CENTRE PIPE

193.00	<i>over</i>
193.00	X
501.00	<i>BT</i>
77.00	<i>dl</i>
943.00	<i>XR</i>
205.00	<i>de</i>
1,268.00	<i>bt</i>
131.00	<i>ent</i>
104.00	<i>bt</i>
82.00	X
52.00	<i>wa</i>
41.00	} <i>un</i>
41.00	
41.00	
41.00	
43.00	<i>rep</i>
261.00	<i>de</i>
331.00	<i>ent</i> <i>disinfecta</i>
331.00	<i>Int</i> <i>photo</i>
620.00	X
622.00	X
14,678.00	
-2935.60	
11742.4	

LESS 20%

SPECIALIST JOB
PARKING SENSOR

\$ 280.00 *2001 un*

LABOUR

S\$

1	RENEW FRT BUMPER, REPAIR FRT FENDER RH & LH, FRT BOTH CHASSIS	2,100.00 <i>200 400</i>
2	SPRAY PAINT FOR FRT BUMPER,	500.00 <i>200 400</i>
3	REMOVE & INSTALL AIRCON CONDENSOR & RADIATOR	100.00 X
4	TOP UP AIRCON GAS	80.00 X
5	FRT NUMBER & REAR PLATE WITH FRAME	50.00 <i>45 over</i>
6	CONDUCT DIAGNOSTIC CHECK	200.00 X
7	RENEW EXHAUST ASSY	320.00 X
8	CHECK WIRING & ELECTRICAL SYSTEM	20.00 X

9	RENEW REAR BUMPER, REAR END PANEL, TAILGATE, REAR COMPARTMENT, REAR BUMPER TOP PANEL RH & LH	2,940.00	800/1000
10	APPLY SEALANT FOR ACCIDENT PORTION	120.00	40
11	REMOVE & INSTALL PARKING SENSOR	80.00	30
12	REMOVE & INSTALL TAILGATE GLASS	240.00	120
13	APPLY SEALANT FOR TAILGATE GLASS	80.00	50ne
14	SPRAY PAINT FOR REAR BUMPER, REAR END PANEL, TAILGATE, REAR COMPARTMENT, REAR BUMPER TOP PANEL RH & LH	2,450.00	800/1000
15	REMOVE & INSTALL REAR COMPARTMENT TRIMS & REAR SEATS	400.00	60
16	REAR NUMBER PLATE WITH FRAME	50.00	X
17	SUNDRY	20.00	X
TOTAL LABOUR		9,750.00	
GRAND TOTAL		21,772.40	

Prepare By : JEFFERY

Survey by : Taufik LKK Date: 29/9/22

Authorised / Not Authorised

THE ABOVE IS ONLY BASED ON OUR PRELIMINARY INSPECTION, IN THE PROCESS OF SUCH REPAIR ADDITIONAL WORK OR WORKS OR PARTS MAY BE REQUIRE. PART PRICE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE.

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	22/09/2022 14:09 (SGT)
Reported by	Both
Date of Accident	21/09/2022 16:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG YIO CHU KANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB9566G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEAH CHING NAM
NRIC No	S2030087F
Email Address	THIAM.HUAT@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91211909
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	Income Insurance Limited
Policy Number / Cover Note Number	5076479970-06

DRIVER

Name of Driver	SEAH CHING NAM
NRIC No	S2030087F
Date Of Birth	01/01/1944
Occupation	Indoor

Date Of Driving Pass	25/06/1965
Driving experience	57 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91211909
Alt. Phone Number	-
Email Address	THIAM.HUAT@HOTMAIL.COM
Address	28 LILAC DRIVE
Address complement	-
Postcode	808218
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	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)	2
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	QUEK SEW CHENG
Gender	Female

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

I WAS STATIONARY ON THE MOST RIGHT LANE WAITING FOR TRAFFIC LIGHT TO TURN GREEN. SUDDENLY I FELT AN IMPACT FROM REAR AND NOTICE THAT VEHICLE (B) FRONT CENTER HIT ONTO THE REAR OF MY VEHICLE

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK9634E
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAMESH
Contact Number	(Phone) +65-81988507
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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 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 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:

