ASS. REC. BY: Kenneth | REF: ICS/23002312/kv | C

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cavan

of _____

Insured: SLJ 2343C

Policy No. _____

Claims No. DMPC2300141H/ST

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: $64K

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 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: SCP 5089K Yr Regn: 06, 17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Honda (A) HRV c.c 1998

Colour M.D.Blue A/C: Insured / Std / NI / NA

Sp.Reading 88785 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHMRU Ad 1810 GX 202450

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: 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.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	8 mm
D.O.A.	1/3/23	D.O.I.	9/3/2023

Survey held at _____

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

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

Date / Time	Action / Instruction
10/3	LISw 8300dl Contd 14/3/23 (red 5432.40, 64%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 15/3/23-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ - RS. _____ SI

Parking: _____

Others: _____

TOTAL: _____

Report Format : Merimen

Lump Sum / ~~I.B.I~~ ($ 3000

SA1B23320003 / AH LIM MOTOR COMPANY (BRANCH)
ENTRY DATE & TIME: 02/03/2023 18:56 (SGT)
SUBMITTED BY: GERALD CHEW
VERSION: 1 (02/03/2023 18:56 (SGT))

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 witholding 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	02/03/2023 18:56 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/03/2023 15:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HONG LIM MULTI STORY CAR-PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP5089K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WEE HWEE NAM
NRIC No	SXXXX310Z
Email Address	WEEHN@ISTECH.COM.SG
Mobile Phone No	(Phone) +65-91011925
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Hr-v
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	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	d22mtpv01009063

DRIVER

Name of Driver	WEE HWEE NAM
NRIC No	SXXXX310Z
Date Of Birth	03/03/1986
Occupation	Indoor

Date Of Driving Pass	09/11/2023
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91011925
Alt. Phone Number	-
Email Address	WEEHN@ISTECH.COM.SG
Address	14A WARINGIN PARK
Address complement	-
Postcode	416327
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Major/Minor Rd
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)	1
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	-

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

REFER TO SKETCH PLAN

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	VIDEO WITH OWNER WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ2343C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANG TECK BENG

NRIC No	SXXXX355A
Contact Number	(Phone) +65-90487371
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Sompo
Vehicle : SLP 5089K
02/03/2023

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 Authorised 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. The 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.
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 the accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' law yers/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 the accident and the Insurers' law yers/law firms may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

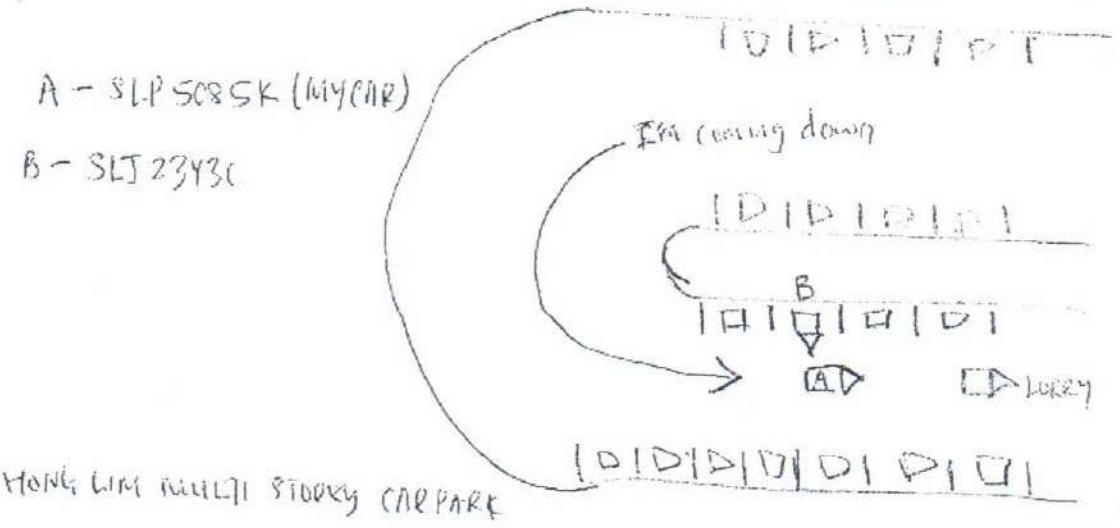
(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

2/3/23
Policyholder's Signature / Date & Time

2/3/23
Driver's Signature (if driver is not the policyholder) / Date & Time

02/03/2023
Witnessed By Reporting Centre Personnel

Sketch Plan



R027705
8.3.23 12:25
SLP5089K
176-0203

SLP5089K

Honda : HR-V : 2015-19 (RU/RV) : Front Wheel Drive (except L15BY Turbo) : 2018-19 (except 18" Wheel)
Thrust Line Alignment

