

ASS. REC. BY:

REF:

C72/

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / P / 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:

100M

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03 days

Res.: Yes or No

Lum Sum:

1.B.1%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SNI= 5859U

Yr Regn:

06, 22

Type: M.Car

M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Hyundai

Kong

c.c

1580

Colour

Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

39254

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMHK281EVNU 094093

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:

205/60R16

R:

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

TOYO / YOKO or

Nexen

Front

R/Bal.

mm

Rear

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

18/11/22

D.O.I.

21/11/2022

Survey held at

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

O/S Rear

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

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S + RS. SI

Fees

Others

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

TOTAL

Report Format :

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

Date: 18/11/2022

Vehicle No: SNF5659U

Model: HYUNDAI KONA HEV 1.6 DCT

Chassis: KMHK281EVNU094093-2022

Reg.Year: 2022

Third Party Insurer: CHINA TAIPING

Third Party Veh No: XE4457D

Date of Accident: 16/11/2022

Estimator: TING AN

Surveyor:

Not Authorized
Running After Pain
3 days

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR DOOR PROTECTOR COVER RH	1		<i>Re</i> \$85.00
2	REAR FENDER WHEEL ARCH GARNISH COVER RH	1		<i>Re</i> \$85.00
3	REAR FOG LAMP RH	1		<i>Re</i> \$531.00
4	REAR RIM RH	1		<i>Re</i> \$880.00
5	REAR ABSORBER RH	1		\$405.00
6	REAR KNUCKLE ARM RH	1		\$436.00
7	REAR WHEEL BEARING HUB RH	1		\$394.00
8	REAR BUMPER	1		<i>Re</i> \$1,558.00
9	REAR BUMPER SIDE BRACKET RH	1		<i>Re</i> \$54.00
10	REAR DOOR RH	1		REPAIR
11	REAR FENDER RH	1		REPAIR
SUB TOTAL				\$4,428.00
LESS 20%				-\$885.60
PARTS TOTAL				\$3,542.40

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR FENDER WHEEL ARCH GARNISH COVER CLIPS	1		<i>Re</i> \$50.00
2	REAR DOOR PROTECTOR COVER CLIPS	1		<i>Re</i> \$40.00
3	REAR BUMPER CLIPS	1		<i>Re</i> \$50.00
4	REAR TYRE RH	1		\$250.00
S/N TOTAL				\$390.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST REAR ACCIDENT AREAS & ETC.

\$500.00

3000

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR DOOR RH, REAR FENDER RH & ETC.

\$500.00

7

LABOUR CHARGES TO REMOVE & REPLACE REAR RIM RH & ETC.

\$120.00

200

Head office

8 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011



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Third Party Veh No: XE4457D
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Estimator: TING AN
Surveyor:

LABOUR CHARGES TO REMOVE & REPLACE REAR ABSORBER RH, REAR KNUCKLE RH,
REAR WHEEL BEARING RH & ETC. \$300.00 7

TO WHEEL ALIGNMENT & BALANCING. \$80.00 201

LABOUR TOTAL \$1,500.00

TING AN

TOTAL \$5,432.40

**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 16/11/2022 23:22 (SGT)
Reported by Driver
Date of Accident 16/11/2022 09:08 (SGT)
Exact Location of Accident Singapore
Additional Location Information BALESTIER ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNF5659U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KINETIC HOLDINGS PTE LTD
Company Reg No 201618392N
Email Address support@kinetic-alliance.com
Mobile Phone No (Phone) +65-97849075
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Hyundai
Model KONA
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1580

INSURANCE COMPANY

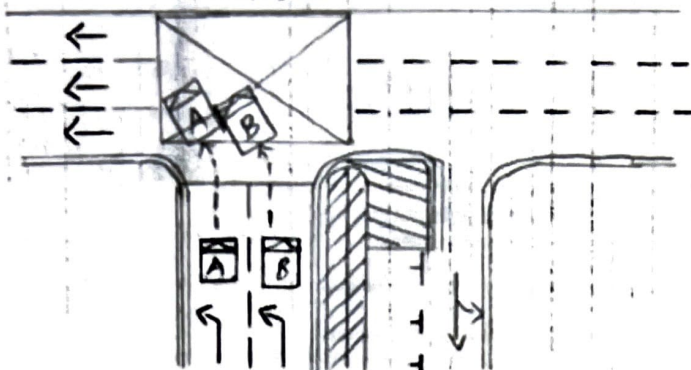
Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMHCSNA00009432202

DRIVER

Name of Driver EDMUND WEE HENG CHEANG
NRIC No S1788197C
Date Of Birth 22/03/1967
Occupation Outdoor

Sketch Plan

Balestier Road



① → SNF5659U

② → XE 4457D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Jln Datoh

On 16/11/2022 @ 09:08 Hours. I was driving along Jln Datoh. I was making a turn left to Balestier road then suddenly I felt an impact on my rear right portion of the vehicle. I alighted and realized that vehicle B: (XE 4457D) front left portion had collided into the rear right portion of my vehicle A: (SNF5659U) causing damaged. We exchanged particulars.

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION
I 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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

() Claim Own Policy () Claim Third Party () Reporting Only
✓ Claim OD (TP) at other workshop (Optima Werkz Pte Ltd)