ASS. REC. BY:	REF: SMA	220130	221KV		
Kennerh	A	SSIGNMENT	ŕ		
From: Da	ale:	Veh No:	SK1=9008	// Yr Regn:	07,08
Estimated Cost:			M.Cycle / Bus / Van / L		
OD /TP/WS/TP RES/OD RES/EVA	INY.IMY	Truck	Trailer or	<i>b</i> .	nogen
To Inspect Vehicle No:		Make:	Honda	CDV .	c 2354
at Workshop m/s	My Ca	_ Colour	M.D.Black	A/C: Insure	MISININA
of	902	Sp.Reading	332122		ed / Std / NI / NA
Insured:		Eng/No:			
Policy No.		C/No:	JHURE	18500-	26
Claims No.	,	-	od / Fair / Poor / Burnt	70300 C	10575
Sum Insured: Exces	···	- 1			
(Client's Record)	~·		er/ Jammed / Leaked /		
Make of Yeh:		Brake: Incod	更/ Jammed / Leaked』	Burnt or	
12-7pm		Modi: Nii / S	VRIM I STATRIM or		
		Tyre Size:	F: Yolen		
(Policy Condition))	R: B.	235/5	
Remark: The veh had commenced Its	N/S O/S	1		00010	3K18_
repair at the time of inspection.		TOYOUYEAN	OVA / GY / FS / LIZA / I	MIC / OHTSU / PIR	t/SUMI/
Bal. or Market Value:		TOYO IXOKO	or		
IDAC Accident Rport: Consistent?	.V II	Eront	_	Rear	
011		R/Bal.	₹ mm	R/Ba!	I
72		L/Bal.	7 mm	L/Bal.	T mm
100,000	Yes or No	D.O.A. 28/			7 inm
Lum Sum: % 3 Val.:	Yes or No	Survey held at	0166	D.O.I.	1/202
CA / REV / REP. / 24 HBS					
06'28.	Vehicle: IN / OUT	Des. of Damages	Frt Rear O/S N	US / UIC / Roof	top or
Date:Parson Contacted:					
Date / Time Action / Instruction	,	ine U/C / Cha	assis frame / Body St	tructure affected	due to collision
/					
RT .					
l.μ					
Date/Time, File Pass to?					
Prell. Report	Davs	Of Repair:			
Date/Des Const.					
Duta/Time, File Return to?	Kesu	rvey No. of Ti	rlp: 's	Survey Fee:	
7)	-	7		ransportation	
1.	Add Fee:	: Site Insp (s √	-	
Report Format :		: Interview (_\$. RSSI	
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ump Sum / I.B.I: (S	-	Tech Invs (\$	i i	(Mans)	
		Weekend (\$			· Ì
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MY CAR CONSULTANT PTE LTD 60 JALAN LAM HUAT, CARROS CENTRE #05-68 Singapore 737869

Not lisher Willy & Meany Ala Paing 3day

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: FIRST CAPITAL

DATE

: 6-Jan-23

ATTENTION

: MOTOR CLAIMS DEPT

JOB TYPE : T/P CLAIM

VEHICLE DETAILS

:

VEHICLE NO : SKF9008H

MODEL

: HONDA CRV

THIRD PARTY REQUESTOR / CONTACT : DAUD/93911482

QUOTATION SUMMARY

CLAIM DETAIL: PARTS

S/I	DESCRIPTION		QTY	U	NIT LIST PRICE	TC	TAL LIST PRICE	
1	FRONT BUMPER	Bucin	1	\$	1,598.00	\$	1,598.00	ر
2	FRONT BUMPER SIDE GARNISH RH	b	የ 1	\$	159.00	\$	159.00	ا
3	FRONT BUMPER LOWER	SL	- 1	\$	879.00	\$	879.00] ,
4	FRONT FENDER RH	n	1	\$	698.00	\$	698.00	1
5	FRONT FENDER WHEEL ARCH RH	Bn	1	\$	387.00	\$	387.00	١,
7	FRONT KNUCKLE ARM RH	Sin	. 1	\$	612.00	\$	612.00	1
8	FRONT KNUCKLE BEARING	N	1	\$	198.00	\$	198.00	
10 1	HEADLAMP RH	J.	\ 1	\$	1,710.70	\$	1,710.70	
1/1	EADLAMP LOWER BRACKET RH	ſ.	1	\$	147.20	s	147.20	٦.

TOTAL PRICE \$
LESS 20% \$
SUB TOTAL PRICE \$

S/N	DESCRIPTION		QTY	UN	IT S/NETT	тот	TAL S/NETT
1	FRONT BUMPER CLIP	14	10	\$	6.50	\$	65.00
2	FRONT BUMPER SIDE CHROME RH	Sh	1	\$	150.00	\$	150.00
3	FRONT BUMPER SIDE GARNISH CLIP	M	3	\$	6.50	\$	19.50
4	FRONT BUMPER SENSOR	الر	1	\$	220.00	\$	220.00
5	FRONT SPORTS RIM RH	sh	1	\$	1,000.00	\$	1,000.00

TOTAL

\$ 1,454.50

6,388.90

1,277.78

5,111.12

CLAIM DETAILS: LABOUR AND SPRAY PAINTING

PANEL BEATING, REMOVAL AND REPLACING PARTS	\$500.00	30d	
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2	TO SPRAY PAINT AFFECTED AREA		\$500.00	4001	
3	TUFF COAT	~	\$150.00	*	
	WIRING CHECK		\$50.00	156	
	REFOCUS HEADLAMP BEAM	\$	80.00	Х	
	REMOVE AND REFIX FRONT UNDERCARRIGE	s	400.00	X	
	CONDUCT WHEEL ALIGNMENT) <u>,</u>	100.00	Х	

TOTAL

\$1,780.00

ESTIMATE REPORT

TOTAL PARTS COST \$ 6,565.62 TOTAL LABOUR COST : \$ 1,780.00 TOTAL REPAIR COST : \$ 8,345.62

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:

G 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 witholding of material facts may allow insurance companies to repudiate.

3. Information provided must be as uturnul and accurate as possible. Any will infisiepresentation of witholding of material lacts may allow insurance companies to repudate 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 Reported by **Date of Accident Exact Location of Accident Additional Location Information** Country/State of Loss

29/12/2022 14:21 (SGT) Owner 28/12/2022 13:45 (SGT) Singapore SUNTEC ROUNDABOUT Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKF9008H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

A E BROTHERS PTE LTD 2XXXXX902C jon.lew1980@gmail.com (Phone) +65-91474325

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? **Vehicle Category Transmission**

Honda

Cr-v

No - Claiming third party Private car **Auto** 2354

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Income Insurance Limited 5076291154-06

DRIVER

CC

Name of Driver NRIC No Date Of Birth Occupation

LIEW YEW KIM SXXXX271Z 31/12/1970 Indoor

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 povernment 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

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

