

ASS. REC. BY:

REF:

TP / CS / TP18000702 / Krbn2

Henneth
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:

04 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:

STR 8684K

Yr Regn:

07, OP

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

Truck / Trailer or

Make:

Kia Cee'd

c.c.

1988

Colour:

M. Red

A/C:

Insured / Std / NI / NA

Sp. Reading

159154

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KNAFH22395078790

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

215/45R17

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

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

11/1/18

D.O.I.

12/1/18

Survey held at

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

O/S Rear body

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

Date / Time

Action / Instruction

12/1

GVA. in ready

STR 8684K - X

1/3

L1 R 8 2300 Confirm by email

Red: \$3796.15, 62%

RECEIVED 02 MAR 2018

Date/Time, File Pass to?

1) typist

Date/Time, File Return to?

2)



Prell. Report



Final Report

Days Of Repair:

4

Resurvey No. of Trip:

2

Add Fee:



Site Insp (\$



Interview (\$



Tech Invs (\$



Weekend (\$

Survey Fee:

Transportation:

\$ - RS. \$

Photos

Others

TOTAL

145

50

50+50

21

80

396

Report Format:

TP- Independent

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

2300




LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
COMPLETE VMS PTE LTD			Ref : CS/TP18000902/Krb	
BLK 176 SIN MING DRIVE #03-14 SIN MING AUTOCARE COMPLEX SINGAPORE 575721			Date : 16-01-2018	
Code : TP470				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	Veh. Inspected		SJR 8684K	
Policy No.	Coverage (\$)		0.00	
Claim No.	Excess (\$)		0.00	
Assign From	Assign Date		12/01/2018	
2. Vehicle Particulars & Condition				
Make & Model	c.c		0	
Engine No. HIDDEN	Year of Reg.			
Chassis No.	Colour			
Odometer -	Steering			
Brakes	Modification			
General				
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
4. Description of Damages				
5. General Information				
Accident Date	11/01/2018	Inspection Date	12/01/2018	
Survey held at	COMPLETE VMS PTE LTD BLK 176 SIN MING DRIVE #03-14 SIN MING AUTOCARE COMPLEX SINGAPORE 575721			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

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 repudiate 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	11/01/2018 18:20
Date Of Accident	11/01/2018 07:10
Exact Location Of Accident	MANDAI ROAD JUNCTION TO MENG SUAN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR8684K
Insured/Policyholder	
Name Of Registered Owner	KIONG CHENG YONG CHRISTOPHER
NRIC No	S1616250G
Email Address	KIONGCHENGYONG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96432994
Alternative Phone No	OTHERS-96432994
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE-2.0 (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5058563559-04
Cover Note Number	
Driver	
Name of Driver	KIONG CHENG YONG CHRISTOPHER
NRIC No	S1616250G
Date Of Birth	24/10/1963
Occupation	INDOOR
Date Of Driving Pass	28/01/1986
Driving Experience	31 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96432994
Fax Number	
Contact Number	OTHERS-96432994
Email Address	KIONGCHENGYONG@YAHOO.COM.SG

Address BLK 132 EDGEDALE PLAINS #10-30
SINGAPORE

Postcode 820132

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own Vehicle -
-
-

Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions DRIZZLING

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 3

Passenger 1 NAME: : JOEL
GENDER: : MALE

Passenger 2 NAME: : ISSAC HO
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of Intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBG8789U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver ZABAR BIN SLAMAT

NRIC/Passport Number

Contact Number 90023153

Address

Postcode

SKETCH PLAN


IMPORTANT NOTICE

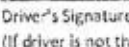
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.
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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

