

ASS. REC. BY:

REF:

CS/EQI22010462/D27<sup>3</sup>

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / PWS / 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.



Bal. or Market Value: \_\_\_\_\_

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

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

Est. Repairs: 4 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Veh No: SFS 7776A Yr Regn: Dec / 2019Type: MCar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Shuttle cc 1496Colour: White A/C: Insured / Std / NI / NASp. Reading: 199676 T/Radio: Insured / Std / NI / NAEng/No: L15B6021117C/No: GK82100942Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: 185/60 R15R: — 11 —

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

TOYO / YOKO or Kapsen

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal: S mm R/Bal: S mmL/Bal: S mm L/Bal: S mmD.O.A. 20/09/2022 D.O.I. 25/10/2022Survey held at City Auto Sin MingDes. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop orRev

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

Date / Time

Action / Instruction

EQ YQ 3184Y

16/11/22

Jury 2/5 2.400 - in 4 days for

Red &amp;

Date/Time, File Pass to?

1/12/24

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4Resurvey No. of Trip: 2Add Fee: ☐ : Site Insp. (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

\$ + \$ = \$

Photos

Others

TOTAL

Report Format: TPLump Sum / I.Bd: (\$ 7550)





# CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643

TEL: 6453 1235, 6452 0850 FAX: 6453 7944

24hrs Towing Services Tel 9823 9898

Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

Estimate : QUOT202209-000996(00)

EQ INSURANCE COMPANY LIMITED

NO. 5

MAXWELL RD #17-00 SINGAPORE 069110

MND COMPLEX

SINGAPORE 069110

Contact : -

Fax No. : 62243903

Date : 22/09/2022

Vehicle No. : SFJ7776A

Make/Model : HONDA SHUTTLE 1.5G CVT  
SENSING

Mileage (km) : 0

Chassis No. : GK82100942

Accident Date : 20/09/2022 00:00:00

Claim No. : YQ3184Y

Reference : JO202209-1199

Policy No. : 5114523251-02

S/No	Particular	Quantity	Unit Price	Amount S\$
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## LIST ITEMS :

1	Rear boot <i>Reuhl</i>	1.0	1,193.20	1,193.20 ✓
2	Rear boot lock <i>sn</i>	1.0	256.10	256.10 X
3	Rear boot emblem - logo <i>Hru</i>	1.0	183.20 <i>79.20</i>	183.20 ✓
4	Rear boot emblem - shuttle <i>Hru</i>	1.0	183.20 <i>75-w</i>	183.20 ✓
5	Rear boot rubber <i>sn</i>	1.0	168.50	168.50 X
6	Rear bumper <i>distorted</i> <i>(photo)</i>	1.0	1,150.60	1,150.60 ✓
7	Rear bumper chrome <i>cut</i>	1.0	148.50	148.50 ✓
8	Rear boot lamp <i>HH</i>	2.0	420.60	841.20 X
9	Rear bumper reflector <i>HH</i>	2.0	45.30	90.60 X
10	Rear bumper sensor <i>HH</i>	1.0	400.20	400.20 X
List Total :				4,615.30
20% Discount S\$				923.06
				3,692.24

## SPECIAL NET :

1	Rear bumper stickers <i>Hru/damaged</i>	1.0	80.00	80.00 ✓
2	Sealant <i>HH</i>	1.0	40.00	40.00 X
SPECIAL NET Total S\$:				120.00

## LABOUR :

* To remove and refit rear windscreen glass	1.0	120.00	120.00	80/-
-To knock jackout damaged parts, panel beating,welding, align, refix and to renew accident parts	1.0	800.00	800.00	500/- 400/-
- Spray painting on affected & replace parts	1.0	900.00	900.00	400/-
			1,820.00	

E. & O.E.

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:

for CITY AUTO PTE LTD

Page 1 of 1

25/10/2022 @ 1435h

N/A *Andri*

2/2/2022 4

3 days.

