

ASS. REC. BY:

REF:

AGT/23 00107011w

C

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TP RES/OD RES/EVA/INV/MY

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:

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:

SNH 57046

Yr Regn:

09, 15

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

Truck / Trailer or

Make:

Honda Vezel

c.c

1496

Colour

M. Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

98203

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

RUI

1102323

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:

215/60R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

7

mm

L/Bal.

6

mm

L/Bal.

7

mm

D.O.A.

11/1/23

D.O.I.

2/2/2023

Survey held at

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

CLIP body

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

13/4 21 Day @ 1900h Car body @ 04 days (Red \$4,318.56/69%)

Date/Time, File Pass to?

17/04/2023

1) Typist

Date/Time, File Return to?

2)



Prel. Report



Final Report

Days Of Repair:

04

Resurvey No. of Trlp:

Survey Fee:

Transportation

S + RS. SI

Fees

Others

Add Fee:



Site Insp (\$



Interview (\$



Tech Invs (\$



Weekend (\$

Report Format:

TP

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

45 \$1900

# 威利摩哆 WEI LEE MOTOR WORKS

BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32,  
SINGAPORE 575644.

TEL: 6456 9830 • FAX: 6458 0128  
Business Regn No: 269436/00J

31 JANUARY 2023

Auto & General Insurance (Singapore) Pte  
190 Clemenceau Ave  
#03-01 Singapore Shopping Centre  
Singapore 239924

*Not Authorised  
11/Jan @ 1900h  
Benny After Pain  
4 days*

Attn: Motor claim dept-3<sup>rd</sup> party claim

Claiming against your insured vehicle no: SJQ4874A

Accident involving vehicle no: SNH5704L/SJQ4874A

DOA: 11/01/2023 at KPE TOWARDS TPE BEFORE TAMPINES ROAD

Dear officer in charge

Estimate cost of repair for vehicle no: SNH5704L

To supplied:

| Description                        | Qty | Amount     |
|------------------------------------|-----|------------|
| Headlamp RH                        | 1   | 1,984.70 X |
| Front bonet                        | 1   | 988.80 X   |
| Front bumper                       | 1   | 891.10 X   |
| Front bumper retainer RH           | 1   | 47.60 ✓    |
| Front fender RH                    | 1   | 587.20 ✓   |
| Front fender art garnish RH        | 1   | 168.90 ✓   |
| Front fender cowling RH            | 1   | 114.20 X   |
| Foglamp cover RH                   | 1   | 78.20 X    |
| <i>At 11/Jan 2023 850.00 ✓ CRA</i> |     |            |
| Parts                              |     | 4,860.70   |
| Parts less 20%                     |     | 3,888.56   |

1. To remove damaged front parts and attachments

Repair/reshape dented areas

Straighten front chassis where necessary

To replace/realign all parts into same position

2. Spray paint

800.00 *500*

850.00 *600*

5,538.56

**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:

*12/18/23*

101 Parkway  
Alph 819004  
From the box  
when open

44744444  
44744444  
44744444

100  
100

LKK Auto Consultants hence notify  
the Repairer of the following:  
• To resurvey before spray painting  
• To display damaged parts during resurvey  
• Parts prices are subject to confirmation  
• Third party survey is on a "Without Prejudice" basis  
• No illegal modifications is allowed  
• Supplemental items must be resurveyed and  
is subject to final approval from Insurance Company  
- Forwarded by Repairer

## 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              | 13/01/2023 16:11 (SGT)               |
| Reported by                     | Driver                               |
| Date of Accident                | 11/01/2023 20:50 (SGT)               |
| Exact Location of Accident      | Singapore                            |
| Additional Location Information | KPE TOWARDS TPE BEFORE TAMPINES ROAD |
| Country/State of Loss           | Singapore                            |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SNH5704L |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                        |
|--------------------------|------------------------|
| Is company?              | Yes                    |
| Name Of Registered Owner | KH LEASING PTE. LTD.   |
| Company Reg No           | 201611813C             |
| Email Address            | KAHUPLEASING@GMAIL.COM |
| Mobile Phone No          | (Phone) +65-85182081   |
| Alternative Phone No     | -                      |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Honda                     |
| Model  | Vezel                     |
| 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         | Income Insurance Limited |
| Policy Number / Cover Note Number | 5131802853               |

#### DRIVER

|                |             |
|----------------|-------------|
| Name of Driver | TAN WILLIAM |
| NRIC No        | S1664349A   |
| Date Of Birth  | 29/12/1964  |
| Occupation     | Indoor      |

|  |                                |
|--|--------------------------------|
| Date Of Driving Pass .....   | 18/07/2011                     |
| Driving experience .....   | 11 YEARS AND 6 MONTHS          |
| Gender .....   | Male                           |
| Mobile Number .....  | (Phone) +65-96565553           |
| Alt. Phone Number .....  | -                              |
| Email Address .....  | KAHUPLEASING@GMAIL.COM         |
| Address .....  | BLK 135 EDGEDALE PLAINS #13-84 |
| Address complement .....   | -                              |
| Postcode .....   | 820135                         |
| Is the driver the policyholder? .....                              | No                             |
| If No, Relationship of the Driver with the Insured .....           | Hirer                          |
| 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 .....   | Collision - Change/cross lane |
| 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) .....   | 2   |
| 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 .....   | -   |

#### PASSENGER 1

|              |         |
|--------------|---------|
| Name .....   | MRS TAN |
| Gender ..... | Female  |

#### 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

I WAS GOING STRAIGHT ON LANE 2 WHEN THIRD PARTY SUDDENLY CHANGE LANE FROM LANE 1 AND CUT INTO MY LANE.

#### ATTACHMENT(S)

|   |  |
|---|--|
| Are accident photos available for attachment? .....     | Yes  |
| Was there any video captured by Car Camera? .....       | Yes  |
| Reasons for not uploading a video of the accident ..... | ADVICE TO SEND TO MOTORVIDEO@INCOME.COM.SG |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SJQ4878A |
| Vehicle Manufacturer .....        | -        |
| Vehicle Model .....               | -        |

|   |               |
|---|---------------|
| Vehicle Variant .....                         | -             |
| Vehicle Colour .....                          | -             |
| Vehicle Category .....                        | Private car   |
| Name of Driver .....                          | CHUA HONG KAI |
| NRIC No .....                                 | S9228790D     |
| Contact Number .....                          | -             |
| Address .....                                 | -             |
| Address complement .....                      | -             |
| Postcode .....                                | -             |
| Insurance Company Name .....                  | -             |
| Nature Of Damage .....                        | -             |
| Details of property damaged in accident ..... | -             |
| No. Of Passenger (Including Driver) .....     | -             |

## 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.



Policyholder's Signature / Date &amp; Time

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

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

Sketch Plan

13/01/2023


Witnessed by Reporting Centre Personnel  
LOO HAN HO  
S990020

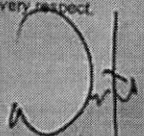
SNH  
A - 57044  
B - SJQ  
4878A

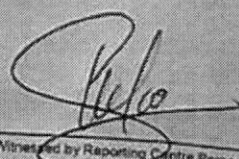
Describe Circumstance of the Accident

REFER TO GEARS

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



Policyholder's Signature / Date & Time  
  
 13/01/2023

Driver's Signature (if driver is not the policyholder) / Date & Time  
  
 13/01/2023

Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)  
 S990020  
 LOO HAN HU

2