

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: SHF 30L

Policy No. _____

Claims No. TAX/09/22/2070

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 |
| XX | |

Bal. or Market Value: _____

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLN 1568G

Yr Regn: 24/4/17

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

Truck / Trailer or

Make: Honda Accord

c.c. 1997

Colour: Silver

A/C: Insured / Std / Nil / NA

Sp. Reading 50/34

T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: MR HCR 163 PG P 000 1/9

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: 215/50R16

R: 21

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

TOYO / YOKO or .

Front

Rear

R/Bal. 0

mm

R/Bal. 4

mm

L/Bal. 4

mm

L/Bal. 4

mm

D.O.A. 27/9/22

D.O.I. 28/9/22

Survey held at Kah Mery

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

Rear LH

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

Date / Time

Action / Instruction

7/10/22 Steve informed final fig \$10,920.10 (Red 6365.73, 36%)

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 13/10/22-typist

Report Format: TP

Lump Sum / I.B.J. (\$) \$10,920.10

Days Of Repair: 8

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Phone

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

do front bumper

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 : SLN1568G
Chassis No : MRHCR1630GP000119
Model : ACCORD 2.0 AT 2016
Owner's Name : TOKIO MARINE INSURANCE SINGAPORE
Ins Policy No. :
Date of Accident : 27/9/2022

Document No. : SQT22002831
Date : 27. Sep 2022
Customer No. : WZF002
Svc Advisor :
Engine No : R20Z21600157
Date | Time : 27. Sep 2022 2:17:43 PM
Surveyor Name :
Survey Date :
Authorisation Date :

Page 1

| 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: | | | | | | |
| BO-NUM-COMP-L | NUMBER PLATE WITH CASING-L(N) X | 1 | 45.00 | | 45.00 | 3.15 | 48.15 |
| 39680-T0A-R11Z | SENSOR ASSYPARKING / CUT | 1 X | 94.80 | 25 | 284.40 | 19.91 | 304.31 |
| 71500-T2M-T80ZZ | FACE ASSYRR.BUMPER / BR | 1 | 630.50 | 25 | 472.87 | 33.10 | 505.97 |
| 33555-T2A-A01 | REFLECTOR ASSYL.RR. / MS | 1 | 23.50 | 25 | 17.62 | 1.23 | 18.85 |
| 71502-T2M-T50 | GARNISHRR.BUMPER LOWER | 1 | 85.80 | 25 | 64.35 | 4.50 | 68.85 |
| 71503-T2M-T50 | MOULDINGRR.BUMPER / BR | 1 | 225.70 | 25 | 169.27 | 11.85 | 181.12 |
| 71505-S5A-000 | BRACKETR.RR.BUMPER | 1 | 7.00 | 25 | 5.25 | 0.37 | 5.62 |
| 71555-S5A-000 | BRACKETL.RR.BUMPER | 1 | 5.80 | 25 | 4.35 | 0.30 | 4.65 |
| 71508-T3V-A00 | PROTECTORRR.BUMPER SIDE | 1 | 26.30 | 25 | 19.72 | 1.38 | 21.10 |
| 71530-T2J-H50ZZ | BEAM COMP.RR BPR | 1 | 336.60 | 25 | 252.45 | 17.67 | 270.12 |
| 71593-T2A-A01 | SPACERR.RR.BUMPER SIDE / BR | 1 | 14.10 | 25 | 10.57 | 0.74 | 11.31 |
| 71598-T2A-A01 | SPACERL.RR.BUMPER SIDE / BR | 1 | 14.10 | 25 | 10.57 | 0.74 | 11.31 |
| 91505-TM8-003 | CLIP,BUMPER / AC | 1 | 2.30 | 25 | 1.72 | 0.12 | 1.84 |
| 68500-T2M-Z10ZZ | LID COMPTRUNK / BR | 1 | 1011.20 | 25 | 758.40 | 53.09 | 811.49 |
| 74865-T2A-003 | WEATHERSTRIPTRUNK LID | 1 | 82.30 | 25 | 61.72 | 4.32 | 66.04 |
| 75701-T2A-A02 | EMBLEMH / BR | 1 | 30.80 | 25 | 23.10 | 1.62 | 24.72 |
| 75722-T2A-A01 | EMBLEMRR.ACCORD / LC | 1 | 22.20 | 25 | 16.65 | 1.17 | 17.82 |
| 75725-TG2-K00 | EMBLEMRR.I-VTEC / LC | 1 | 39.40 | 25 | 29.55 | 2.07 | 31.62 |
| 65550-T2B-P00ZZ | PAN COMPSPARE TIRE X | 1 | 388.40 | 25 | 291.30 | 20.39 | 311.69 |

