

ASS. REC. BY:

REF: 1021

ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TP RES/OD RES/EVA/INV/MY

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:

02 days

Res.: Yes or No

Lum Sum:

13.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

QY 120D

Yr Regn:

07, 16

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

Truck / Trailer or

Make:

Toy Camy

C.C.

2494

Colour:

M. Silver

A/C: Insured / Std / NI / NA

Sp. Reading:

63691

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

NR053CK5004020285

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

215/55ZR17

R:

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

TOYO / YOKO or

Ducati

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

19/7/24

D.O.A.

24/7/2024

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

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

S - RS. \$

: Fixing

: Others

Report Format:

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

TOTAL

ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : OD

Vehicle No. : QY120D

Make & Model : Toyota Camry

Year of Manufacture : 2016

Chassis No. : MR053CK5004020285

Engine No. : 2ARU335565

Policy No. : D-24102282MFQC/2

Time of Accident : 1030

Ins Company : MS First Capital

Excess :

Date of Accident : 19.07.24

Suggested Days of Repair : 5

In-house Vehicle Assessor

Repair Estimates

Case Owner :

Signature :

Parts (a) Cost / List Price Items \$ 3,427.00

Plus/Less 25% \$ 685.40

Total of Cost / List \$ 2,741.60

(b) Nett Price Items \$ -

Less

Total of Nett Item

(c) Special Nett Items \$ 50.00

Total Parts Cost (Appendix A) \$ 2,791.60

Labour (Appendix B) \$ 1,100.00

Total Repair Cost \$ 3,891.60

Contact No

Operation

KELVIN SU

TEL: 9786 4236

E: kelvinsukwen@cdqe.com.sg

JOHARI

TEL: 972103705

E: joharibh@sparkcarcare.com

SUN PIN

TEL: 9728 8916

E: oisunpin@cdqe.com.sg

*Not Authorized
Repairing B4paim*

The above total will be subjected to 8% G.S.T.

Name of Surveyor : Hennerh

Company : CKK

Survey conducted on : 24/7/24 at

Remarks By Surveyor

(a) The repair of this vehicle is authorized / is not authorized until further notice.

(b) Recommended Days of Repair : 02 day(s)

(c) Resurvey : Required / Not Required

(d) Excess : \$ TBA

(e) Signature of surveyor : De Date: 24/7/24

Spare Parts

Vehicle No : QY120D Case Owner : 0
Make & Model : Toyota Camry Year Manufactur : 2016
Chassis No : MR053CK5004020285 Engine No : 2ARU335565
Sales Order : _____ Supplier : _____
Order By : _____ Type of Claim : OD

No	Part Description	QTY	Cost Price	List Price	Nett Price	S/N	Disposition By Surveyor
1	Front Bumper		CM	\$ 960.00			✓
2	Front Bumper Lower Grille		CM	\$ 1,032.00			✓
3	Lower Grille Chrome Garnish		RM	\$ 280.00			✓
4	Front Bumper Lower Garnish		RM	\$ 260.00			✓
5	Front Bumper Tow Cover		SM	\$ 70.00			X
6	Front Bmper No Plate Base		CM	\$ 250.00			✓
7	RHF Fog Lamp Cover		RM	\$ 215.00			✓
8	Front Parking Sensor			\$ 360.00			7
9	Number plate + casing set				RM \$ 50.00		45IN
10							
11							
12							
13							
14							
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17							
18							
19							
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28							
29							
30							

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:

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.

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 First Submission	20/07/2024 08:48 (SGT)
Reported by	Actual Driver
Date of Accident	19/07/2024 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Hillcrest Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	QY120D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PUBLIC UTILITIES BOARD
Company Reg No	TXXXXX045L
Email Address	MOHD_AZAHAR_PAUWIMAN@PUS.GOV.SG
Mobile Phone No	(Phone) +65-93823848
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2500

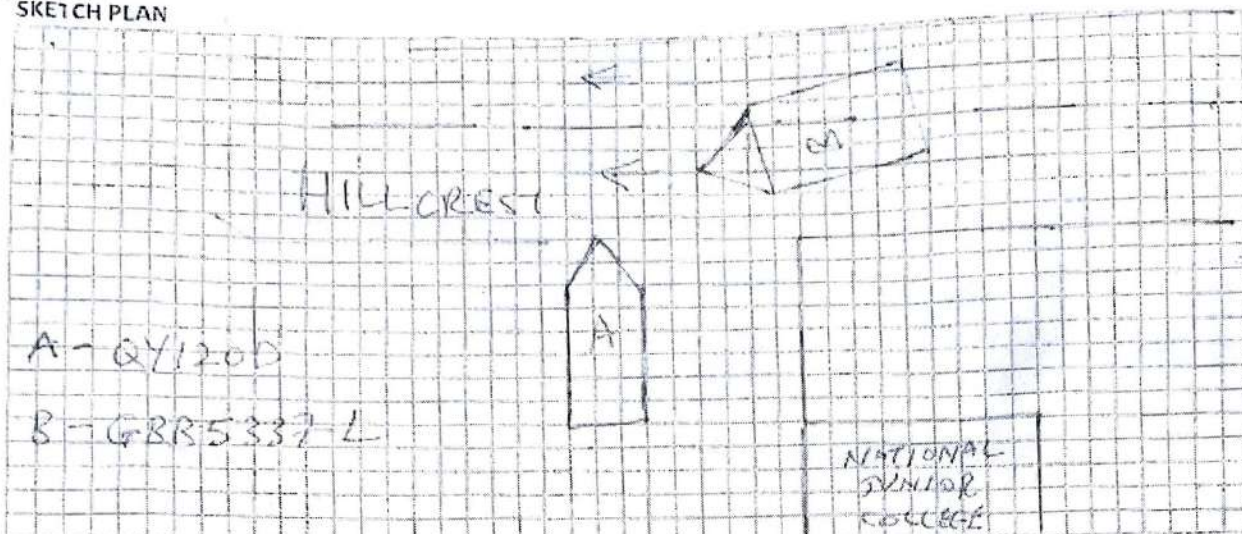
INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24102282MFQC/2

DRIVER

Name of Driver	THIAGARAJAH PUSPANATHAN
NRIC No	SXXXX617Z
Date Of Birth	07/08/1955
Occupation	Outdoor

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 10.30am, I, ~~was~~ Thiyarak Puspasathan (Nathan) was doing my reference at 37, Hillcrest Rd. I was driving board car QY120D and joining a junction and stopped before turning left when a van (white) GBR 5337L going straight suddenly hit the board car. The van driver drove too close to the board car when going straight. The driver of the van stopped and exchange phone numbers and assess the damages.

PUBLICATION
Centralised Services Department
Logistics BFE
65 Woodleigh Park,
Woodleigh Complex S(357875)

Policyholder's Signature
 Date & Time:

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

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

190724/152560