ASS. REC. BY:	·
Kenneth . A	SSIGNMENT
From: Date:	Veh No: \$165137Byr Regn: 07, 08
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD (TP/WS/TP RES/OD RES/EVA/INY/MY	Total I = 11
To Inspect Vehicle No:	Make: Honda Prom c.c 1799
at Workshop m/s Accord	Colour M. Gray AC: Insured / Std / NI / NA
of 2781	
Insured:	Eng/No:
Policy No.	CNO: RN6 · 1048308
Claims No.	Gen. Cond Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Ingredar / Jammed / Leaked / Burnt or
Make of Veh:	Mod: NII VS/Rim / STD A/Rim or
	Tyre Size: F:
(Policy Condition)	R: 235/407R18
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value: 855/c	Empl
IDAC Accident Rport: Consistent? : Yes or No	R/Rel
GIA / PR Seen: Consistent?: Yes or No	I Del
Rest. Repairs: 05 days Res.: Yes or No	DOA 12/11/20
Lum Sum: 30 % 3 Val.: Yes or No	Survey held at D.O.I. 17/6/202
CA / REV / REP. J ,24 MRS	
THEY I REP. 1.24 MRS	1395 OT 19MARA LEW L
0 1 21 · Vableton 114 aum	Des. of Damages : Frt Rear 1 O/S / N/S / U/C / Rooftop or
Dale: Person Contacted: Vehicle: IN / OUT	
OT'20 · Vehicle: IN LOUT	The U/C / Chassis frame / Body Structure affected due to collision.
Date:Parson Contacted: Vehicle: IN / OUT	
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Date:Parson Contacted: Vehicle: IN / OUT	
Date / Time Action / Instruction Vehicle: IN / OUT	
Date: Person Contacted: Date / Time Action / Instruction ate/Time, File Pass to? Prell. Report Day	The U/C / Chassis frame / Body Structure affected due to collision.
Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction ate/Time, File Pass to? Prell. Report Day	The U/C / Chassis frame / Body Structure affected due to collision.
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Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction ate/Time, File Pass to? Prell. Report Day	The U/C / Chassis frame / Body Structure affected due to collision. Is Of Repair: Survey No. of Trip: Survey Fee: Transportation: Site Insp (\$
Date: Person Contacted: Date / Time Action / Instruction ata/Time, File Pass to? Prell. Report Day Ista/Time, File Return to? Add Fee:	The U/C / Chassis frame / Body Structure affected due to collision. Its Of Repair: Survey No. of Trip: Survey Fee: Transportation:
Date: Person Contacted: Date / Time Action / Instruction Date / Time Pass to? Day Date /	The U/C / Chassis frame / Body Structure affected due to collision. Its Of Repair: Survey Fee: Transportation: Site Insp (\$) _ \$ + R\$ _ \$! Interview (\$) _ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
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Date: Person Contacted: Date / Time Action / Instruction Date / Time Pass to? Day Date /	The U/C / Chassis frame / Body Structure affected due to collision. Its Of Repair: Survey Fee: Transportation: Site Insp (\$) _ \$ - R\$ _ \$! Interview (\$) _ Firetys

Estimate Report

Accord Auto Services Pte Ltd (Co.Reg.No:201113141K)

10 Ang Mo Kio Ind Park 2A #03-11, AMK Auto Point

Singapore 568047

Tel: 64819517/85715140 Fax: 64819515 Email: admin@mycarworkshop.com.sg

TP INSURER: **CHUA ZHENG-LI** Allianz Insurance Singapore Pte. Ltd. (HQ)

Singapore

PARTICULARS OF CLAIM

Claim Type:

THIRD PARTY

Ref. No:

Date of Loss:

Driveable?

Policy No:

Vehicle Reg. No.:

SJG5137B

UNKNOWN

Party At Fault: Driver (TP):

CHUA ZHENG-LI

Make/Model:

Engine No:

Odometer:

HONDA STREAM, 1.8 (A)

Vehicle Reg. Date:

03/07/2008

12/04/2023

Vehicle Colour:

SILVER

R18A1753949

318932 KM

Chassis No:

RN61048308

Paint Type:

Total Loss?

NO

Est. Duration of Repair

(day)

Not Norhard

LISmy &
Renny After Pains

Present Location:

ACCORD AUTO SERVICES PTE LTD (HQ)

COST OF CLAIMS		Amount
Parts		4,084.30
Miscellaneous Items		725.00
Labour		3,210.00
Paintwork Labour		0.00
Towing		0.00
	Gross Total (S\$)	8,019.30
	+ GST 8.00% (S\$)	641.54
	Nett Amount (S\$)	8,660.84
This plains is boundled by OOLL 14 COLUEN INC.		

