ASS. REC. BY: Kenneth

REF: ICS/23002312/K

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cvan

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: $64/C

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SCP 5089K Yr Regn: 06, 17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A) HRV

Make: Honda c.c 1996

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 _____

Modl: 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.	9 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 NS body

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ $ - RS. _____ SI

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($ _____)

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 61 Sing & Pricing 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	?
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) allowed
- Supplementary item(s) must be surveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Sign:

Date:

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

Sompo
Vehicle : SLP 5089K
02/03/2023

IMPORTANT NOTICE

SKETCH PLAN

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 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.

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