

Surveyor:

ASSIGNMENT

From: _____ Date: 2/7/2016

Estimated Cost: _____

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

To Inspect Vehicle No: SCL 6803Lat Workshop m/s Lai Huat (Meng Kee)of Blk 21 Hoi 58 Sin Ming Rd Est

Insured: _____

Policy No. _____

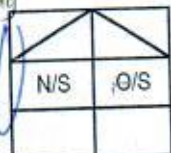
Claims No. _____

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 06 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SCL 6803L Yr Regn: 05, 08Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy A1 Altis c.c. 1598Colour: M. Blue A/C: Insured / Std / NI / NASp. Reading: 167497 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NR053 EEE106106607Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or ContinentalFront 8 mm Rear 8 mmR/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. 2/7/16 D.O.I. 8/7/16Survey held at ✓Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop orN/S body

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

Date / Time	Action / Instruction
<u>11/7</u>	<u>File pass to Catherine</u>

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1) Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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

來發 (明記) 摩哆有限公司 LAI HUAT (MENG KEE) MOTOR PTE LTD

ROC: 199407592C
Sector A, Blk 21 Sin Ming Industrial Estate, #01-56/58/60, Singapore 575679
Telephone: 6453 8110 Facsimile: 6459 6267

ESTIMATE

EST. No: EST0013892
Lee Kok Sau

Page: 1 of 1
Your ref.: TP-SJQ 2397J GOVT
Job No.: 67539
Our ref.: 16.07.10
Payment
Date: 5/7/2016

Attn

Vehicle No: SCL 6803L
Vehicle Model : Toyota Altis
Accident on ...: 2/7/2016

*Not Authorised
11 Sep 87
Running After Repair
6 days*

Quantity	Unit	Description	Unit price	Disc. pct.	Amount
Supply of Parts:					
1.00	Pc	Front fender LH	622.10	25.00	466.58
1.00	Pc	Front fender VVTi emblem LH	42.10	25.00	31.58
6.00	Pcs	Front fender inner shield clips (1)	3.80	25.00	17.10
3.00	Pcs	Front fender inner shield clips (2)	3.80	25.00	8.55
Labour & Misc:					
1.00		To apply anti-rust chemical	40.00		40.00
1.00		To dismantle and refix side skirt LH	80.00		80.00
1.00		To knock dents on front door LH, rear door LH, rear fender LH and renew above parts	500.00		500.00
1.00		To respray paint (including front and rear bumpers)	1,000.00		1,000.00

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:

Sub-Total 2,143.81
GST 7.00% 150.07
Total S\$ 2,293.88

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 Authorised 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 reputate policy ability.
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 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 at cost.

ACCIDENT STATEMENT

Date Of Report	04/07/2016 11:21
Date Of Accident	02/07/2016 19:55
Exact Location Of Accident	STADIUM CIRCLE / STADIUM ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCL6803L
Insured/Policyholder	
Name Of Registered Owner	LEE KOK SAU
NRIC No	S0592749H
Email Address	chyelanseah@icloud.com
Mobile Phone No	(LOCAL) +65-96746925
Alternative Phone No	Others-96746925

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100077928-08000
Cover Note Number	

Driver

Name of Driver	MRS LEE KOK SAU NEE SEAH CHYE LAN
NRIC No	S00187251
Date Of Birth	19/05/1947
Occupation	Indoor
Date Of Driving Pass	20/05/1966
Driving Experience	50 Years And 1 Month
Gender	Female
Mobile Number	(Local) +65-98341900
Fax Number	
Contact Number	Others-96746925
Email Address	chyelanseah@icloud.com