ASS. REC. BY: Kenneth | REF: AG21 2300596OIKV

## ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Hui Yang

of _____

Insured: _____

Policy No. _____

Claims No. _____

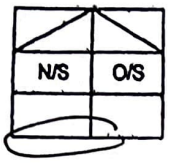
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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




Bal. or Market Value: 857K

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 5-8 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLJ 5849R Yr Regn: 12, 16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or CA

Make: Honda Vezel c.c 1496

Colour M. Blue Grey A/C: Insured / Std / NI / NA

Sp.Reading 159735 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU3 - 1218380

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 215/60R16

R: _____

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 2 mm | R/Bal. | 5 mm |
| L/Bal. | 2 mm | L/Bal. | 5 mm |
| D.O.A. | 11/2/23 | D.O.I. | 12/6/2023 |

Survey held at _____

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

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

| Date / Time | Action / Instruction |
|---|---|
| | |

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Add Fee: ☐ : Site Insp ($ _____) Parking

☐ : Interview ($ _____) Others

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

TOTAL _____

Report Format :

Lump Sum / I.B.I: ($ _____)

# 輝陽汽車有限公司
# HUI YANG MOTOR PTE. LTD.

Contact Add : SIN MING AUTOCARE Blk 176 Sin Ming Drive #04-02 Singapore 575721
Tel: 64515752 (2 Lines) . Fax: 64514658
GST & Reg No. 201629438M

11/06/2023

Owner: GVN

## ESTIMATE TO REPAIR HONDA VEZEL HYBRID - SLJ5849R

| | | | |
|---|---|---|---|
| 1pc | rear tailgate | | $ 1,193.70 |
| 1pc | rear tailgate "H" logo | | $ 58.00 |
| 1pc | rear tailgate "VEZEL" emblem | | $ 55.00 |
| 1pc | rear tailgate "HYBRID" emblem | | $ 75.00 |
| 2pcs | rear tailgate hinge @$65.00 | | $ 130.00 |
| 1pc | rear tailgate windscreen moulding | | $ 195.00 |
| 1pc | rear tailgate outer garnish | | $ 483.20 |
| 2pcs | rear tailgate refector @$385.85 | | $ 771.70 |
| 1pc | rear tailgate inner lock | | $ 389.40 |
| 1pc | rear tailgate inner rubber | | $ 198.50 |
| 1pc | rear tailgate inner garnish | | $ 358.50 |
| 2pcs | rear taillamp @$520.50 | | $ 1,041.00 |
| 2pcs | rear taillamp lower bracket @$89.50 | | $ 179.00 |
| 1pc | rear bumper | | $ 1,150.60 |
| 2pcs | rear bumper side bumper @$389.50 | | $ 779.00 |
| 2pcs | rear bumper side retainer @$38.50 | | $ 77.00 |
| 2pcs | rear bumper refector @$65.00 | | $ 130.00 |
| 10pcs | rear bumper clip @$5.00 | | $ 50.00 |
| 1pc | rear end panel | | $ 601.50 |
| 1pc | rear end panel outer sensor | | $ 190.50 |
| 1pc | rear end panel inner sensor | | $ 185.00 |
| 1pc | rear end panel inner garnish | | $ 355.20 |
| 1pc | rear floot panel | | $ 985.50 |
| 1pc | rear floot panel garnish box | | $ 695.50 |
| 1pc | rear floot panel top cardboard | | $ 685.00 |
| 1pc | rear fender LH | | $ 985.20 |
| 1pc | rear fender LH inner garnish | | $ 758.50 |
| 1pc | rear fender LH protector | | $ 289.50 |

| | |
|---|---|
| | $ 13,046.00 |
| less 20% | $ 2,609.20 |
| balance c/f | $ 10,436.80 |

Hui Yang Motor Pte. Ltd.

**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:

Auto & Comm.

# 輝 陽 汽 車 有 限 公 司
# HUI YANG MOTOR PTE. LTD.

Contact Add : SIN MING AUTOCARE Blk 176 Sin Ming Drive #04-02 Singapore 575721
Tel: 64515752 (2 Lines) . Fax: 64514658
GST & Reg No. 201629438M

11/06/2023

Owner: GVN

**ESTIMATE TO REPAIR HONDA VEZEL HYBRID - SLJ5849R**

| | | | | |
|---|---|---|---|---|
| | balance b/f | | | $ 10,436.80 |
| 1set | rear number plate & casing | s.nett | $ | 50.00 |
| 1set | rear parking sensor | s.nett | $ | 280.00 |
| | remove & refit rear windscreen glass | | $ | 120.00 |
| | sealant | | $ | 80.00 |
| | wiring | | $ | 80.00 |
| | tuffkote | | $ | 120.00 |
| | spray painting | | $ | 1,400.00 |
| | labour charges | | $ | 1,000.00 |
| | Total | | | $ 13,566.80 |

Hui Yang Motor Pte. Ltd.

