

ASS. REC. BY:

REF:

Smo / 23001891/kw

## ASSIGNMENT

Kenneth

From:

Date:

Veh No:

SNI-394R Yr Regn: 04, 22

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No:

Make:

Honda Vettel c.c. 1498

at Workshop m/s

Colour:

M. Gray A/C: Insured / Std / NI / NA

of

Sp. Reading

17437 T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

Modl: Nil / S/Rim / STD / Rim or

(Policy Condition)

Tyre Size:

F:

R:

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

BS / BUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

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

Lump Sum:

1-B.1 %

3 Val.: Yes or No

Front

R/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

16/2/23

Rear

R/Bal.

9

mm

L/Bal.

9

mm

D.O.I.

23/2/2023

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

) \$ - RS. SI

) P. Ins

) Others

Report Format:

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

TOTAL

MYCAR PARTNERS PTE LTD  
Company Reg No. 20187350M  
10 Ang Mo Kio Industrial Park 2A  
#03-18 AMK Autopoint  
Singapore 568047  
Tel: 97898985 email address: fajaliza@mycar.com.sg

Not with him  
Resurvey B4 point  
Henrich (Ckt) 2 days  
98910683

## ESTIMATE

HONDA VEZEL  
SNF394R  
DATE OF ACCIDENT 16/02/2023

Date : 20/2/2023

DESCRIPTION	QUANTITY	RATE	AMOUNT	REMARKS
<b>PARTS (LIST ITEM)</b>				
Car Plate Garnish	1	\$70.50	\$70.50	} 4512
Car Plate Holder	1	\$59.20	\$59.20	
Rear Bumper	1 <i>ml</i>	\$1,290.40	\$1,290.40	✓
Rear Bumper Skirt	1	\$845.40	\$845.40	<i>7</i>
Tailgate Outer Garnish	1	\$885.20	\$885.20	X
			208 Parts subtotal	\$3,150.70
<b>LABOUR</b>				
To remove the affected parts & fittings to commence repairs, panel beat & reshape the affected area	1	\$600.00	\$600.00	200
Respray paint, putty on parts replaced & repaired area	1	\$600.00	\$600.00	200
To remove & refix wiring & check all electrical components at damaged area for proper functions	1	\$80.00	\$80.00	150
To provide anti-rust treatment on affected areas	1	\$150.00 <i>ml</i>	\$150.00	X
			Labour subtotal	\$1,430.00
			Subtotal	\$4,580.70
			<b>Total</b>	<b>\$4,580.70</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:



## 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	17/02/2023 12:38 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/02/2023 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG ORCHARD ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF394R
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ABDUL HAKIM BIN MUSTAFA
NRIC No	S9317842D
Email Address	ABDULHAKIM8@MSN.COM
Mobile Phone No	(Phone) +65-83233720
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1500

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5126977290

#### DRIVER

Name of Driver	ABDUL HAKIM BIN MUSTAFA
NRIC No	S9317842D
Date Of Birth	28/05/1993
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.

*[Signature]*

17/02/2023  
1245HRS

*[Signature]*

AHMAD SUFIYAN ASSURI  
BIN MUSTAFFA  
S992991

Policyholder's Signature / Date & Time

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

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

**Sketch Plan**

				VEH A: SNF394R			
				VEH B: EP1212E			