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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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Service and Body Repair

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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 : SLN1568G
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Owner's Name : TOKIO MARINE INSURANCE SINGAPORE
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Document No. : SQT22002831
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Authorisation Date :

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| Item | Description | Qty | Unit Price | Disc % | Amount | 7% GST Amount | Amount incld GST |
|-----------------|--|-----|------------|--------|----------|---------------|------------------|
| 66100-T2M-U00ZZ | PANEL COMPRR. | 1 | 465.70 | 25 | 349.27 | 24.45 | 373.72 |
| 84640-T2M-Z01ZA | LINING ASSYRR.PANEL | 1 | 90.10 | 25 | 67.57 | 4.73 | 72.30 |
| 75700-TA0-A00 | EMBLEMFR. | 1 | 30.80 | 25 | 23.10 | 1.62 | 24.72 |
| 90301-ST0-003 | NUT,PUSH 3MM | 1 | 2.10 | 25 | 1.57 | 0.11 | 1.68 |
| 91501-TR0-003 | CLIP,INNER FENDER | 9 | 2.80 | 25 | 18.90 | 1.32 | 20.22 |
| 91505-TM8-003 | CLIP,BUMPER | 12 | 2.30 | 25 | 20.70 | 1.45 | 22.15 |
| 34155-T2A-E01 | LIGHT ASSYL.LID | 1 | 474.00 | 25 | 355.50 | 24.89 | 380.39 |
| Sum Item | | | | | 3375.47 | 236.29 | 3,611.76 |
| BOSUN | SUNDRIES | 1 | 110.00 | | 110.00 | 7.70 | 117.70 |
| BOJSE | BODY JOINT SEALANT. | 1 | 120.00 | | 120.00 | 8.40 | 128.40 |
| BOBC | BODY UNDERSIDE COATING (N) | 1 | 520.00 | | 520.00 | 36.40 | 556.40 |
| BP00R | APPLY BODY UNDERSIDE COATING (N). | 1 | 520.00 | | 520.00 | 36.40 | 556.40 |
| BML02I | INSPECT RR LIGHTING MECHANISMS. PERFORM WATER | 1 | 250.00 | | 250.00 | 17.50 | 267.50 |
| BA02R | REMOVE & INSTALL REVERSE SENSORS-4 PCS (N) | 1 | 250.00 | | 250.00 | 17.50 | 267.50 |
| BC011R | REMOVE INSTALL & CALIBRATE REAR VIEW CAMERA | 1 | 650.00 | | 650.00 | 45.50 | 695.50 |
| BMI03D | REMOVE & INSTALL REAR COMPARTMENT LININGS | 1 | 650.00 | | 650.00 | 45.50 | 695.50 |
| BMU30R | REMOVE & INSTALL EXHAUST SYSTEM.(N) | 1 | 650.00 | | 650.00 | 45.50 | 695.50 |
| BMF00D | RREMOVE & INSTALL FUEL TANK FUEL PIPES.(N) | 1 | 650.00 | | 650.00 | 45.50 | 695.50 |
| BKTRR | REMOVE & TRANSFER ITEMS TO NEW TRUNK LID | 1 | 650.00 | | 650.00 | 45.50 | 695.50 |
| BKOT00R | REMOVE & RENEW RR FLOOR INSULATOR.(N) | 1 | 650.00 | | 650.00 | 45.50 | 695.50 |
| BKRP02B | CUT & RENEW RR FLOOR PANEL.CUT LH FENDERS ALIG | 1 | 4000.00 | | 4000.00 | 280.00 | 4280.00 |
| BP07R | SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (7P) | 1 | 3500.00 | | 3500.00 | 245.00 | 3745.00 |
| BO-TOW | TOWING SERVICES (MBBS) | 1 | 150.00 | | 150.00 | 10.50 | 160.50 |
| Sum Labor | | | | | 13320.00 | 932.40 | 14,252.40 |

