

ASS. REC-BY: Touy

REF:

CS/AG/23.0000.60/Tay S

**ASSIGNMENT**

2023 Dec

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated cost: \_\_\_\_\_

OD / TP / VS / 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: \$16K

IDAC Accident Report \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SDP4711Z

Yr Regn: 2008/ Dec

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

Truck / Trailer or

Make: Honda Freed

C.C. 1496

Colour Grey

A/C: Insured / Std / NI / NA

Sp. Reading 67932

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: GB 31034569

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: NI / S/Rim / STD A/Rim or

Tyre Size: F: 195/60R15

R: ~

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

TOYQ / YOKO or

Maxxis

Front

Rear

R/Bal. 6

mm

R/Bal. 6

mm

L/Bal. 6

mm

L/Bal. 6

mm

D.O.A. \_\_\_\_\_

D.O.I. 4/1/23

Survey held at Kai Uu fo

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

N/S Rear

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

Date / Time

Action / Instruction

**We Accept your offer at LS \$2300.00 & 5 repair days.**

**(Rred, \$2296.63, 50%)**

Date/Time, File Pass to?

☐

: Preli. Report

1) 24/04/23

☐

: Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. \$1

Photos

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Weekend (\$

Report Format: \_\_\_\_\_

Lump Sum / L.B.H. / ?



凱摩哆服務

KAI MOTOR TRADING

BLK 3007 UBI ROAD 1 #01-440, SINGAPORE 408701.  
TEL: 6747 4006 FAX: 6743 7591 EMAIL: kaimotor@gmail.com  
BUS. REG. NO: 44223100L GST NO: M90371531Y

專業服務：汽車意外保險賠償，拖車，汽車修理及維修服務，打嗎呷，噴漆。

Specialist in: Accidents Insurance Claim, Towing Service, Motor Vehicle Repairing, Panel Beating, Spray Painting.

(ygm) LKK → 67418434  
10.00 AM

Date : 29/12/2022

Attn: The Motor Claims Department  
Your Insured veh no : SKU5058K  
AUTO & GENERAL INSURANCE (SINGAPORE) PTE LTD  
Singapore Shopping Centre  
190 Clemenceau Avenue #03-01  
Singapore 239924

WITHOUT PREJUDICE

(By Email Only)

[claims@budgetdirect.com.sg](mailto:claims@budgetdirect.com.sg)  
Tel 62212111

Dear Sir / Madam

Estimated Cost of repair for vehicle Honda Freed SDP4711Z And SKU5058K On 19/12/2022 at 18:20pm

1pc Rear Fender LH  
1pc Rear Bumper  
1pc Rear Bumper Lower Spoiler  
1pc Sport Rim  
1pc Rear Bumper Side Retainer LH

1,248.30 RY  
790.30 de  
568.50 de  
669.40 int  
64.20 ?

3,340.70

Less 10%

- 334.07

3,006.63

To dismantl & replace damage parts, panel beat where necessary  
To putty, apply primer & spray paint on the affected portion.  
To check wiring functions.

720.00 600  
750.00 650  
120.00 30

4,596.63

Tan Jm 97495749/6253531  
4/1/23 @ 10:15 am  
1/5 Resurvey after repair  
Tan Jm @ kkkauto.com  
4-5 days

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:



## 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 11:29 (SGT)
Reported by	Both
Date of Accident	19/12/2022 18:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UBI AVE 2 TURNING RIGHT INTO EUNOS
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDP4711Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE PENG SAH
NRIC No	S05308731
Email Address	PETROMATE@GMAIL.COM
Mobile Phone No	(Phone) +65-98444064
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5105736155-04

#### DRIVER

Name of Driver	LEE PENG SAH
NRIC No	S05308731
Date Of Birth	02/02/1945
Occupation	Indoor





Date Of Driving Pass	24/05/1973
Driving experience	49 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98444064
Alt. Phone Number	-
Email Address	PETROMATE@GMAIL.COM
Address	BLK 396 TAMPINES AVE 7 #08-297
Address complement	-
Postcode	520396
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	-

#### 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

#### REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU5058K
Vehicle Manufacturer	Mazda
Vehicle Model	5
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LI DONGWEI
NRIC No	S7884080C

Contact Number	(Phone) +65-92260722
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

# SKETCH PLAN

INCOME MOTOR SERVICE CENTRE

Report No. MT/

D.O.A. 19/12/2022  
Time: 18:20 hrs

Report Date & Start Time 10/12/2022 / 11:21

Vehicle No. SDP4711Z

Reporting Type: TP

## 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:

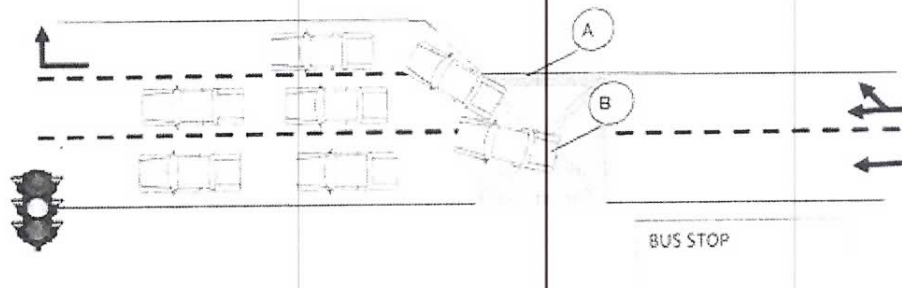
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

20/12/22 11:21  
Policyholder's Signature / Date & Time

Sketch Plan

20/12/22 11:21  
Driver's Signature (If driver is not the policyholder) / Date & Time

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



UBI AVE 2 TURNING RIGHT INTO EUNOS

Vehicle A: SDP4711Z

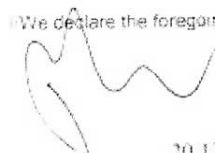
Vehicle B: SKU5058K

**Describe Circumstances of the Accident**

MY VEHICLE WAS ON THE RIGHT LANE OF UBI AVE 2. I WANTED TO TURN RIGHT AHEAD INTO EUNOS. UPON GREEN TRAFFIC LIGHT, ALL VEHICLES STARTED TO MOVE OFF. I ALSO MOVED OFF AND AS I WAS ENTERING INTO THE RIGHTMOST LANE (RIGHT TURN ONLY) LANE, I FELT AN IMPACT ON MY VEHICLE REAR LEFT PORTION. NO ONE WAS INJURED.

**Declaration**

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



20/12/22 11:21

Policyholder's Signature / Date & Time

20/12/22 11:21

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

Chen JunLiang

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