LKK Auto

3177.20  
45-2,500/-  
2530

## 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	20/09/2022 14:36 (SGT)
Reported by	Both
Date of Accident	20/09/2022 08:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TRAFFIC JUNCTION OF HOLLAND RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFJ7776A
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TENG AI CHOO
NRIC No	SXXXX637B
Email Address	AICHOO59@GMAIL.COM
Mobile Phone No	(Phone) +65-87006232
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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 hire
Transmission	Auto
CC	1496

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5114523251-02

#### DRIVER

Name of Driver	TENG AI CHOO
NRIC No	SXXXX637B
Date Of Birth	16/09/1959
Occupation	Outdoor



Date Of Driving Pass .....	12/05/1980
Driving experience .....	42 YEARS AND 4 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-87006232
Alt. Phone Number .....	-
Email Address .....	AICHO059@GMAIL.COM
Address .....	50, TOH TUCK ROAD, #02-04
Address complement .....	-
Postcode .....	596741
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) .....	3
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 .....	PASSENGER
Gender .....	Female

#### PASSENGER 2

Name .....	PASSENGER
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 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	YQ3184Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	VIJAYAKUMAR GOVINDARASLI
Contact Number	(Phone) +65-93584015
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 claim 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 willful 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:

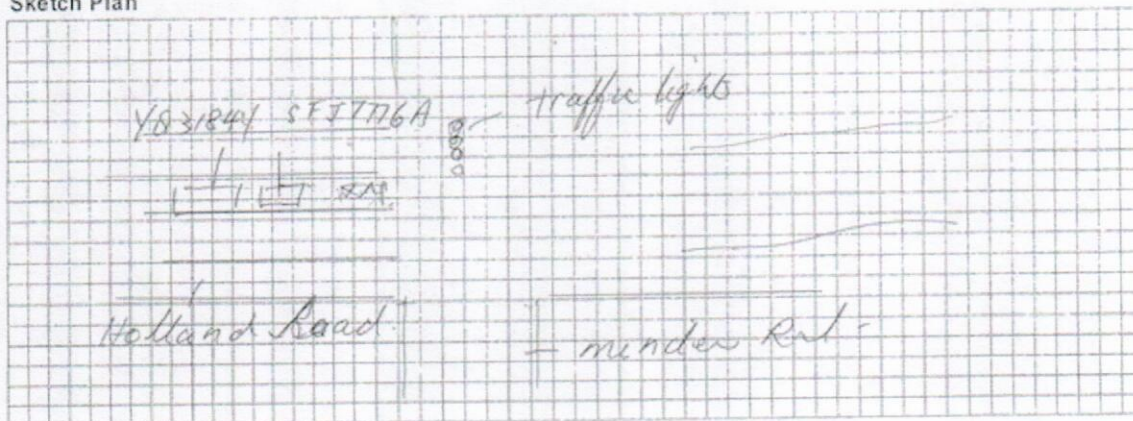
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)  
Witnessed by Reporting Centre Personnel

## Sketch Plan




Describe Circumstances of the Accident

I stopped at Holland Road traffic junction  
to wait traffic light to turn green  
Vehicle YQ 3184Y just hit from my back.

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

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Industrial Estate  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 1234  
(Claims Section)

Witnessed by Reporting Centre  
Personnel





# CITY AUTO PTE LTD

*One Stop Automotive Solution*

BLK 8, SIN MING IND. ESTATE #01-60/62, SIN MING ROAD  
TEL: 6453 1235, 6452 0850 FAX: 6453 7944  
24hrs Towing Services Tel 9823 9898  
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

Job Sheet No : JO202209-1199  
Service Adviser : lawrq  
Technician :  
Last Visit Date :

## JOB CARD

Vehicle No.: SFJ7776A

Company Name: CASH

Make / Model: HONDA SHUTTLE 1.5G CVT  
SENSING

Address:

Chassis No. : GK82100942

Email Address:

Tel: 87006232

Engine No. : L15B6021117

Driver Name:

HP:

Road Tax Expiry:

NRIC / ROC:

DOB:

## CHECK IN / Out

Date In:

Date Out:

Body Condition:

Time In:

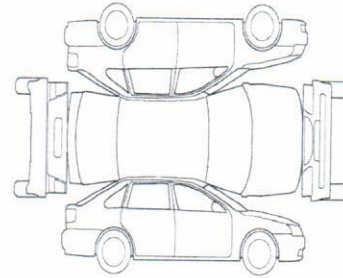
Time Out:

Mileage: 0

Mileage:

Fuel Level: -%

Fuel Level:



## Fault Description

Accident Repair  
3rd Party Claim

## Parts Requirements

S/No Description

Quantity

1