

ASS. REC. BY:

REF: C72/ 23001763/kw

Kenneth

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)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: \_\_\_\_\_

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

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

Est. Repairs: 02 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: SMM 3713 Yr Regn: 06 19

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

Truck / Trailer or \_\_\_\_\_

Make: Honda Freed c.c. 1496

Colour: m. Blue A/C: Insured / Std / NI / NA

Sp. Reading: 282260 T/Radio: Insured / Std / NI / NA

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

C/No: CRB7 1089655

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/RIm / STD / RIm or

Tyre Size: F: 205/50R16

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

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

TOYO / YOKO or Rapid

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 12/1/23 D.O.I. 17/2/2023

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

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

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

Date / Time	Action / Instruction
/	No parts in local market, have to order from overseas (Est 2 months)

Prell. Report  Final Report

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

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:	
Transportation:	
S - RS. SI	

Add Fee:  Site Insp (\$)  Interview (\$)  Tech Invs (\$)  Weekend (\$)

Report Format: \_\_\_\_\_  
Lum Sum / I.B.I: (\$)

DO003 /  
DATE &  
ED BY  
N: 1 (13)

# KUM CHEW MOTOR WORKSHOP

160, SIN MING DRIVE #05-08  
SIN MING AUTOCITY, SINGAPORE 575722.  
Tel No. : 64536256/64563715 Fax No. : 64557754  
E-Mail : kumchew1@singnet.com.sg  
GST Reg.No. : M90367665T

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CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD  
3, ANSON ROAD #16-00  
SPRINGLEAF TOWER, SINGAPORE 079909.  
claimsdept@sg.cntaiping.com  
Attention : Motor Claim Department  
Contact : 63896111 Fax No. : 62221033

Estimate : ES005696

Date : 16/02/2023  
Vehicle Num. : SMM 3713 J  
Make/Model : HONDA FREED HYBRID  
Chassis/Eng# :  
Accident Date : 12/01/2023  
Claim No. :  
Reference : KC/TP3713/2302-07  
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
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1.		LIST ITEMS :		
2.		FRT GRILLE		
		FRT HEADLAMP (CHECK) 7		CM 869.40 ✓
		List TotalS\$ :		869.40
		20.00% Discount S\$ :		173.88
				695.52
		LABOUR :		
		TO PULL, KNOCK ON FRT ACCIDENT PORTION & CHANGE THE ABOVE PARTS.		200 580.00
		TO SPRAY PAINT ON FRONT ACCIDENT PORTION.		200 280.00
		Labour Total S\$ :		860.00

SingDollars : One Thousand Five Hundred Fifty-Five & Cents Fifty-Two Only

Total S\$ : 1,555.52  
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KUM CHEW MOTOR WORKSHOP

**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	13/01/2023 11:44 (SGT)
Reported by	Driver
Date of Accident	12/01/2023 14:45 (SGT)
Exact Location of Accident	316 Hougang Ave 7, Block 316, Singapore 530316
Additional Location Information	Open Surface Carpark
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM3713J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMFORTDELGRO RENT A CAR PTE LTD
Company Reg No	1XXXXX775H
Email Address	dannyng@cdgrentacar.com.sg
Mobile Phone No	(Phone) +65-87188777
Alternative Phone No	(Office) +65-65508768

## VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	1496

## INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D18MFL0003414_03

## DRIVER

Name of Driver	TAN HAI BENG
DRIC No	SXXXX931H
Date Of Birth	06/10/1967
Occupation	Outdoor

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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.

**FLASH ACCIDENT REPORTING OFFICER**

FRO LATIFF



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time  
12/01/2023 1730hrs

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SMM3713J  
B - PC4995Y

316 HOUGANG AVENUE 7