

ASS. REC. BY:

REF:

MID/23007174/KP

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:

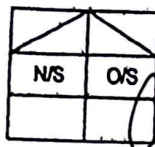
Excess:

(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 Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

06 days

Res.: Yes or No

Lum Sum:

1.13.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Smy 9388A Yr Regn: 93.2i

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

Truck / Trailer or

Make:

Honda Shuttle cc 1496

Colour

M. D. Purple AC: Insured / Std / NI / NA

Sp. Reading

58146 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

GKJ 2101545

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 185/55R16

R:

BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/

TOYO/YOKO or

Front

R/Bal.

8 mm

Rear

R/Bal.

8 mm

L/Bal.

8 mm

L/Bal.

8 mm

D.O.A.

13/7/23

D.O.I.

17/7/2023

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.

Date / Time

Action / Instruction

Date/Time, File Pass to?



: Prell. Report

1)



: Final Report

Date/Time, File Return to?

2)

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

Not Authorized
Johnny Blyeing
6 days

VEHICLE NO: SMY9366A
CHASSIS NO: GK8-2101545

MODEL: HONDA SHUTTLE

DESCRIPTION	REPAIRER'S ESTIMATE(S\$)						
<u>PARTS (LIST ITEMS)</u>							
REAR BUMPER	<i>Avicam</i> \$ 1,050.00 ✓						
REAR BUMPER TOWING COVER	\$ <i>Sm</i> 40.00 X						
REAR BUMPER RETAINER RHS	\$ <i>CM</i> 50.00 ✓						
REAR BUMPER REFLECTOR RHS	\$ <i>Sm</i> 75.00 X						
REAR FENDER RHS	<i>Ry</i> \$ 1,020.00 ✓						
REAR FENDER INNER SHIELD RHS	\$ 90.00 ?						
REAR FENDER AIR GUIDE	\$ 90.00 ?						
REAR FENDER INNER TRIM RHS (LOWER)	\$ 420.00 ?						
REAR FENDER INNER TRIM RHS (UPPER)	\$ 320.00 ?						
TAIL LAMP RHS	\$ <i>CM</i> 480.00 ✓						
TAIL LAMP PANEL (LOWER)	\$ <i>re</i> 180.00 X						
TAILGATE LAMP RHS	\$ <i>CM</i> 410.00 ✓						
TAILGATE	\$ <i>re</i> 1,050.00 X						
TAILGATE INNER TRIM	\$ <i>Sm</i> 330.00 X						
REAR QUARTER GLASS RHS	<i>Shutter</i> \$ 780.00 ✓						
REAR QUARTER GLASS MOULDING RHS	<i>re</i> \$ 120.00 ✓						
	<table> <tr> <td></td><td>\$ 6,505.00</td></tr> <tr> <td>20%</td><td>\$ 1,301.00</td></tr> <tr> <td></td><td>\$ 5,204.00</td></tr> </table>		\$ 6,505.00	20%	\$ 1,301.00		\$ 5,204.00
	\$ 6,505.00						
20%	\$ 1,301.00						
	\$ 5,204.00						
<u>SPECIAL NETT ITEMS</u>							
REAR BUMPER CLIPS 1 SET	\$ <i>re</i> 60.00 ✓						
REAR SENSORS	\$ <i>Sm</i> 200.00 X						
WINDSCREEN SEALEANT	\$ <i>re</i> 40.00 ✓						
<i>Acc Lender</i>							
Total	\$ 300.00						
TOTAL PARTS	\$ 5,504.00						

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (\$\$)	
	<u>LABOUR</u>		
1	To remove the affected parts & fittings to commence repairs; replace damaged parts and components	\$ 1,600.00	700
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	\$ 1,600.00	300
3	To remove and re-fix wiring and check all electrical components at damaged areas for proper functions	\$ 100.00	20
4	To provide anti-rust treatment on affected areas	\$ 100.00	30
5	Dignostic Check	\$ 100.00	?
6	Remove & refit rear sensor	\$ 100.00	50
7	Remove & refit rear quarter glass	\$ 100.00	60
	Labour Total :	\$ 3,700.00	
	TOTAL (PARTS & LABOUR):	\$ 9,204.00	

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:

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	14/07/2023 14:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/07/2023 15:34 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE LAMP POST 173 TOWARDS CHANGI AIRPORT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY9366A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MELIAMY
Company Reg No	5XXXX648M
Email Address	CLAIMS@CARTIMES.COM.SG
Mobile Phone No	(Phone) +65-91545421
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI23V03467/VPZ/R02

DRIVER

Name of Driver	MELIAMY
Company Reg No	5XXXX648M
Date Of Birth	04/09/1983
Occupation	Indoor

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 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 Traffic Police Department for investigation.**
6. 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:

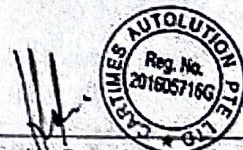
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 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.

[Signature] 1105HR
14/7/2023

Policyholder's Signature / Date & Time

[Signature] 1105HR
14/7/2023

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



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

