

A.S.S. REC: BY: ToupinREF: CS/LIP2201227/Tuy3ASSIGNMENT

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: \$60K

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: Mr. Poon Vehicle: IN / OUTVeh No: SLG 4828ZYr Regn: 2016, SepType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: HondaC.C. 1496Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading: 153988

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: R41114007Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / 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

R/Bal. 6

mm

L/Bal. 6

mm

D.O.A. _____

Survey held at Dickson MktDes. of Damages: Frt / 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?

1)

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / I.B.A. / % _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: _____

: Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. SI. _____

Photos _____

Others _____

TOTAL



DICKSON GROUP
Your Trusted Automotive Solutionist

DICKSON AUTO CARE CENTRE PTE LTD
29 UBI ROAD 4, DICKSON AUTO CENTRE
SINGAPORE 408619
TEL: 6668 1122 | FAX: 6668 1123

QUOTATION

QUOTATION FOR

NAME: Liberty Insurance Pte Ltd
COMPANY NAME: Liberty Insurance Pte Ltd
STREET ADDRESS: 51 Club Street, #03-00 Liberty House
POSTAL CODE: Singapore 069428
PHONE: 6221 8611

DATE: 30/11/2022

REF: SLG4828Z
VEHICLE NO.: SLG4828Z
MAKE: HONDA
MODEL: VEZEL
PREPARED BY: MR POON

S/N	DESCRIPTION	QTY	UOM	UNIT PRICE	AMOUNT BEFORE DISCOUNT	DISC	AMOUNT
LABOUR FRONT							
1	TO REMOVE & REFIT FRONT LIGHTING & WIRING AND TEST FOR PROPER FUNCTIONING	1		\$100.00	\$ 100.00	X	\$ 100.00
2	TO REMOVE & REFIT FRONT SENSOR	1		\$200.00	\$ 200.00	30	\$ 200.00
3	TO PROVIDE LABOUR TO REMOVE ALL FRONT DAMAGED PARTS & PANELS, CUT & WELD IF NECESSARY	1		\$400.00	\$ 400.00	200	\$ 400.00
4	TO PROVIDE LABOUR & MATERIAL TO PAINT NEW PARTS & PANELS	1		\$600.00	\$ 600.00	200	\$ 600.00
LABOUR REAR							
1	TO REMOVE & REFIT REAR LIGHTING & WIRING AND TEST FOR PROPER FUNCTIONING	1		\$100.00	\$ 100.00	30	\$ 100.00
2	TO REMOVE & REFIT REAR SENSOR	1		\$200.00	\$ 200.00	30	\$ 200.00
3	TO REMOVE & REFIT REAR WINDSCREEN	1		\$200.00	\$ 200.00	120	\$ 200.00
4	TO PROVIDE LABOUR TO REMOVE ALL REAR DAMAGED PARTS & PANELS, CUT & WELD IF NECESSARY	1		\$1,000.00	\$ 1,000.00	800	\$ 1,000.00
5	TO PROVIDE LABOUR & MATERIAL TO PAINT NEW PARTS & PANELS	1		\$1,000.00	\$ 1,000.00	800	\$ 1,000.00
PARTS							
1	FRONT NO PLATE WITH CASING	1		\$45.00	\$ 45.00	auth	\$ 45.00
2	FRONT NO PLATE GRILLE (BEHIDE NO PLATE)	1		\$307.00	\$ 307.00	?	\$ 307.00
3	FRONT NO PLATE GRILLE UPPER PANEL	1		\$221.00	\$ 221.00	auth	\$ 221.00
4	FRONT NO PLATE GRILLE UPPER PANEL LOGO	1		\$35.00	\$ 35.00	auth	\$ 35.00
5	FRONT BUMPER	1		\$807.00	\$ 807.00	Rx	\$ 807.00
6	FRONT BUMPER CLIPS	10		\$5.50	\$ 55.00	new 30	\$ 55.00
7	FRONT BUMPER SIDE RETAINER LH & RH	2		\$28.00	\$ 56.00	?	\$ 56.00
8	FRONT BUMPER LOWER GRILLE	1		\$77.00	\$ 77.00	X	\$ 77.00
9	FRONT BUMPER LOWER SPOILER	1		\$227.00	\$ 227.00	X	\$ 227.00
10	FRONT BUMPER SENSORS	2		\$350.00	\$ 700.00	?	\$ 700.00

