

ASS. REC BY: Tough

REF: CS3/CT23000292/Tup3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD TP / VS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SLH 9927H

Policy No. DMHCSNW00006042200

Claims No. SNM23D200238/C02/KHONGLH

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: Atk.

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 WP' PMS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMK2420X Yr Regn: 2019 April

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

Truck / Trailer or _____

Make: Honda Fit C.C. 1317

Colour: Yellow A/C: Insured / Std / NI / NA

Sp. Reading: 69913 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GR31346949

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/60R5

R: 20

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 10/1/2023 D.O.I. 11/1/23

Survey held at Assure Auto

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

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

Date / Time Action / Instruction

20/1/23

Repair Range: 913000 - 915000

14 days

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: 14

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) 20/1/23-typist

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

Report Format: _____

Lump Sum / L.B.R. / _____

APPROVED DETAILS
NO. OF WORKING DAYS
PART BY PART OR LUMP SUM
DATE & TIME OF SURVEY
SURVEYED BY
CONTACT NUMBER
FAX NUMBER

REMOVE & REINSTALL CABIN REAR GLASS	\$ Km 120.00
REMOVE AND INSTALL RADIATOR AND REFILL COOLANT AND HIGH PRESSURE TEST	\$ 180.00
REMOVE AND INSTALL CONDENSER AND REFILL AIRCON GAS	\$ 150.00
REMOVE AND INSTALL FRONT UNDER CARRIAGE	\$ 300 600.00
REMOVE AND INSTALL REAR UNDER CARRIAGE	\$ 300 800.00
TO CHECK FOUR WHEEL ALIGNMENT	\$ 80 150.00
REMOVE AND INSTALL FUEL TANK	\$ Km 300.00
LABOUR TOTAL	\$ 13,200.00
Total Parts Cost	\$ 71,075.03
Total Labour Cost	\$ 13,200.00
Total Repair Cost	\$ 84,275.03

Tanjan 27495749
W/P 11/9/710 445pm
c/s Repair after work
Tanjan 27495749
16 days
1/5917500 to check repair unit
16 days
21961.95
4870
1120
15971.55

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	10/01/2023 12:46 (SGT)
Reported by	Both
Date of Accident	10/01/2023 08:44 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SENG KANG TO KPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK2420X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WONG WEN BIN
NRIC No	SXXXX306G
Email Address	OLEOLE87@OUTLOOK.COM.SG
Mobile Phone No	(Phone) +65-96581433
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
Variant	1.3GF CVT
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	1317

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125361583

DRIVER

Name of Driver	WONG WEN BIN
NRIC No	SXXXX306G
Date Of Birth	07/02/1987
Occupation	Indoor

Date Of Driving Pass	16/02/2006
Driving experience	16 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96581433
Alt. Phone Number	-
Email Address	OLEOLE87@OUTLOOK.COM.SG
Address	621A TAMPINES STREET 61 #16-510
Address complement	-
Postcode	521621
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)	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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH9927H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

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 SMP9006L
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -
 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 WONG WEN BIN
 Gender Male
 Phone No (Phone) +65-96581433
 Address 621A TAMPINES STREET 61 #16-510
 Address Complement -
 Post Code 521621
 Approximate Age Years Old -
 Injuries Sustained 2 DAYS MC
 Injured person in which vehicle? SMK2420X
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

Describe Circumstance of the Accident

On 10th Jan 2023 at 08:44 hrs I was driving towards KPE from Sengkang.

Due to traffic congestion, I came to a complete stop when the traffic on the first lane freezes.

The next thing I knew, SLH 9927H rear ended me from behind causing me to knock the car in front of me.

Declaration

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature / Date & Time

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

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



SKETCH PLAN

IMPORTANT NOTICE

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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:

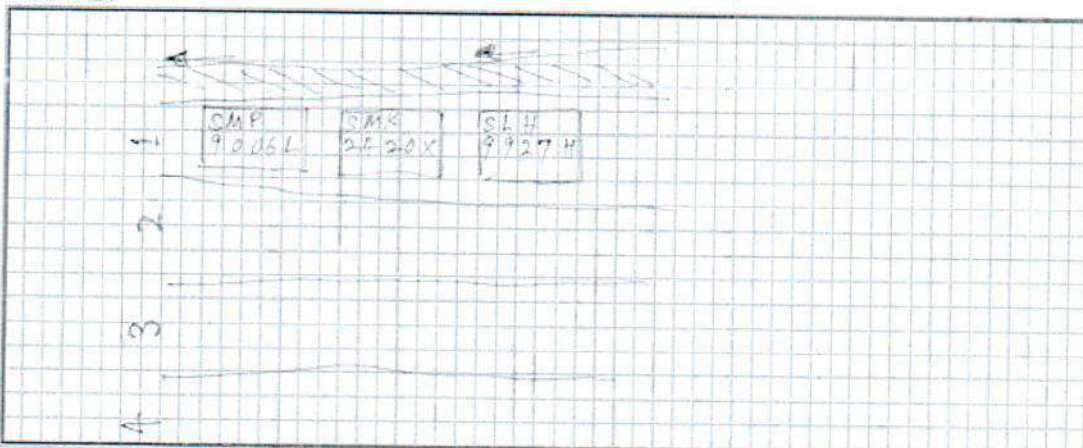
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

Sketch Plan



vJun2022

