ASS. REC. BY:	230034641Kp
Kennerh	ASSIGNMENT
From: Date:	Veh No: SKF 4864 Yr Regn; 04 12
Estimated Cost:	Type: McCar / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD TIP WS / TP RES / OD RES / EVA / INV / MV	Truck / Traller or
To Inspect Vehicle No:	Make: /torala (3)
at Workshop m/s /C/C /-//:	Colour A Did
01	NO. INSURED/SIG/NI/NA
Insured:	Sp.Reading / + 0310 T/Radio: Insured / Std / NI / NA Eng/No:
Policy No.	
Claims No.	- 1 2/036 - 87 000
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Ingger / Jammed / Leaked / Burnt or
Make of Veh:	A CHANGE LEGISCOLL OF
	Mod: NII / S/Rim / STD-A/Rim or
(Policy Condition)	Tyre Size: F:
Remark: The veh had commenced its	R: 205/55 & RIG
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / DHTSU / PIR / SUM /
Bal. or Market Value:	TOYO / YOKO or
	Eroni O Rear
1 00 O1 1/0	R/Bal. mm 'R/Bal
GIA / PR Seen: Consistent?: Yes or No	I Rad D mm
Est. Repairs: Of days Res.: Yes or No	D.O.A. 5 /12/22
Est. Repairs: O4 days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No	D.O.A. 5 /12/22 D.O.I. 18/4/202
Est. Repairs: Of days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN/OU	D.O.A. 5 /12/22 D.O.I. /8/4/202 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or A / S / Reg
Est. Repairs: Of days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS	D.O.A. 5 /12/22 D.O.I. / 9 / 4 / 20 : Survey held at Des. of Damages : Frt / Rear / O/S / N/S / U/C / Roofton or
Est. Repairs: Of days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN/OU	D.O.A. 5 /12/22 D.O.I. /8/4/202 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or A / S / Reg
Est. Repairs: Of days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN/OU	D.O.A. 5 /12/22 D.O.I. /8/4/202 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or A / S / Reg
Est. Repairs: Of days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN/OU	D.O.A. 5 /12/22 D.O.I. /8/4/202 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or A / S / Reg
Est. Repairs: Of days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction	D.O.A. 5 /12/22 D.O.I. /8/4/202 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or A / S / Reg
Est. Repairs: Of days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction	D.O.A. 5 /12/22 D.O.I. /8/4/202 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or A / S / Reg
Est. Repairs: Of days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction	D.O.A. 5 /12/22 D.O.I. /8/4/202 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or A / S / Reg
Est. Repairs: Of days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction	D.O.A. 5 /12/22 D.O.I. /8/4/202 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or A / S / Reg
Est. Repairs: Of days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction	D.O.A. 5 /12/22 D.O.I. /8/4/202 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or A / S / Reg
Est. Repairs: Of days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction	D.O.A. 5 /12/22 D.O.I. /8/4/202 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or A / S / Reg
Est. Repairs: Of days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction	D.O.A. 5 /12/22 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chasais frame / Body Structure affected due to collision.
Est. Repairs: Of days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction Date/Time, File Pass to? : Prell. Report	D.O.A. 5 /12/22 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or A / J / My The U/C / Chassis frame / Body Structure affected due to collision. Days Of Repair:
Est. Repairs: Of days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction Date/Time, File Pass to? : Prell. Report	D.O.A. 5 /12/22 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chasais frame / Body Structure affected due to collision. Days Of Repair: Resurvey No. of Trip: Survey Fee:
Est. Repairs: Of days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction Date / Time Action / Instruction Person Contacted: Preli. Report : Final Report cuta/Time, File Pass to?	D.O.A. 5 /12/22 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chasais frame / Body Structure affected due to collision. Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation:
Est. Repairs: Of days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction Cate/Time, File Pass to? Prell. Report : Final Report	D.O.A. 5 /12/22 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chasais frame / Body Structure affected due to collision. Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation:
Est. Repairs: Of days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction Date / Time Action / Instruction Person Contacted: Preli. Report : Final Report cuta/Time, File Pass to?	D.O.A. 5 //2/22 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chasais frame / Body Structure affected due to collision. Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: S - RS_SI
Est. Repairs:	D.O.A. 5 /12/22 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision. Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: Site insp (\$
Est Repairs:	D.O.A. 5 //2/22 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chasais frame / Body Structure affected due to collision. Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: S - RS_SI
Est. Repairs:	D.O.A. 5 /12/22 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision. Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: Site insp (\$
Est Repairs:	D.O.A. 5 //2/22 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or N / S / S / The U/C / Chassis frame / Body Structure affected due to collision. Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: Site Insp (\$) S - RS S Interview (\$) Finish Tech Invs (\$) Offers

