

ASS. REC. BY:

REF: AS1

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s Caris

of 306F

Insured: _____

Policy No. _____

Claims No. _____

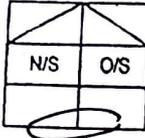
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: \$2K

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

30/11/22

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: STB 2398K Yr Regn: 01/08

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

Truck / Traller or

Make: Honda Airwave c.c. 1496

Colour: M. Gray A/C: Insured / Std / NI / NA

Sp.Reading: 261167 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GJI 1204741

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/65R14

R: _____

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

YOYO / YOKO or

Front

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 7/10/22

Rear

R/Bal. 8 mm

L/Bal. 8 mm

D.O.I. 11/10/2022

Survey held at _____

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

1 67A reha \$571.00

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S - RS - SI

Others

Others

Others

TOTAL

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Report Format :

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

CARIS AUTOWORKS PTE LTD
 160 SIN MING DRIVE
 #05-03 SIN MING AUTOCITY
 SINGAPORE 575722
 (COMPANY REGISTRATION NO: 201825799E)
 TEL: 62589831
 FAX: 62585349

*NOT Airwave
 1 Day &
 Resurvey After Paint
 5 days*

ESTIMATE REPAIR COST TO HONDA (AIRWAVE) REG NO : SJB 2398 K

S\$

1 PC	BUMPER (REAR)	<i>Pr</i>	1178.30	<input checked="" type="checkbox"/>
1 PC	BOOT	<i>Pr</i>	1582.30	<input checked="" type="checkbox"/>
1 PC	END PANEL (REAR)	<i>Pr</i>	558.20	<input checked="" type="checkbox"/>
1 SET	PARKING SENSOR	<i>CM</i>	297.40	<i>20012</i>
1 PC	BOOT LOCK	<i>Pr</i>	152.80	<input checked="" type="checkbox"/>
1 PC	BOOT PULL HANDLE	<i>Pr</i>	38.20	X
1 PC	END PANEL GARNISH	<i>Pr</i>	183.50	<input checked="" type="checkbox"/>
1 PC	HONDA LOGO WITH CHROME	<i>Pr</i>	298.80	X
1 PC	AIRWAVE LOGO	<i>Pr</i>	48.20	<input checked="" type="checkbox"/>
1 PC	NUMBER PLATE	<i>CM</i>	50.00	<input checked="" type="checkbox"/>

TOTAL 4387.70
 LESS ^{*20*} ~~25~~% 1096.90
 TOTAL 3290.80

LABOUR & MISC CHARGES

PANEL KNOCKING	600.00	<input checked="" type="checkbox"/>
SPRAY PAINTING	1000.00	<i>7501</i>
BODY CLIPS	80.00	<i>501</i>
WHEEL ALIGNMENT	100.00	X
WIRE CHECKING & DIAGNOSTIC	80.00	<i>201</i>
LABOUR CHARGE TO REMOVE WINDSCREEN TO INSTALL IN NEW BOOT	350.00	<i>1201</i>

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:

04
 Prime Mover
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 Insured / S
 Insured / S
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SC1E22A70004 / Cham's CustomCraft
ENTRY DATE & TIME: 07/10/2022 18:01 (SGT)
SUBMITTED BY: Chua Sock Cheng
VERSION: 1 (07/10/2022 18:01 (SGT))

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	07/10/2022 18:01 (SGT)
Reported by	Both
Date of Accident	07/10/2022 13:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE TOWARDS KPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB2398K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN GEK CHOON
NRIC No	S8622306F
Email Address	GEKCHOON@LIVE.COM
Mobile Phone No	(Phone) +65-90223405
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	AIRWAVE 1.5M A
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	1496

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/00746272

DRIVER

Name of Driver	ANG SHIYUAN
NRIC No	S8339939B
Date Of Birth	18/12/1983

SKETCH PLAN

VEHICLE NO:
DATE OF ACCIDENT:

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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.

CHARN'S CUSTOMCRAFT

[Signature] 7/10/22
Policyholder's Signature / Date & Time

[Signature] 7/10/22
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan

