

ASS. REC. BY:

REF:

ALG/22012553/kp

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / (P) / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____ Optime

of _____

Insured: _____

Policy No. _____

Claims No. _____

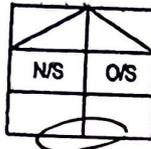
Sum Insured: _____ Excess: _____

(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 Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

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

Veh No: SMP 8130S Yr Regn: 10, 19

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

Truck / Trailer or _____

Make: Honda FIT c.c. 1496

Colour: M. Grey AC: Insured / Std / NI / NA

Sp. Reading: 213499 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GP5 1336705

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: 185/60R15

R: _____

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

TOYO / YOKO or Interac

Front Rear

R/Bal. 7 mm R/Bal. 5 mm

L/Bal. 7 mm L/Bal. 5 mm

D.O.A. 11/12/22 D.O.I. 15/12/2022

Survey held at _____

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prell. Report

: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation
S - RS. SI

Paints

Others

TOTAL

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Report Format :

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

Date: 13/12/2022
 Vehicle No: SMP8130S
 Model: HONDA FIT HYBIRD 1.5
 Chassis: GP51336705 - 2018
 Reg.Year: 2019

*Not Authorized
 C/Ping @
 Pending After Painting
 4 days*

Third Party Insurer: AIG
 Third Party Veh No: SKT1295Z
 Date of Accident: 11/12/2022
 Estimator: KIT
 Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR TAILGATE	1		<i>Pr</i> \$1,052.50 ✓
2	REAR TAILGATE WINDSCREEN MOULDING	1		<i>Pr</i> \$157.30 ✓
3	REAR TAILGATE "FIT" EMBLEM	1		<i>Pr</i> \$48.80 ✓
4	REAR TAILGATE "HYBRID" EMBLEM	1		<i>Pr</i> \$47.50 ✓
5	REAR TAILGATE MECHANISM LOCK	1		<i>r</i> \$150.80 X
6	REAR TAILGATE WEATHERSTRIP	1		<i>Pr</i> \$112.30 X
7	REAR BUMPER	1		<i>Pr</i> \$753.10 ✓
8	REAR END PANEL TOP GARNISH	1		<i>Pr</i> \$112.10 X
9	REAR END PANEL	1		REPAIR
SUB TOTAL				\$2,434.40
LESS 20%				-\$486.88
PARTS TOTAL				\$1,947.52

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR TAILGATE WINDSCREEN SEALANT	1		<i>Pr</i> \$60.00 ✓
2	REAR BUMPER CLIPS	1		<i>Pr</i> \$50.00 ✓
3	REAR BUMPER REVERSE SENSOR	1		\$250.00 ?
4	REAR END PANEL TOP GARNISH CLIPS	1		<i>Pr</i> \$30.00 X
S/N TOTAL				\$390.00

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:

Date: 13/12/2022
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 Model: HONDA FIT HYBIRD 1.5
 Chassis: GP51336705 - 2018
 Reg.Year: 2019

Third Party Insurer: AIG
 Third Party Veh No: SKT1295Z
 Date of Accident: 11/12/2022
 Estimator: KIT
 Surveyor:

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST AT ACCIDENT AREA.	\$600.00	<i>400</i>
LABOUR CHARGES FOR PAINTING & FURNISHING MATERIALS AT ACCIDENT AREA.	\$600.00	<i>400</i>
LABOUR CHARGES TO REMOVE & REFIX REAR WINDSCREEN GLASS & ETC.	\$120.00	✓
LABOUR CHARGES TO REMOVE & REINSTALLED REAR TAILGATE INNER MECHANISM & ETC. BACK TO ORIGINAL OPERATIONS.	\$100.00	<i>60</i>
LABOUR CHARGES TO REMOVE & REPLACE REAR BUMPER REVERSE SENSOR & ETC.	\$100.00	<i>50</i>
TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.	\$80.00	<i>15</i>
	<u>LABOUR TOTAL</u>	<u>\$1,600.00</u>
KIT	<u>TOTAL</u>	<u>\$3,937.52</u>

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 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. 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	12/12/2022 17:23 (SGT)
Reported by	Driver
Date of Accident	11/12/2022 12:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF NORTH BUONA VISTA & COMMONWEALTH AVE WEST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP8130S

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	Honda
Model	Fit
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

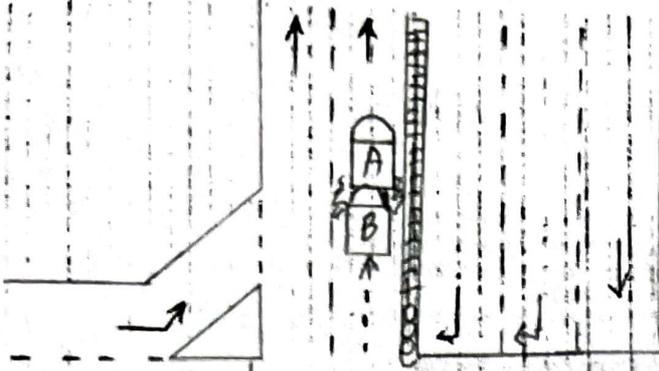
Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00009432202

DRIVER

Name of Driver	CHEONG WOON LEONG
NRIC No	S1627126H
Date Of Birth	30/12/1964

Sketch Plan

North Buona Vista Road



A = SMP 8130S

B = SKT 1295Z

Common wall
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/12/2022 @ 12:20pm, I was driving along North Buona Vista Road. Suddenly I felt an impact from rear. We alighted and realised that vehicle B: SKT 1295Z collided into my rear portion and caused vehicle A: SMP 8130S damaged.

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 hereby 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 (X) Claim Third Party () Reporting Only
(X) Claim ODTP at other workshop Optima Works Pte Ltd