# 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 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 | 12/06/2023 15:06 (SGT) |
| Reported by | Owner |
| Date of Accident | 11/06/2023 10:30 (SGT) |
| Exact Location of Accident | Compassvale Cres, Singapore |
| Additional Location Information | SLIP RD TOWARDS COMPASSVALE ST |
| Country/State of Loss | Singapore |

## DETAILS OF OWN VEHICLE

| | |
|---|---|
| Vehicle Registration Number | SLJ5849R |

### INSURED/POLICYHOLDER

| | |
|---|---|
| Is company? | Yes |
| Name Of Registered Owner | GVN |
| Company Reg No | 5XXXX736A |
| Email Address | gvisvanathan@sg.ideco.cwtlimited.com |
| Mobile Phone No | (Phone) +65-96736144 |
| Alternative Phone No | - |

### VEHICLE PARTICULARS

| | |
|---|---|
| Manufacturer | Honda |
| Model | Vezel |
| 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 | 1496 |

### INSURANCE COMPANY

| | |
|---|---|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5124914973-01 |

### DRIVER

| | |
|---|---|
| Name of Driver | VISVANATHAN S/O A GOPAL |
| NRIC No | SXXXX781B |
| Date Of Birth | 21/07/1951 |
| Occupation | Outdoor |

## 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 Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any w illful misrepresentation or w ithholding 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. The report w ill be forw arded 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 w ill 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 w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' law yers/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 w ith 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

(collectively the "**Purposes**")

(b) all insurer(s) w ho have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

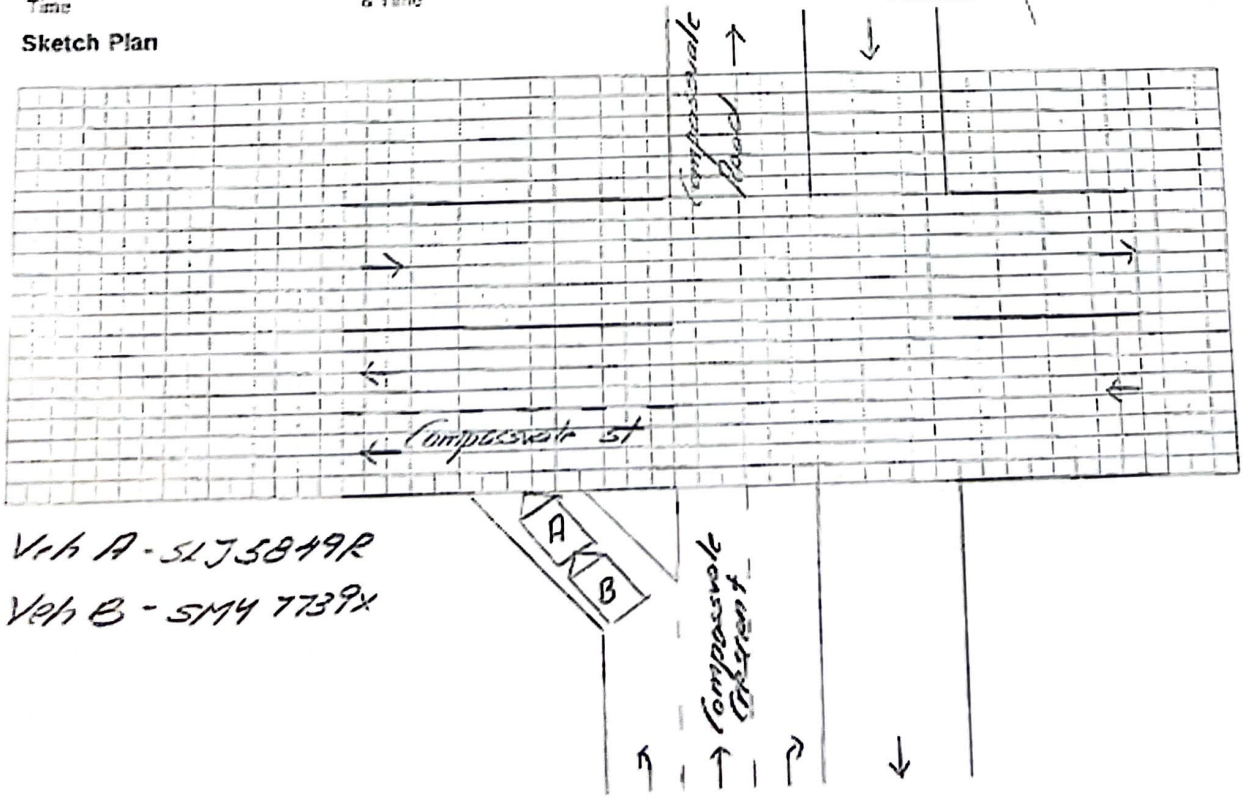
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), w hich may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**




Veh A - SLJ5849R

Veh B - SMH 7739X