

ASS. REC. BY:

REF:

A15/ 23001118/KP

Kenneth

ASSIGNMENT

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

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Car Times

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: 8112k

IDAC Accident Rpt: \_\_\_\_\_ 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

Vehicle: IN / OUT

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

Veh No: SNG 39412 Yr Regn: 07, 22

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

Truck / Trailer or

Make: Honda Shuttle c.c. 1498

Colour: M. P. White AC: Insured / Std / NI / NA

Sp. Reading: 10738 T/Radio: Insured / Std / NI / NA

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

C/No: CKP . 2202481

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / SRIm / STD A/RIm or

Tyre Size: F: 185/60R15

R: \_\_\_\_\_

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

TOYO / YOKO or

Front

Rear

R/Bal. 8 mm

R/Bal. 8 mm

L/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 31/12/22

D.O.I. 9/2/2023

Survey held at \_\_\_\_\_

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

Rear O/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

: Prell. Report

Days Of Repair: \_\_\_\_\_

1)

: Final Report

Resurvey No. of Trlp: \_\_\_\_\_

Date/Time, File Return to?

Survey Fee:

2)

Add Fee:  : Site Insp (\$

Transportation

: Interview (\$

\_\_\_\_\_ \$ - RS. SI

: Tech Invs (\$

\_\_\_\_\_ \$

: Weekend (\$

\_\_\_\_\_ \$

Report Format :

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

TOTAL

Not Authored  
 U Pay @  
 Penny After Part  
 2day

**VEHICLE NO: SNG3941L**  
**CHASSIS NO: GK8-2202481**

**MODEL: HONDA SHUTTLE**

DESCRIPTION		REPAIRER'S ESTIMATE(S\$)
<b><u>PARTS (LIST ITEMS)</u></b>		
REAR BUMPER		B1 \$ 1,210.00 ✓
REAR BUMPER RETAINER RHS		\$ P 60.00 X
REAR BUMPER REFLECTOR RHS		\$ S 80.00 X
REAR BUMPER REFLECTOR COVER RHS		\$ S 50.00 X
TAIL LAMP RHS		\$ P 500.00 X
REAR FENDER RHS		\$ R 910.00 X
END PANEL		\$ R 460.00 X
		\$ 3,270.00
	20%	\$ 654.00
		<b>\$ 2,616.00</b>
<b><u>SPECIAL NETT ITEMS</u></b>		
REAR BUMPER CLIPS 1 SET		\$ R 60.00 ✓
REAR SENSORS		\$ S 200.00 X
	<b>Total</b>	<b>\$ 260.00</b>
<b>TOTAL PARTS</b>		<b>\$ 2,876.00</b>

**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:

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S\$)	
<b><u>LABOUR</u></b>			
1	To remove the affected parts & fittings to commence repairs; replace damaged parts and components	\$ 1,600.00	<i>2000</i>
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	\$ 1,600.00	<i>2200</i>
3	To remove and re-fix wiring and check all electrical components at damaged areas for proper functions	\$ 100.00	<i>100</i>
4	To provide anti-rust treatment on affected areas	\$ <i>na</i> 100.00	<i>X</i>
5	Diagnostic Check	\$ <i>na</i> 100.00	<i>X</i>
Labour Total :		\$ 3,500.00	
<b>TOTAL (PARTS &amp; LABOUR):</b>		\$ <b>6,376.00</b>	

# 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 ..... 03/01/2023 18:08 (SGT)  
Reported by ..... Both  
Date of Accident ..... 31/12/2022 21:00 (SGT)  
Exact Location of Accident ..... 1 Expo Dr, Singapore 486150  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNG3941L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUHAMMAD AL-ADHA BIN ABDUL GHANI  
NRIC No ..... SXXXX443J  
Email Address ..... claims@cartimes.com.sg  
Mobile Phone No ..... (Phone) +65-96620617  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Shuttle  
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 ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Policy Number / Cover Note Number ..... C0131606

### DRIVER

Name of Driver ..... MUHAMMAD AL-ADHA BIN ABDUL GHANI  
NRIC No ..... SXXXX443J  
Date Of Birth ..... 05/08/1987  
Occupation ..... Indoor

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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

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

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel



**Sketch Plan**

Refer to Police Report.

Expo Inve  
Vehicle A - SVG 3441L  
Vehicle B - GBD 680S