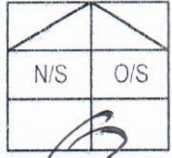


**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD (TP) WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: **SVV 2925J**  
 at Workshop m/s: **EEvolve Aut.**  
 of: \_\_\_\_\_  
 Insured: **SKL 755L**  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: **SVV 2925J** Yr Regn: **12/10/15**  
 Type: **M** Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or **CA1**  
 Make: **Honda Odyssey EXVCS 2358**  
 Colour: **Black** -ARC: **Insured / Std / NI / NA**  
 Sp. Reading: **152461** T/Radio: **Insured / Std / NI / NA**  
 Eng/No: \_\_\_\_\_  
 C/No: **JHMRC1890FC204818**  
 Gen. Cond: **Good** / Fair / Poor / Burnt  
 Steering: **Order** / Jammed / Leaked / Burnt or  
 Brake: **Order** / Jammed / Leaked / Burnt or  
 Modi: **Nil / S/Rim / STD A/Rim** or  
 Tyre Size: **F: 215/55 R17**  
 R: \_\_\_\_\_

(Policy Condition)  
 Remark: The veh had commenced its  
 repair at the time of inspection.



Bal. or Market Value: **458k**  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No  
 Est. Repairs: **3** days Res.: Yes or No  
 Lum Sum: **20** % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS **F 2033x**  
 Date: \_\_\_\_\_ Person Contacted: **17A 34722**  
 Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
**TOYO YOKO** or  
 Front **6** mm Rear **6** mm  
 R/Bal. \_\_\_\_\_ mm R/Bal. \_\_\_\_\_ mm  
 L/Bal. **6** mm L/Bal. **6** mm  
 D.O.A. **08/03/23** D.O.I. **14/3/23**  
 Survey held at \_\_\_\_\_  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
**Rear**  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction  
**18/3/23 2/5 @ 1500** replace informed Bertrand (Prod @ 2469.44, 6672)

Date/Time, File Pass to?  : Preli. Report  
 1) **21/3 1500**  : Final Report  
 Date/Time, File Return to?

Days Of Repair: **3**  
 Resurvey No. of Trip: **2**

Report Format : **TP**  
 Lump Sum / I.B.F. (\$) **1500**

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

Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 ) \_\_\_S + RS, \_\_\_SI  
 ) Photos  
 ) Others  
 )  
 TOTAL

1 KAKI BUKIT AVENUE 6  
 AUTOBAY@KAKIBUKIT #02-25  
 SINGAPORE 417883

*not attached  
 table  
 near  
 14/3/23  
 2/5# 1500/  
 3 days  
 Abnpl. Henry*

**VEHICLE**  
 NUMBER PLATE SJV2925J  
 MODEL HONDA ODYSSEY  
 CHASSIS JHMRC1890FC204818

ITEMS				
	DESCRIPTION	QTY	RATE	AMOUNT
1	Rear bumper <i>645.00 per ea</i>	1	\$1,160.80	\$1,160.80
2	Rear bumper side bracket Right Left side <i>u1</i>	2	\$48.50	\$97.00
3	Rear bumper reflector Right Left side <i>u1</i>	2	\$86.70	\$173.40
4	Rear boot <i>u</i>	1	\$1,449.50	\$1,449.50
5	Boot weatherstrip <i>u1</i>	1	\$185.00	\$185.00
6	End panel car lock antenna <i>u1</i>	1	\$134.60	\$134.60
7	End panel <i>u</i>	1	\$620.20	\$620.20
8	End panel garnish <i>u1</i>	1	\$175.50	\$175.50
9				\$0.00
10				\$0.00
<b>ITEMS TOTAL</b>				<b>\$3,996.00</b>
<b>TOTAL -20%</b>				<b>\$3,196.80</b>

SPECIAL NETT				
	DESCRIPTION	QTY	RATE	AMOUNT
1	Bumper clip set <i>1 set n/a</i>	<del>10</del>	<del>\$5.00</del>	\$50.00
2	Reverse sensor <i>1 set</i>	<del>2</del>	\$110.00	\$220.00
3	Windscreen sealant <i>u1</i>	2	\$30.00	\$60.00
4	Honda Odyssey Emblem <i>NF</i>	2	\$65.00	\$130.00
<b>SPECIAL NETT ITEMS TOTAL</b>				<b>\$460.00</b>

LABOUR				
	DESCRIPTION	QTY	RATE	AMOUNT
	To dismantle, repair, cut, weld, replace <i>500</i>			\$1,000.00
	Spray painting <i>600</i>			\$600.00
	To transfer and check wiring <i>20</i>	1	\$80.00	\$100.00
	To transfer window glass <i>u1</i>	1	\$150.00	\$150.00
	To apply anti rust on the panel <i>u1</i>	1	\$80.00	\$80.00
<b>LABOUR TOTAL</b>				<b>\$1,930.00</b>

**TOTAL REPAIR COST**

**\$5,586.80** consultants hence notify the Repairer of the following:

**TOTAL LUMP SUM (-20%)**

**\$4,469.44**

**LOST OF USE**

**5 DAYS**

- Parts prices are subject to confirmation
- 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:

*P-645  
 202  
 P-576  
 S.N-250  
 L-1120  
 1886  
 202  
 1508*



# 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	09/03/2023 18:08 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/03/2023 17:16 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SIMS AVENUE (TOWARDS PAYA LEBAR BEFORE LORONG 21A GEYLANG)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV2925J
-----------------------------	----------

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SUN ZHECUN
Work Permit No	074458890
Email Address	PRESTIG368@GMAIL.COM
Mobile Phone No	(Phone) +65-87371890
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
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	2400

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5132107044

### DRIVER

Name of Driver	SUN ZHECUN
Work Permit No	074458890
Date Of Birth	06/09/1985

Occupation .....	Indoor
Date Of Driving Pass .....	03/11/2022
Driving experience .....	4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87371890
Alt. Phone Number .....	-
Email Address .....	PRESTIG368@GMAIL.COM
Address .....	32 LORONG 31 GEYLANG #03-01
Address complement .....	-
Postcode .....	SINGAPORE 388031
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 - Head to Rear
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 THE SKETCH PLAN.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	No
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKL755L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	UNKNOWN





Contact Number ..... (Phone) +65-97855070  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 2

PASSENGER 1

Name ..... UNKNOWN  
Gender ..... Female

**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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

**6. 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/agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

9 Mar 2023  
 17:29  
 [Signature]

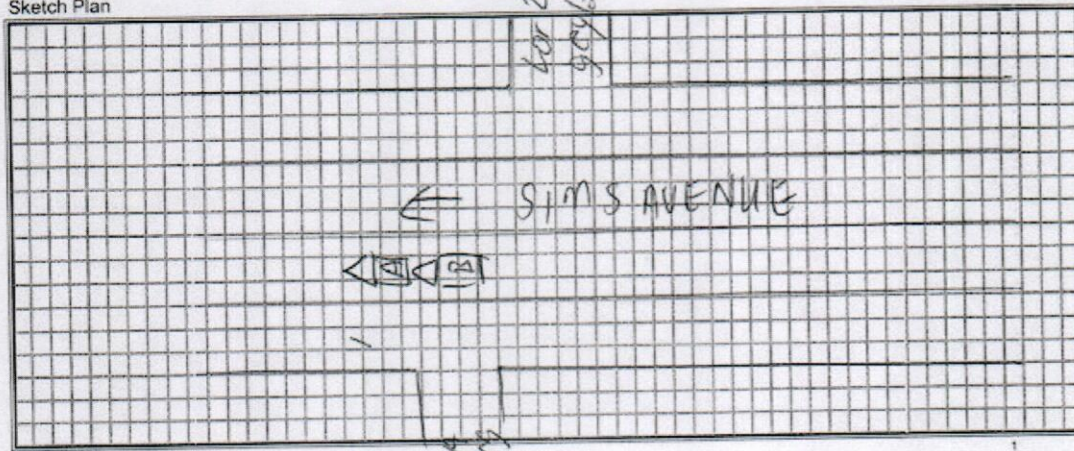
Policyholder's Signature / Date & Time

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

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



**Sketch Plan**



Jun 2022



**Describe Circumstance of the Accident**

On the above date, time & location, SKL755L hit into the rear of my vehicle while I'm stationary

**Declaration**

I/We declare the foregoing particulars are true in every respect.

9 Mar 2023  
17:30  
[Signature]

Policyholder's Signature / Date & Time

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



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



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SLOP23390003 Vehicle Registration No: STV2925J  
 Name (as shown in NRIC): SUN ZHECUN NRIC/FIN/Passport No: 074458890  
 (\*Vehicle Driver/Policyholder) (\* Please delete as appropriate  
 Address: 30 LORONG 31 GEYLANG #03-01 Singapore (388091)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 8737 1890  
 Email Address: prestiq368@gmail.com  
 Date of Accident: 08/03/2023 Time of Accident: 17:16  
 Place of Accident: SIMS AVENUE (TOWARDS PAYA LEBAR B4 LOR 21A GEYLANG  
 Insurance Company: NTUC Income

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

My email address should read as "prestiq368@gmail.com" instead.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*[Handwritten Signature]*

Policyholder / Actual Driver's Signature  
 Date: 10/03/2023

*[Handwritten Signature]*

Reporting Centre Personnel's Signature  
 Name (as in NRIC/ID card):  
 Date:

GENENG AUTO PTE LTD  
 11, Kallang Road, Singapore 417883  
 Tel: 6747 7397  
 www.geneng.com.sg