

ASS. REC. BY:

REF: 111

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

OD / TP / WS / 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.

Bal. or Market Value: £ 74k

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 03 days

Res.: Yes or No

Lum Sum: 1.B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLX 6599GYr Regn: 04.18

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

Truck / Trailer or _____

Make: Honda Shuttlec.c. 1496Colour: M. P. White

A/C: Insured / Std / NI / NA

Sp. Reading: 204370

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GP71204604Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: FFront 185/60R15R: AK12P

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 4 mmR/Bal. 3 mmL/Bal. 4 mmL/Bal. 3 mmD.O.A. 31/12/22D.O.I. 2/2/2023

Survey held at _____

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Transportation

S - RS - SI

F - RS

O - RS

TOTAL

Report Format :

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

Date: 04/01/2022
Vehicle No: SLX6599G
Model: HONDA SHUTTLE HYBRID 1.5
Chassis: GP71204604-2017
Reg. Year: 2018

Not Withheld
Money Back
3 days

Third Party Insurer: INDIA
Third Party Veh No: SLM4222P
Date of Accident: 31/12/2022
Estimator: TING AN
Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR TAILGATE	1		<i>By</i> \$600.00
2	REAR TAILGATE "SHUTTLE" EMBLEM	1		<i>Ne</i> \$50.00
3	REAR TAILGATE "HYBRID" EMBLEM	1		<i>Ne</i> \$50.00
4	REAR TAILGATE WEATHERSTRIP	1		<i>Per</i> \$80.00
5	REAR WINDSCREEN MOULDING	1		<i>Ne</i> \$40.00
6	REAR BUMPER	1		REPAIR
SUB TOTAL				\$820.00
COST +10%				\$82.00
PARTS TOTAL				\$902.00

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR TAILGATE INNER TRIM BOARD CLIPS	1		<i>Ne</i> \$40.00
2	REAR WINDSCREEN SEALANT	1		<i>Ne</i> \$80.00
3	REAR BUMPER REVERSE SENSOR	1		<i>Ne</i> \$300.00
S/N TOTAL				\$420.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST REAR ACCIDENT AREAS & ETC.

250
\$500.00

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR TAILGATE, REAR BUMPER & ETC.

400
\$500.00

LABOUR CHARGES TO REMOVE & REFIX REAR WINDSCREEN GLASS, REAR WINDSCREEN MOULDING, REAR WINDSCREEN SEALANT & ETC.

\$150.00 *120*

LABOUR CHARGES TO REMOVE & REINSTALLED REAR TAILGATE INNER MECHANISM & ETC. BACK TO ORIGINAL OPERATIONS.

\$120.00 *60*

LABOUR CHARGES TO REMOVE & REPLACE REAR BUMPER REVERSE SENSOR & ETC.

nn \$120.00 *X*

Date: 04/01/2022
Vehicle No: SLX6599G
Model: HONDA SHUTTLE HYBRID 1.5
Chassis: GP71204604-2017
Reg. Year: 2018

Third Party Insurer: INDIA
Third Party Veh No: SLM4222P
Date of Accident: 31/12/2022
Estimator: TING AN
Surveyor:

TO DIAGNOSIS FAULT CODE & RESET MEMORY.

nu \$100.00 *X*

TO CHECK WIRING & ELECTRICAL SYSTEM.

\$80.00 *15h*

LABOUR TOTAL \$1,570.00

TING AN

TOTAL \$2,892.00

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:

Head office

6 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind. Park 2A #01-06 Singapore 568047
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011



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 18:05 (SGT)
Reported by	Driver
Date of Accident	31/12/2022 18:30 (SGT)
Exact Location of Accident	203 New Bridge Rd, Singapore 059429
Additional Location Information	203 New Bridge Rd, Singapore 059429 LANE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX6599G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KINETIC LOCOMOTIVE PTE LTD
Company Reg No	2XXXXX119G
Email Address	support@kinetic-alliance.com
Mobile Phone No	(Phone) +65-97849075
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	WHITE
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	1496

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MFL0008937

DRIVER

Name of Driver	ROYTON TAY HSIAO LEE
NRIC No	SXXXX617G
Date Of Birth	21/09/1978
Occupation	Outdoor

Date of accident: 31/12/2022

My Vehicle A: SLX6599G

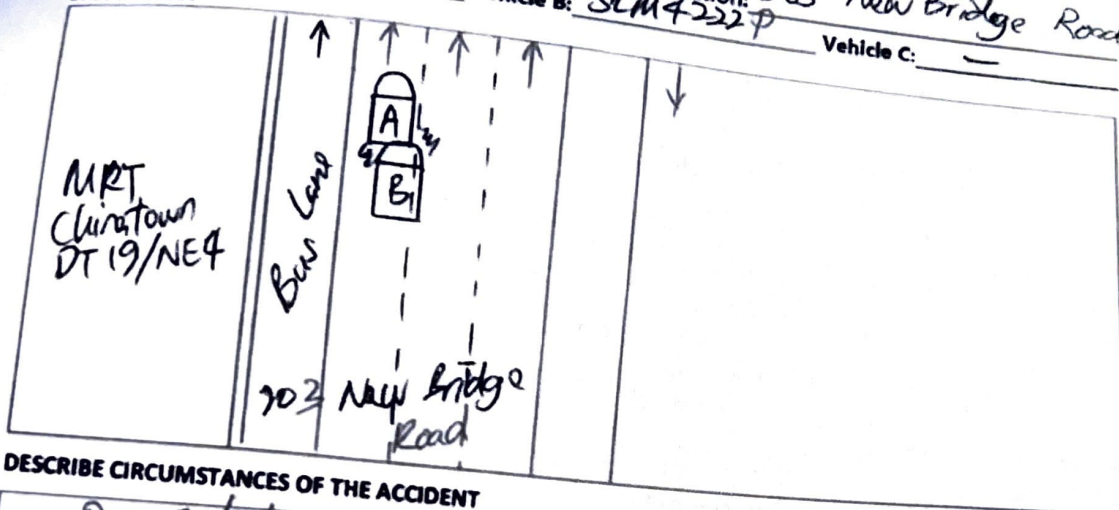
Time: 18:30

Location: 203 New Bridge Road

SKETCH PLAN

Vehicle B: SLM4222P

Vehicle C: —



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/12/2022 @ 18:30 hrs. I was driving along New Bridge Road. Suddenly I felt an impact from rear. I alighted & realised vehicle B: SLM4222P front portion collided into my vehicle A: SLX6599G rear portion and caused the damage.

☐ Claim OD/TP at Ah Lim Motor

☒ Claim OD/TP at other workshop

☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop:

Email address:

& myself:

Email address:



ary.chua@ow.sg

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

I declare the foregoing particulars are true in every respect.