This claim is handled by: GOH JACQUELINE

Generated using Merimen e-Claims Internet Estimation & Adjusting System

RDETAILS

ference

art Source: MRM-SG

Version: 1.0 (Last Synchronised: 14 Apr 2023)

Parts:

M1-MPV

HONDA STREAM 1.8 (A) (Catalogue:Merimen Singapore 1.0)

Labour:

Repairer's

(Price-denominated Standard List)

Print Code:

(Unsubmitted, no print-code for SJG5137B)

Validity:

These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%	Disc	%Depr	Amount
1	1		*REAR TAILGATE	Ry	0.00	0.00	*480.00 F
2	1		*REAR TAILGATE WINDSCREEN MOULDING	New	0.00	0.00	*35.00 F
3	1		*REAR WINDSCREEN	Phother	0.00	0.00	*1,200.00 F —
4	1		*REAR TAILGATE LOGO	Ma	0.00	0.00	*15.00F -
5	1	-	*REAR TAILGATE H EMBLEM PANEL	Bu	0.00	0.00	*160.00 F
6	1		*REAR TAILGATE LOGO STREAM	M	0.00	0.00	*40.00 F
7	1	198	*REAR TAILGATE RUBBER	Dismo	0.00	0.00	*85.00 F
8	1		*REAR BUMPER	Ry	0.00	0.00	*350.00 F
9	1		*REAR BUMPER SIDE RETAINER LH	Pm	0.00	0.00	*18.00 F 🗶
10	1		*REAR BUMPER SIDE RETAINER RH	10	0.00	0.00	*18.00 F 1
11	1	The state of the s	*REAR END PANEL TOP GARNISH	PU	0.00	0.00	*90.00 F
12	1		*REAR END PANEL INNER		0.00	0.00	*95.00 F
13	1		*REAR END PANEL OUTER	No.	0.00	0.00	*200.00 F
14	1		*TOWING COVER	Sen	0.00	0.00	*12.00 F A
15	1		*SPARE TYRE BRACKET		0.00	0.00	*80.00 F
16	1		*EXHAUST BOX MOUNTING		0.00	0.00	*10.00 F *
-	1		*SPARE TYRE FLOOR PANEL		0.00	0.00	*600.00 F
18	1		*REAR WIPER ARM WITH BLADE	Mi	0.00	0.00	*45.00 F *
9	1	Ser princes in the response of the control of the control	*REAR WIPER MOTOR		0.00	00.0	*180.00 F
=Fran	chise p	art.		-			Toping Carry
				Sub Total (S\$)			3,713.00
			+ Margin on L,N Ite	ems 10.00% (S\$)			371.30
				Total Parts (S\$)			4,084.30

Report was unsubmitted during this print-out. Generated using Merimen e-Claims IEAS

es on Miscellaneous Items		Amount
Allaneous Items AR BUMPER CLIPS TOR GARNISH CLIPS	Na.	35.00 35.00
REAR FENDER INNER SHIELD CLIPS REAR FENDER INNER SHIELD CLIPS REAR NUMBER PLATE WITH FRAME REAR NUMBER PLATE WITH FRAME	ne 401	140.00 50.00 80.00
REAR TAILGATE GLASS SEATON REAR TAILGATE INNER BOARD CLIPS REVERSE SENSOR SET	Net 2 ov.	35.00 350.00
VF	Sub Total (S\$)	725.0

Est	imates on Labour	Lab.Type	Am	ount
No	Particulars Particulars		680	,
<u>Labo</u>	SPRAY PAINT ON ALL AFFECTED AREA LABOUR REMOVE/REFIX ACCIDENT DAMAGE PARTS TO KNOCK, JACK, CUT WELD LABOUR REMOVE/REFIX AFFECTED AREA	New New	1,0	00.00
2	AND DEALIGN ACCIDENT ATTESTED TO	New	201	
3	TO CHECK WIRING SYSTEM & LIGHT ANTI RUST TREAMENT	New New		120.00 120.00 X
4 5	TO CHECK & ADJUST WHEEL ALIGNMENT	New	Contract of the Contract of th	150.00 200.00
6	TOPEN PER ACE REAR TAILGATE INNER COMPARTMENT,	R, New		
7	TOP COOL ED MECHEMISM TO NEW TAILOR IN	New	•	150.00 150.00
8	TOP SPOILER, INCOME. TO REMOVE/REPLACE REAR TAILGATE GLASS	New	101	150.00
9	TO REMOVE/REFIX REVERSE SENSOR Gross Lak	oour Cost (S\$)		3,210.00

Report was unsubmitted during this print-out. Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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 <u>and</u> is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

© SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate 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 Police for Investigation.
 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.
 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 12/04/2023 21:45 (SGT) Reported by Both Policyholder and Actual Driver **Date of Accident** 12/04/2023 11:30 (SGT) **Exact Location of Accident** Singapore Additional Location Information FILTER LANE OF BISHAN RD TWDS BISHAN ST 22 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SJG5137B** INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHUA ZHENG-LI (CAI ZHENGLI) **NRIC No** S8024278F **Email Address** charlestonchua@gmail.com Mobile Phone No (Phone) +65-98221333 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Honda Model Stream Variant Exact purpose for which vehicle was being used at time of 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 1800

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5044118144-12

DRIVER

Name of Driver CHUA ZHENG-LI (CAI ZHENGLI) NRIC No S8024278F Date Of Birth 14/08/1980 Occupation Indoor

NII

SKETCH PLAN

NEH 4: 22 12375 VEH B: GRIK 949 W.

IMPORTANT NOTICE

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. 2. This Form must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 3. Information provided must be as truthful and accurate as possible.
- nsurance companies to repudiate policy liability.
- 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.
- 5. Any raise 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/lew 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.

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

Witnessed by Reporting Cer

(Name as in NRIC/ID card)