Front : Left

Actual	Before	Specified Range
-1°07'	-1°07'	-1°00' 1°00'
5°45'	5°45'	4°20' 6°20'
0°01'	0°01'	-0°07' 0°07'
12°26'	12°26'	
11°19'	11°19'	

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Front : Right

Actual	Before	Specified Range
-0°14'	-0°14'	-1°00' 1°00'
5°50'	5°50'	4°20' 6°20'
0°02'	0°02'	-0°07' 0°07'
12°09'	12°09'	
11°55'	11°55'	

Front

Actual	Before	Specified Range
-0°53'	-0°53'	-1°00' 1°00'
-0°05'	-0°05'	
0°17'	0°17'	
0°03'	0°03'	-0°14' 0°14'

Cross Camber
Cross Caster
Cross SAI
Total Toe
Cross Turn Diff.

Rear : Left

Actual	Before	Specified Range
-2°54'	-2°54'	-2°30' -0°30'
-0°06'	-0°06'	0°00' 0°14'

Camber
Toe

Rear : Right

Actual	Before	Specified Range
-1°35'	-1°36'	-2°30' -0°30'
0°06'	0°06'	0°00' 0°14'

Rear

Actual	Before	Specified Range
-1°18'	-1°18'	-0°45' 0°45'
0°00'	0°00'	0°00' 0°28'
-0°06'	-0°06'	

Cross Camber
Total Toe
Thrust Angle

SKETCH PLAN #2

Date of accident: 1/3/23 Time: 1525 Location: HONG LIM MULTI STOREY CARPARK
My Vehicle A: SLF 5089 K Vehicle B: SLJ 2343 C Vehicle C:

SKETCH PLAN
Describe Circumstances of the Accident:

ON 1ST MAR 2023, I HAD AN ACCIDENT WITH A CAR (B) WHILE I WAS (1525 PM)
EXITING THE CARPARK AT HONG LIM MULTI-STOREY CARPARK.

I'M COMING DOWN FROM 3/4 STOREY, AT ABOUT 1ST 1/2 STOREY, A CAR (B) TOYOTA SUDDENLY COME OUT FROM THE PARKING LOT AND HIT THE LEFT SIDE OF MY CAR.

CAR A - SLF 5089 K (MY CAR)

CAR B - SLJ 2343 C (MR ANG'S CAR COMING OUT FROM THE PARK LOT HITTING MY CAR)

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

☐ Claim OD/TP at Ah Lim Motor ☑ Claim OD/TP at other workshop ☐ Reporting Only

We declare the foregoing particulars are true in every respect.

2/3/23
Policyholder's Signature / Date & Time

2/3/23
Driver's Signature (if driver is not the policyholder) / Date & Time

02/03/2023
Witnessed by Reporting Centre Personnel

源摩哆廠
GUAN MOTOR WORKS

Business Regn. No: 08102600I

176 Sin Ming Drive #02-03 Sin Ming Autocare Singapore 575721 Tel: 6453 6111 Fax: 6453 8292 H/P: 9742 6003

Not Authorised
L/Lamp & 3000k
Running After Paint
5 days

REPAIR ESTIMATE SLP5089K

No.	Qty	Nett Items		
1	1	Rear bumper	$	829.60
2	1	Rear LH corner cover	$	271.80
3	1	Rear LH corner cover retainer	$	18.00
4	1	Rear LH fender lower wheel arch garnish	$	198.80
5	1 set	Rear LH fender lower wheel arch garnish clips	$	40.00
6	1	Rear LH fender under splash shield	$	98.40
7	1 set	Rear fender under splash shield clips	$	40.00
8	1	Rear LH door	$	955.10
9	1	Rear LH door black sticker	$	21.00
10	1	Rear LH door weatherstrip	$	48.80
11	1 set	Rear LH door inner trim board clips	$	60.00
12	1	LH rocker panel outer spoiler	$	408.60
13	1	Rear LH sport rim	$	833.00
14	1	Rear LH shock absorber	$	271.80
15	1	Rear LH wheel hub & bearing	$	341.60
16	1	Rear lower axle beam	$	1,645.90
		Total :	$	6,082.40

No.	Labour			
1	Labour Charges for remove/refit, cutting/welding and replacement of damages.	$	800.00	500
2	To putty and spray Spray Paintings charges.	$	1,000.00	800
3	To check wirings.	$	30.00	20
4	To remove, refix rear LH door fittings.	$	80.00	60
5	To remove, refix rear LH under carriage damages.	$	280.00	50
6	To conduct computerlise wheel alignment test.	$	80.00	60
7	To supply and apply anti rust treatment	$	80.00	30
	Total :	$	2,350.00	

Total Parts and Labour : $ 8,432.40

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) [illegible] allowed
- Supplementary item(s) must [illegible] surveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date: