

ASS. REC. BY:

REF:

Ty / 23 002912/KV

C

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)

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

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.:

Yes or No

Lum Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: M / S / Rim / STD A / Rim or

Tyre Size:

R: R / M / B / P

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

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Date / Time

Action / Instruction

26/5 6.12pm @ 5450h Con hr (red 3700, 40%)

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

30/5/23-typist

Report Format: OD

Lump Sum / H.B.t. (\$ 5450)

Days Of Repair: 5

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation

S - RS. SI

Parking

Others

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	119G
Vehicle Details	
Vehicle No.:	SLU3550G
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Mar 2023
Vehicle Make:	HONDA
Vehicle Model:	SHUTTLE HYBRID 1.5 AUTO
Primary Colour:	Black
Manufacturing Year:	2017
Engine No.:	LEB6326749
Chassis No.:	GP71121680
Maximum Power Output:	101.0 kW (135 bhp)
Open Market Value:	\$21,175.00
Original Registration Date:	29 Nov 2017
First Registration Date:	29 Nov 2017
Transfer Count:	1
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Nov 2027
PARF Rebate Amount:	\$3,500.00
Intended COE Rebate Details	
COE Expiry Date:	28 Nov 2027
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$49,012.00
COE Rebate Amount:	\$22,967.00
Total Rebate Amount:	\$26,467.00

The information contained herein is correct as at 20 Mar 2023

OK

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	20/03/2023 18:05 (SGT)
Reported by	Driver
Date of Accident	18/03/2023 17:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TOWARDS CHANGI, SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU3550G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KINETIC LOCOMOTIVE PTE LTD
Company Reg No	2XXXXX119G
Email Address	SUPPORT@KINETIC-ALLIANCE.COM
Mobile Phone No	(Phone) +65-97849075
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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?	Yes
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MFL0008937

DRIVER

Name of Driver	TAN AH ENG
NRIC No	SXXXX826E
Date Of Birth	04/08/1965
Occupation	Outdoor

Date Of Driving Pass	24/11/1992
Driving experience	30 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98253709
Alt. Phone Number	-
Email Address	AARONTAN.SPARK@GMAIL.COM
Address	BLK 176 WOODLANDS STREET 13
Address complement	#04-371
Postcode	S730176
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	5
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Female

PASSENGER 4

Name	UNKNOWN
Gender	Female

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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF6049K
Vehicle Manufacturer	Honda
Vehicle Model	Civic
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SIAH BOON LENG RONNIE
NRIC No	SXXXX197E
Contact Number	(Phone) +65-83682010
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

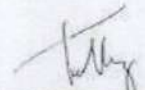
SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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.


YINETIC LOCOMOTIVE
Reg No. 2022211111
PTE LTD

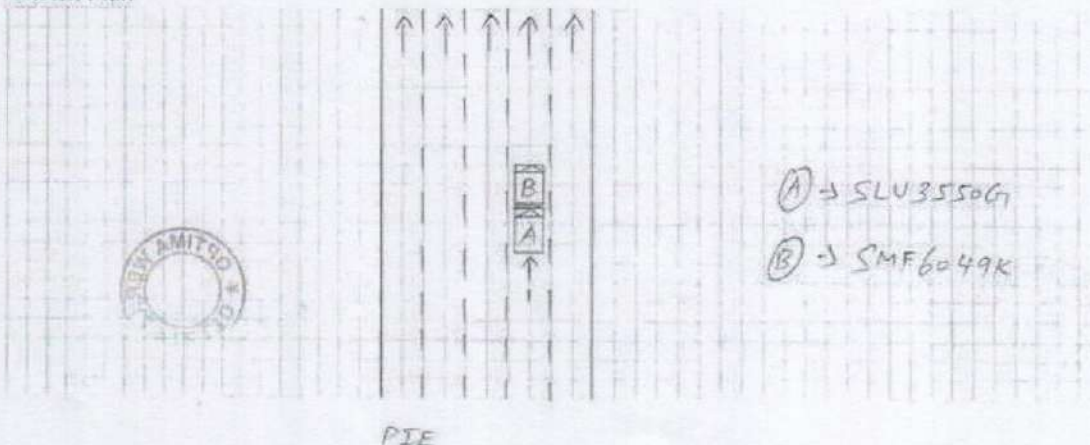
Policyholder's Signature / Date & Time

 20/07/2023
Driver's Signature (If driver is not the policyholder) / Date & Time


OPTIMA WERT
No. 1111
PTE LTD

Witnessed by Reporting Centre Personnel NASHIK

Sketch Plan



Describe Circumstances of the Accident

On 18/03/2023 @ 17:45 HOURS. I WAS driving along
 PEE towards Changi. Suddenly Vehicle B: (SMF6049K)
 in front of me put sudden brake then my vehicle
 A: (SLU35506) unable to stop in time. I alighted and
 realised that my vehicle A: (SLU35506) front portion
 had collided into the rear portion of vehicle B:
 (SMF6049K) causing damage. we exchanged particulars
 after the accident.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature] 20/03/2023

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



Witnessed by Reporting Centre Personnel NASHIK

Date : 21/3/2023
Vehicle No: SLU3550G
Model: HONDA SHUTTLE
Chassis: GP7-1121680
Reg.Year: 2017
Policy No: D22MFL0008937
Date of Accident: 18/3/2023
Estimator: SIMON KOH