Survey By

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Authorisation Date :

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| Item | Description | Qty | Unit Price | Disc % | Amount | 7% GST Amount | Amount incld GST |
|-------------|--------------|-----|------------|--------|--------|---------------|------------------|
| Date & Time | 28/9/22, 4pm | | | | | | |
| Excess | Stn CLKK | | | | | | |
| Status | | | | | | | |
| Signature | P/P | | | | | | |

Total Amount 16,695.47 1,168.69 17,864.16
Total (Inclusive of GST) 17,864.16

by BL cy
5 dgr

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:

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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 | 27/09/2022 15:41 (SGT) |
| Reported by | Driver |
| Date of Accident | 27/09/2022 10:40 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | FULLERTON ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLN1568G |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--|
| Is company? | Yes |
| Name Of Registered Owner | TOKIO MARINE INSURANCE SINGAPORE LIMITED |
| Company Reg No | 1XXXXX014M |
| Email Address | NOEMAIL@GMAIL.COM |
| Mobile Phone No | (Phone) +65-88845468 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Accord |
| 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 | 2000 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company | MSIG Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | - |

DRIVER

| | |
|----------------|---------------------|
| Name of Driver | LOW HARK SOIN DAVIS |
| NRIC No | SXXXX671C |
| Date Of Birth | 28/10/1973 |
| Occupation | Indoor |

Date Of Driving Pass 27/12/1996
 Driving experience 25 YEARS AND 9 MONTHS
 Gender Male
 Mobile Number (Phone) +65-88845468
 Alt. Phone Number -
 Email Address NOEMAIL@GMAIL.COM
 Address S
 Address complement -
 Postcode -
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Employee
 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 Chain Collision
 Weather Conditions Clear
 Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 3
 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 TRACY LOH
 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

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 SHF30L
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -

Vehicle Colour
 Name of Driver
 Contact No
 Address
 Postcode

| | |
|---|------|
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|-------------|
| Vehicle Registration Number | SKV8364B |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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

IMPORTANT NOTICE

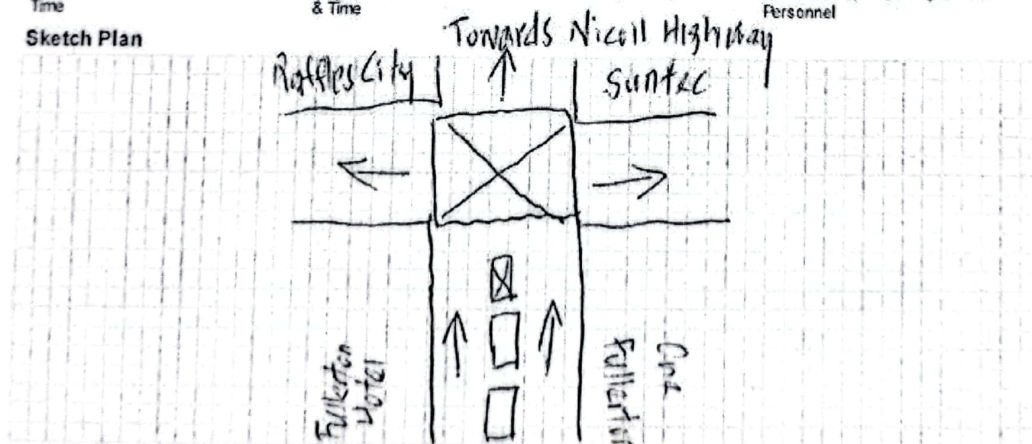
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.
(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 Bullock Rd on 27 Sep 2022 at around 10.40 am.
As there are preparations going on for EI traffic was heavy.
As I was approaching the cross-junction about 50m from
the junction I braked as all vehicles in front were stopping
or had stopped.

An SMRT taxi SHP30L then barged and hit from my
back of the car. There were a total of three hard bangs.
My head banged a few times on the A pillar.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

[Signature] 27/9/22 - 1340H
Driver's Signature (If driver is not the policyholder) / Date
& Time

[Signature]
Witnessed by Reporting Centre
Personnel