

ASS. REC. BY:

REF: AGI 22012888/K

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s Optima

of 0142

Insured: _____

Policy No. _____

Claims No. _____

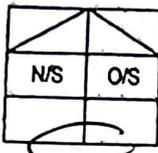
Sum Insured: _____ Excess: _____

(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: SMQ 3356K Yr Regn: 11, 19

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

Truck / Trailer or Wagon

Make: Honda Shuttle c.c. 1496

Colour: M.P. White A/C: Insured / Std / NI / NA

Sp. Reading: 291855 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GP7 - 2002614

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: MII / S/R/m / STD A/Rim or

Tyre Size: Centax 185/60R15

R: A Plus

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

TOYO / YOKO or

Front

Rear

R/Bal. 8 mm

R/Bal. 6 mm

L/Bal. 8 mm

L/Bal. 6 mm

D.O.A. 20/12/22

D.O.I. 30/12/2022

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

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation

\$ - RS. SI

Fees

Others

Add Fee: : Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

TOTAL

Report Format :

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

Date: 20/12/2022

Vehicle No: SMQ3356K

Model: HONDA SHUTTLE HYBRID 1.5

Chassis: GP72002614 - 2018

Reg.Year: 2019

NOT AUTHORIZED
11 Day @

Permy After Paiming
4 days

Third Party Insurer:

Third Party Veh No:

Date of Accident:

Estimator:

Surveyor:

C.TAIPING

SMS8804R

20/12/2022

KIT

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR TAILGATE	1		<i>R</i> \$1,072.50 ✓
2	REAR TAILGATE WINDSCREEN MOULDING	1		<i>na</i> \$74.10 —
3	REAR TAILGATE "LOGO" EMBLEM	1		<i>na</i> \$55.60 —
4	REAR TAILGATE "SHUTTLE" EMBLEM	1		<i>na</i> \$74.10 ✓
5	REAR TAILGATE "HYBRID" EMBLEM	1		<i>na</i> \$58.50 —
6	REAR TAILGATE MECHANISM LOCK	1		<i>R</i> \$215.10 X
7	REAR TAILGATE INNER TRIM BOARD	1		• \$363.30 7
8	REAR TAILGATE WEATHERSTRIP	1		<i>su</i> \$126.80 X
9	REAR BUMPER	1		<i>Bu</i> \$872.90 ✓
10	REAR BUMPER INNER BUZZER	1		\$110.10 7
11	REAR END PANEL	1		<i>R</i> \$546.80 X
12	REAR END PANEL INNER TOP GARNISH	1		<i>su</i> \$126.80 X
SUB TOTAL				\$3,696.60
LESS 20%				-\$739.32
PARTS TOTAL				\$2,957.28

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR WINDSCREEN SEALANT	1		<i>na</i> \$80.00 <i>4012</i>
2	REAR NUMBER PLATE WITH HOLDER	1		<i>su</i> \$50.00 X
3	REAR BUMPER CLIPS	1		<i>na</i> \$50.00 ✓
4	REAR END PANEL JOINT SEALANT	1		<i>na</i> \$100.00 X
5	REAR END PANEL INNER TOP GARNISH CLIPS	1		<i>na</i> \$30.00 X
S/N TOTAL				\$310.00

Date: 20/12/2022
Vehicle No: SMQ3356K
Model: HONDA SHUTTLE HYBRID 1.5
Chassis: GP72002614 - 2018
Reg.Year: 2019

Third Party Insurer: C.TAIPING
Third Party Veh No: SMS8804R
Date of Accident: 20/12/2022
Estimator: KIT
Surveyor:

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX & READJUST AT ACCIDENT AREAS.	\$700.00	<i>400</i>
LABOUR CHARGES FOR PAINTING & FURNISHING MATERIALS AT ACCIDENT AREAS.	\$700.00	<i>400</i>
LABOUR CHARGES TO REMOVE & REPLACE REAR WINDSCREEN GLASS & ETC.	\$120.00	<i>✓</i>
TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.	\$80.00	<i>150</i>
TO TUFF KOTE & UNDERSEAL MATERIALS.	\$80.00	<i>300</i>
TO DIAGNOSIS FAULT CODE & RESET MEMORY.	<i>na</i> \$80.00	<i>✓</i>

LABOUR TOTAL **\$1,760.00**

KIT **TOTAL** **\$5,027.28**

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:

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	20/12/2022 17:30 (SGT)
Reported by	Driver
Date of Accident	20/12/2022 09:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF HOUGANG AVE 8 & HOUGANG AVE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ3356K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	KINETIC ALLIANCE PTE LTD
Company Reg No	201613074E
Email Address	support@kinetic-alliance.com
Mobile Phone No	(Phone) +65-97849075
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1500

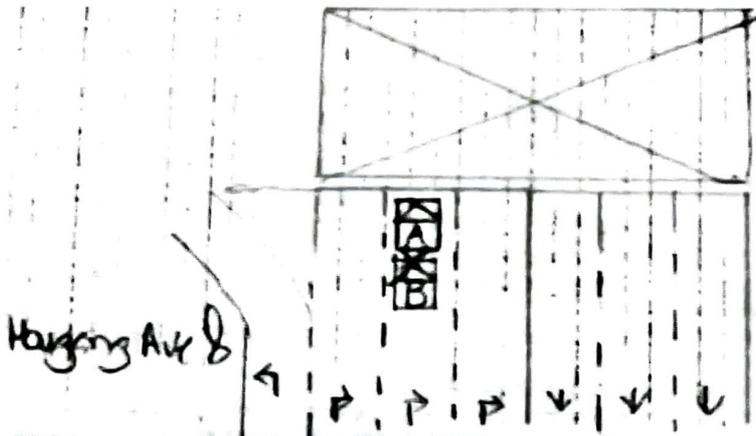
INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00009362202

DRIVER

Name of Driver	LEE MAY MEI
NRIC No	S1806682C
Date Of Birth	30/08/1967
Occupation	Outdoor

Sketch Plan



Veh A: SMD3356K

Veh B: SMD8804R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/12/2022 @ 09:30 hrs, my vehicle was stationary at Junction of Huangang Ave 8 & Huangang Ave 10 as the traffic light was red. Suddenly I felt an impact from the rear. I alighted & realized that Veh B: SMD8804R front portion has collided into my Veh A: SMD3356K rear portion. 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/we declare that 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:
NIC/FIN No.:

() Claim Own Policy () Claim Third Party () Reporting Only

() Claim OD/TP at other workshop