TO MOTOR CLAIM DEPT
INDIA INT. INSURANCE PTE LTD
64 CECIL STREET #04,#05
IOB BUILDING
SINGAPORE 049711

*Not Authorised
L1 Rep @ 5450/h
Resurvey After Paint
Ex TBA*

ESTIMATE

5 days

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT BONNET	1	\$550.00	<i>By</i> \$550.00 ✓
2	FRONT BONNET SEAL RUBBER	1	\$30.00	<i>Ref DIT</i> \$30.00 ✓
3	FRONT BONNET HINGE LH	1	\$40.00	<i>DIT</i> \$40.00 ✓
4	FRONT BONNET HINGE RH	1	\$40.00	<i>DIT</i> \$40.00 ✓
5	FRONT BONNET INSULATOR	1	\$125.00	<i>Sm</i> \$125.00 X
6	BONNET OPENER STAY	1	\$35.00	<i>Sm</i> \$35.00 X
7	HOOD STAY GROMMET	1	\$5.00	<i>Sm</i> \$5.00 X
8	FRONT BONNET LOCK COVER	1	\$95.00	<i>ASP</i> \$95.00 X
9	FRONT HEADLIGHT UNIT LH	1	\$1,450.00	<i>mg cm</i> \$1,450.00 ✓
10	FRONT HEADLIGHT UNIT RH	1	\$1,450.00	<i>mg cm</i> \$1,450.00 ✓
11	FRONT GRILLE COVER	1	\$55.00	<i>Sm</i> \$55.00 X
12	FRONT GRILLE BASE	1	\$195.00	<i>Ref</i> \$195.00 ✓
13	FRONT GRILLE LOWER MOULDING	1	\$165.00	<i>CMA</i> \$165.00 ✓
14	(H) EMBLEM	1	\$28.00	<i>Re</i> \$28.00 ✓
15	FRONT BUMPER COVER	1	\$650.00	<i>Ben</i> \$650.00 ✓
16	FRONT BUMPER LOWER GRILLE	1	\$85.00	<i>Sm</i> \$85.00 X
17	FRONT BUMPER LIP SPOILER	1	\$95.00	<i>Sm</i> \$95.00 X
18	FRONT FOG LAMP GARNISH LH	1	\$35.00	<i>Sm</i> \$35.00 X
19	FRONT FOG LAMP GARNISH RH	1	\$35.00	<i>Sm</i> \$35.00 X
20	FRONT BUMPER UPPER BEAM LH	1	\$55.00	<i>CMA Sm</i> \$55.00 ✓
21	FRONT BUMPER UPPER BEAM RH	1	\$55.00	<i>CMA Sm</i> \$55.00 ✓
22	FRONT BUMPER SIDE SPACER LH	1	\$18.00	<i>DIT</i> \$18.00 ✓
23	FRONT BUMPER SIDE SPACER RH	1	\$18.00	<i>DIT</i> \$18.00 ✓
24	FRONT BUMPER BEAM	1	\$325.00	<i>Re</i> \$325.00 X
25	FRONT FENDER LH	1	\$195.00	<i>Ben</i> \$195.00 ✓
26	FRONT FENDER RH	1	\$195.00	<i>Re</i> \$195.00 X
27	FRONT FENDER ENCLOSURE LH	1	\$38.00	<i>Sm</i> \$38.00 X
28	FRONT FENDER ENCLOSURE RH	1	\$38.00	<i>Sm</i> \$38.00 X
			SUB TOTAL	\$6,100.00
			COST +10%	\$610.00
			PARTS TOTAL	\$6,710.00

Head office

6 Kung Chong Road Singapore 169143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind Park 2A #01-05 Singapore 568047
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011



Date : 21/3/2023
Vehicle No: SLU3550G
Model: HONDA SHUTTLE
Chassis: GP7-1121680
Reg.Year: 2017
Policy No: D22MFL0008937
Date of Accident: 18/3/2023

TO MOTOR CLAIM DEPT
INDIA INT. INSURANCE PTE LTD
64 CECIL STREET #04,#05
IOB BUILDING
SINGAPORE 049711

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	FRONT NUMBER PLATE	1	\$25.00	\$25.00
2	FRONT NUMBER PLATE BASE	1	\$35.00	\$35.00
3	FRONT BUMPER CLIPS	1	\$50.00	\$50.00
			S/N TOTAL	\$110.00

34512
—

LABOUR CHARGES:

LABOUR TO REMOVE, REPLACE/REPAIR, REALIGN AND REFIX THE LISTED
ACCIDENT AFFECTED/DAMAGED PARTS

\$1,000.00 5001

TO CHECK, RECTIFY AND REALIGN FRONT HEADLAMP UNIT, WIRING AND
CONNECTORS IN PROPER WORKING CONDITION

\$150.00 201

LABOUR TO PUTTY, RESPRAY PAINT AND POLISH FRONT BONNET, FRONT
BUMPER, FRONT BOTH LH AND RH FENDER AND OTHERS AFFECTED AREA

\$1,000.00 8001

TO TUFF KOTE AND UNDERSEAL MATERIALS

12 \$180.00 X

LABOUR TOTAL \$2,330.00

TING AN TOTAL \$9,150.00

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:

Head office

6 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

8A Serangoon North Ave 5 Singapore 554509
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011