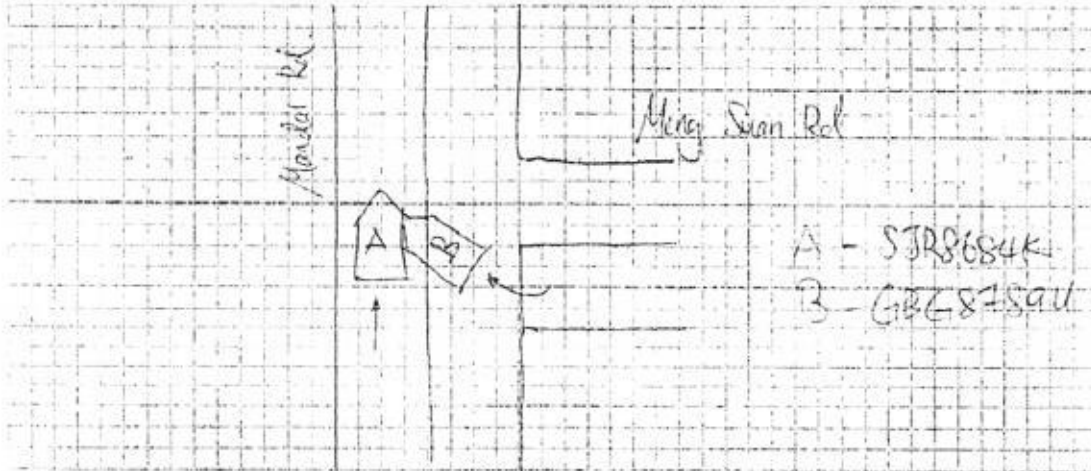

Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Mandai Rd. When came to the junction of Meng Suan Rd, I saw vehicle B coming out from Meng Suan Rd without noticing my vehicle. I tried to horn him but vehicle B didn't stop at all and collided into my vehicle's rear right door.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



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.:



COMPLETE VMS PTE LTD The Premier One-Stop Vehicle Accident Claims Centre
176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721
(Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg

Email : darren@completevms.com.sg ()
lily@completevms.com.sg ()
lihui@completevms.com.sg ()

KIONG CHENG YONG CHRISTOPHER
BLK 132 EDGEDALE PLAINS #10-30
SINGAPORE 820132

Attention : THE OWNER
Contact : 96432994

Estimate : ES006241

Date : 11/01/2018
Vehicle Num. : SJR8684K
Make/Model : KIA CERATO FORTE-2009
Chassis/Eng# : KNAFH222395078790/G4KD9H5251
Accident Date : 11/01/2018
Claim No. :
Reference :
Policy No. :

Not Authored
Lily 82300
Money After Paint
4 days

S/N	Quantity	Particular	Unit Price	Amount S\$
-----	----------	------------	------------	------------

- | | | | | |
|-----|---|--------------------------------------|--|--|
| 1. | 1 | LIST ITEMS : | | |
| 2. | 1 | REAR FENDER R/H | | |
| 3. | 1 | REAR DOOR R/H | | |
| 4. | 1 | REAR DOOR WINDOW REGULATING GEAR R/H | | |
| 5. | 3 | REAR DOOR WINDOW FRAME STICKER R/H | | |
| 6. | 1 | ROCKER PANEL R/H | | |
| 7. | 1 | REAR W/SCREEN MOULDING | | |
| 8. | 1 | REAR RIM R/H | | |
| 9. | 1 | REAR SHOCK ABSORBER R/H | | |
| 10. | 1 | REAR BEARING R/H | | |

R	986.00	X
Ref/way	865.00	✓
Ln	321.00	X
38.00	114.00	✓
R	653.00	X
Ln	131.00	X
Ref/way	585.00	✓
Ln	378.00	X
Ref/way	286.00	✓
	4,319.00	
	647.85	
	3,671.15	

List Total S\$:
15.00% Discount S\$:

108

- | | | | | |
|----|---|-----------------------|--|--|
| 1. | 1 | SPECIAL NETT ITEMS : | | |
| | | REAR W/SCREEN SEALANT | | |

Ln	65.00	X
	65.00	

Special Nett Total S\$:

LABOUR :
TO TRANSFER R/H FRONT DOOR COMPONENT TO NEW DOOR
RUST PROOFING TREATMENT
REMOVE & REINSTALL REAR W/SCREEN GLASS
SPRAY PAINT DAMAGED AREA AFFECTED
TO CUT OFF REAR FENDER, R/H ROCKER PANEL AND CHANGE R/H
REAR DOOR

6ch	150.00	
3ch	100.00	
Ln	180.00	X
6601	980.00	
500	950.00	
	2,360.00	

Labour Total S\$:

SingDollars : Six Thousand Ninety-Six & Cents Fifteen Only

Total S\$: 6,096.15

COMPLETE VMS PTE LTD

This is only an estimate bases on our preliminary inspection and does not cover additional parts and labour time which may be required after the work has begun

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:

6312.10



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

COMPLETE VMS PTE LTD

Ref : CS/TP18000902/Krbn2

BLK 176 SIN MING DRIVE
#03-14 SIN MING AUTOCARE COMPLEX
SINGAPORE 575721

Date : 06-03-2018



ON BEHALF OF KIONG CHENG YONG
CHRISTOPHER

Code : TP470

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	Veh. Inspected	SJR 8684K
Policy No.	Coverage (\$)	0.00
Claim No.	Excess (\$)	0.00
Assign From	Assign Date	12/01/2018

2. Vehicle Particulars & Condition

Make & Model	KIA CERATO (A)	c.c	1998
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	KNAFH222395078790	Colour	METALLIC RED
Odometer	159154	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/45 R17	DAYTON	7 mm
L/H Front Tyre	215/45 R17	DAYTON	7 mm
R/H Rear Tyre	215/45 R17	DAYTON	7 mm
L/H Rear Tyre	215/45 R17	DAYTON	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR BODY. DAMAGES SEE DETAILS.

5. General Information

Accident Date	11/01/2018	Inspection Date	12/01/2018
Survey held at	COMPLETE VMS PTE LTD BLK 176 SIN MING DRIVE #03-14 SIN MING AUTOCARE COMPLEX SINGAPORE 575721		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	4 Working Days
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LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJR 8684K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR FENDER R/H	TO REPAIR SEE LABOUR	986.00	-
1	REAR DOOR R/H	BENT / WARPED	865.00	865.00
1	REAR DOOR WINDOW REGULATING GEAR R/H	SERVICEABLE	321.00	-
3	REAR DOOR WINDOW FRAME STICKER R/H @\$38.00	NECESSARY	114.00	114.00
1	ROCKER PANEL R/H	TO REPAIR SEE LABOUR	653.00	-
1	REAR W/SCREEN MOULDING	NOT NECESSARY	131.00	-
1	REAR RIM R/H	DENTED / SCRATCHED	585.00	585.00
1	REAR SHOCK ABSORBER R/H	SERVICEABLE	378.00	-
1	REAR BEARING R/H	BENT / NECESSARY	286.00	286.00
	LESS 10% DISCOUNT		-431.90	-185.00
			3,887.10	1,665.00
SPECIAL NETT ITEMS				
1	REAR W/SCREEN SEALANT (SN)	NOT NECESSARY	65.00	-
			65.00	-
LABOUR				
	TO TRANSFER R/H FRONT DOOR COMPONENT TO NEW DOOR.		150.00	60.00
	RUST PROOFING TREATMENT.		100.00	30.00
	REMOVE & REINSTALL REAR W/SCREEN GLASS.	NOT NECESSARY	180.00	-
	SPRAY PAINT DAMAGED AREA AFFECTED.		980.00	660.00
	TO CUT OFF REAR FENDER, R/H ROCKER PANEL AND CHANGE R/H REAR DOOR.		950.00	500.00
			2,360.00	1,250.00
GRAND TOTAL			6,312.10	2,915.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,300.00

Report Ref No. CS/TP18000902/Krbn2

KONG SENG CHEONG

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.