会照(與)汽車私人有限公司 K. KIM HIN AUTO PTE LTD 160 Sin Ming Price #02-18/19/20 Sin Ming autoCity Singapore 575722
Tel: 6452 7018 (5 Lines) Fax: 6458 3895

Vehicle Insured : SDA 8665 B

NOT Withair 11 Sup 8 Meaning After Point 4 days

: 32673 No.

Date: 07-Dec-2022

PAGE: 1

Accident Date : 05-Dec-2022 Our Ref: 022436 (CHINA) / QUEK

TEO WAH CHONG

singapore

ESTIMATED COST OF REPAIR FOR HONDA CIVIC 1.6VTIS (1598CC)(2012) SKF486U

Bu 737.60 1 pc front bumper Di 18.60 @ S\$ 3.50 M 35.00 - 29.80 X 1 pc LH front bumper side retainer 10 pcs front bumper clips 1 pc LH front bumper fog cover CM 831.20 . 1 pc LH headlamp Pm 39.60 x 1 pc LH headlamp lower bracket Bu 477.00 1 pc LH front fender

Sh 105.30 > 1 pc LH front fender inner shield

3.50 NA 28.00 X 8 pcs LH front fender inner shield @ S\$ clips

> 2,302.10 Less 20% : -460.42

1,841.68

To remove, cut out damaged parts, panel beating, welding, align, refix and to renew affected parts.

To focus headlamps. To check front wiring and lighting operation.

To putty and respray on affected portions.

750.00

50.00 201

950.00 400

==========

S\$ 3,591.68 Total:

Singapore Dollars Three Thousand Five Hundred and Ninety One and Cents Sixty Eight Only

Note: Amount quoted above is subject to prevailing GST at time of tax invoice.

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:

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 3. Information provided must be as trumful 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

06/12/2022 19:34 (SGT) **Date of Submission** Driver Reported by Date of Accident 05/12/2022 16:10 (SGT) Exact Location of Accident Singapore Additional Location Information 128 BINCHANG RISE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKF486U

INSURED/POLICYHOLDER

Is company? **TEO WAH CHONG** Name Of Registered Owner SXXXX626A **NRIC No** TEOWAHCHONG@GMAIL.COM **Email Address** (Phone) +65-97337171 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Honda Manufacturer Civic Model Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category Auto Transmission 1598 CC

INSURANCE COMPANY

Income Insurance Limited Name of Insurance Company 5070963660-07 Policy Number / Cover Note Number

DRIVER

Name of Driver **NRIC No** Date Of Birth Occupation

TEO YEW JIE TXXXX488Z 08/03/2000 Indoor

SKETCH PLAN

IMPORTANT NOTICE

- ase report <u>correctly</u> 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.
- Information provided must be as Institut and accurate as possible. Any wiful misrepresentation or withholding of meterial facts may allow insurance companies to <u>repudiate policy liability.</u>
- 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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 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.
- 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 peckages); 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

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

Witnessed by Reporting Centre Personnel as in NRICAD card)

Sketch Plan