S/N	DESCRIPTION	QTY	UOM	UNIT PRICE	AMOUNT BEFORE DISCOUNT	DISC	AMOUNT
11	FRONT BUMPER REINFORCEMENT	1		\$337.00	\$ 337.00	?	\$ 337.00
12	FRONT RH FENDER	1		\$358.00	\$ 358.00	x	\$ 358.00
13	FRONT RH HEADLAMP	1		\$1,870.00	\$ 1,870.00	x	\$ 1,870.00
14	REAR NO PLATE	1		\$45.00	\$ 45.00	x	\$ 45.00
15	TAILGATE	1		\$1,068.00	\$ 1,068.00	bt ✓	\$ 1,068.00
16	TAILGATE INNER LOCK	1		\$145.00	\$ 145.00	?	\$ 145.00
17	TAILGATE W/STRIP	1		\$140.00	\$ 140.00	?	\$ 140.00
18	REAR WINDSCREEN MOULDING	4		\$35.00	\$ 140.00	ue ✓	\$ 140.00
19	SEALANT	1		\$45.00	\$ 45.00	?	\$ 45.00
20	TAILGATE REFLECTOR RH	1		\$271.00	\$ 271.00	ue ✓	\$ 271.00
21	TAILGATE LOGO	1		\$35.00	\$ 35.00	ue ✓	\$ 35.00
22	TAILGATE VEZEL LOGO	1		\$58.00	\$ 58.00	ue ✓	\$ 58.00
23	RR RIGTH TAIL LAMP	1		\$508.00	\$ 508.00	ue ✓	\$ 508.00
24	REAR BUMPER	1		\$508.00	\$ 508.00	de ✓	\$ 508.00
25	REAR BUMPER CLIPS	10		\$5.50	\$ 55.00	ue ✓ 30	\$ 55.00
26	REAR BUMPER SIDE RETAINER LH & RH	2		\$29.00	\$ 58.00	LHX RH de ✓	\$ 58.00
27	REAR BUMPER SENSOR	1		\$350.00	\$ 350.00	?	\$ 350.00
28	REAR BUMPER RH REFLECTOR	1		\$151.00	\$ 151.00	cut ✓	\$ 151.00
29	REAR RH CORNER PANEL	1		\$151.00	\$ 151.00	de ✓	\$ 151.00
30	REAR RH FENDER	1		\$930.00	\$ 930.00	bue ✓	\$ 930.00
31	REAR RH FENDER INNER SHIELD	1		\$158.00	\$ 158.00	de ✓	\$ 158.00
32	REAR RH FENDER INNER SHIELD CLIPS	10		\$5.50	\$ 55.00	ue ✓	\$ 55.00
33	REAR RH FENDER ARCH	1		\$172.00	\$ 172.00	ue ✓	\$ 172.00
34	REAR RH FENDER ARCH CLIPS	10		\$6.50	\$ 65.00	ue ✓	\$ 65.00
35	REAR FENDER MUD FLAP	1		\$155.00	\$ 155.00	ue ✓	\$ 155.00
36	REAR END PANEL	1		\$428.00	\$ 428.00	Rx	\$ 428.00

SUBTOTAL	\$ 14,586.00	SUBTOTAL	\$ 14,586.00
GST 7%	\$ 1,021.02	GST 7%	\$ 1,021.02
TOTAL	\$ 15,607.02	TOTAL	\$ 15,607.02

REMARKS:

Tanpin 97495749
 WP' 2/12/22 @ 1145 - 8 days
 4/5 Resurvey after repair
 tanpin@lkhauto.com

I AGREE TO THE REMARKS AND PRICE AS LISTED ABOVE.

FOR DICKSON AUTO CARE CENTRE PTE LTD

- 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
 - (CUSTOMER'S SIGNATURE AND) "Third Party" 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:

(Handwritten signature)



(AUTHORISED SIGNATURE)

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	30/11/2022 17:22 (SGT)
Reported by	Both
Date of Accident	29/11/2022 21:30 (SGT)
Exact Location of Accident	Near 59 Ubi Ave 1, Singapore 408938
Additional Location Information	PIE RD TOWARDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG4828Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH GUAN XIONG
NRIC No	SXXXX6271
Email Address	ADMIN@DACC.COM.SG
Mobile Phone No	(Phone) +65-82233509
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5123695219-01

DRIVER

Name of Driver	KOH GUAN XIONG
NRIC No	SXXXX6271
Date Of Birth	11/02/1992
Occupation	Outdoor

Date Of Driving Pass	16/12/2010
Driving experience	11 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82233509
Alt. Phone Number	-
Email Address	ADMIN@DACC.COM.SG
Address	BLK 842H TAMPINES STREET 82 #03-68
Address complement	-
Postcode	528842
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	FAITH WONG
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

PLEASE REFER TO THE 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	SLN8579D
Vehicle Manufacturer	Ssangyong
Vehicle Model	Tivoli
Vehicle Variant	-

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

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

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

Sketch Plan

VEHICLE A : SLG4828Z	UBI POINT
VEHICLE B : SLN8579D	
VEHICLE C : SKZ6640X	

Vehicle Colour	White
Vehicle Category	NA / Unknown
Name of Driver	KOH GUAN XIONG
NRIC No	SXXXX6271
Contact Number	(Phone) +65-96245948
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	SKZ6640X
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	TANG KAH CHOON
NRIC No	GXXXX707W
Contact Number	(Phone) +65-87557537
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

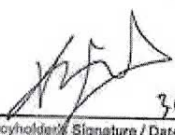
Name of injured person	FAITH WONG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SHOULDER PAIN
Injured person in which vehicle?	SLG4828Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

Describe Circumstance of the Accident

While driving along PIE towards Changi, the vehicle in front stop. I stop my car before the car in front. The car behind ~~hand~~ bang my rear car and my car collide into the vehicle in front.


Declaration

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


Policyholder's Signature / Date & Time

30/11/2022

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


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