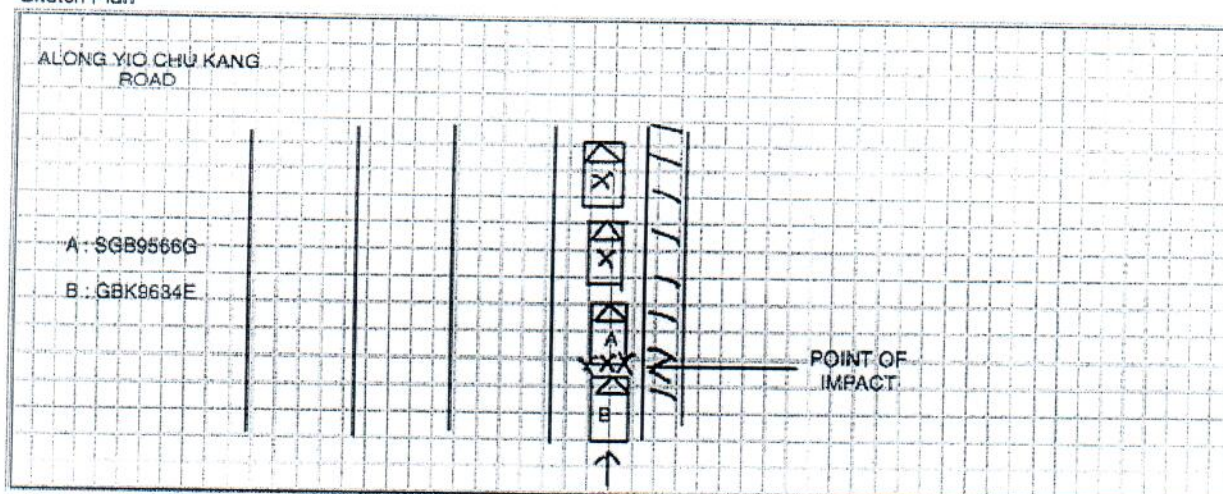
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
 22/09/2022
 1400HRS


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

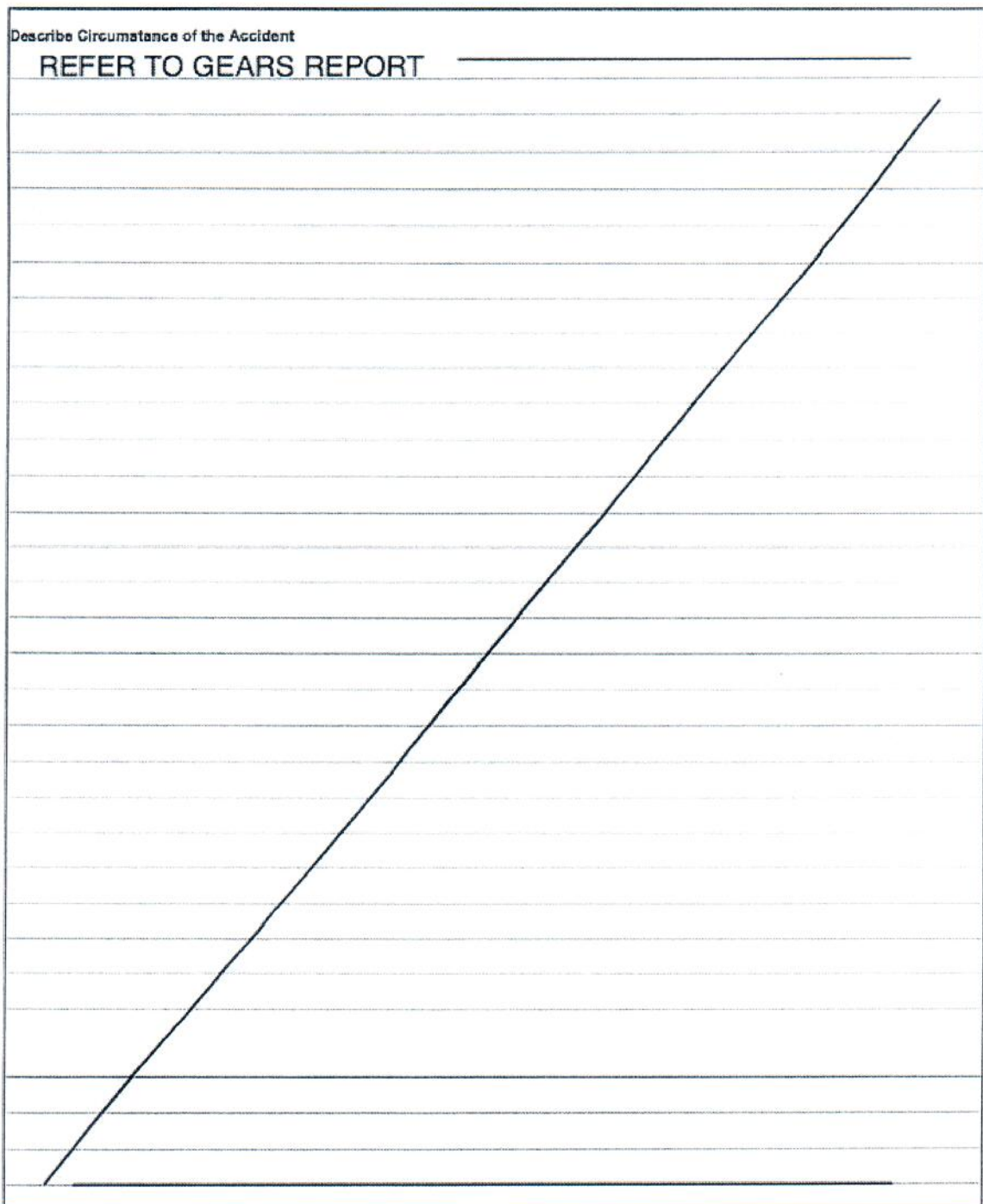

 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

REFER TO GEARS REPORT



Declaration

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



22/09/2022
1400HRS

Policyholder's Signature / Date & Time

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



VINCENT SOH

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