

ASS. REC. BY:

REF:

TY / 23 002912/K

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:

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

Date / Time

Action / Instruction

Veh No:

SLU 35506

Yr Regn:

11, 17

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

Truck / Trailer or

Make:

Honda Shuttle

c.c

1496

Colour

m. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

190209

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

GP7

1121680

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

Pirelli

185/60R15

R: Pirelli

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

Front

R/Bal.

mm

Rear

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

18/3/2

D.O.I.

24/3/2023

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, File Pass to?

☐

: Prell. Report

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

: Interview (\$

Tech Invs (\$

Weekend (\$

Report Format:

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

TOTAL

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

Not Authorized
L1Pine @
Preserving After Paint
EX TBA

5 days

[illegible]

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

34500

LABOUR CHARGES:

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

\$1,000.00 5000

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

\$150.00 200

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

\$1,000.00 8000

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:

Branch (Motor Insurance Claims)

Head office

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

Branch

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

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



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

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

SKETCH PLAN

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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.



Policyholder's Signature / Date & Time

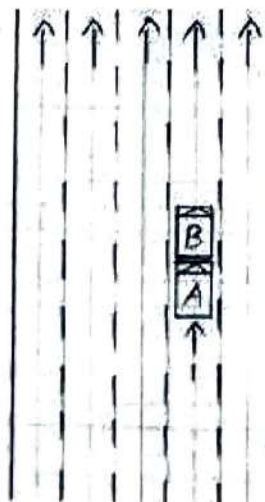
20/07/2023

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



Witnessed by Reporting Centre Personnel NASHIK

Sketch Plan



① → SLU3550G1

② → SMF6049K

PIE