

22/11/2020

ASS. REC. BY:

REF: CS/INC 20000384 / Kyf3

Special Instruction:

file pass back
to Kenneth

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Theresa Vimala

of INC

Date/Time: 1 Jan 20 9.57 a.m

Estimated Cost:

Bill to:

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

To inspect Vehicle No:

SMJ 6137T

Insured:

SKB 6358M

at Workshop m/s

Supreme Auto

Tel:

645 2821

of 176 sh ming Drive #02-01

Policy No:

Claim No:

MT / 1078516-002

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

04/01/2020

CA / REV / REP. / REV 24 HRS

1 up

H.O.D. Endorsement:

Date/Time: 10:40am @ 7/1/2020

Person Contacted:

WK Chew

Vehicle: IN / OUT

Date/Time

Action/Instruction

Telephone

SMJ 6137 T - X

214 81125.0 email Confirmed

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

04

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

1 up

Vehicle: IN / OUT

Date:

Person Contacted:

L/Bal.

mm

L/Bal.

mm

D.O.A.

6/1/20

D.O.I.

7/1/2020

Survey held at

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

O/S Area

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

Report Format:

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

ASS. REC. BY:

REF: INC

ASSIGNMENT

From:

Date:

7/1/2020

Estimated Cost:

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

To Inspect Vehicle No:

SMJ 6137T

at Workshop m/s

Supreme Auto

of

176 Sin Ming Drive #02-01

Insured:

Policy No.

Claims No.

Sum Insured:

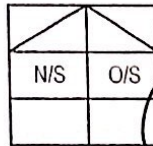
Excess:

(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:

04

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

1 up

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMJ 6137T

Yr Regn:

03, 19

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

Truck / Trailer or

Make:

Toy Vaux

Wagon

c.c

1797

Colour

M. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

65847

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

ZWR 80 . 0367313

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / Rim / STD A/Rim or

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

4/1/20

D.O.I.

7/1/2020

Survey held at

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

O/S Rear

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

Date / Time

Action / Instruction

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Add Fee:



: Site Insp (\$)



: Interview (\$)



: Tech. Insp (\$)



: Weekend (\$)

Report Format:

Lump Sum / L.P.R. /

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 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 Report	06/01/2020 13:21
Date Of Accident	04/01/2020 09:30
Exact Location Of Accident	MARINA COASTAL DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ6137T
Insured/Policyholder	
Name Of Registered Owner	TIDAL CARS PTE LTD
Co Reg No	2XXXXX000M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96169194

Vehicle Particulars

Manufacturer	TOYOTA
Model	VOXY HYBRID 1.8V CVT
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107965449
Cover Note Number	

Driver

Name of Driver	KHOO YONG CHING (QIU YONGJING)
NRIC No	SXXXX790F
Date Of Birth	15/05/1990
Occupation	OUTDOOR
Date Of Driving Pass	12/04/2013
Driving Experience	6 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96169194
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 435 YISHUN AVENUE 6 #10-2092 SINGAPORE
Postcode	760435
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	1

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

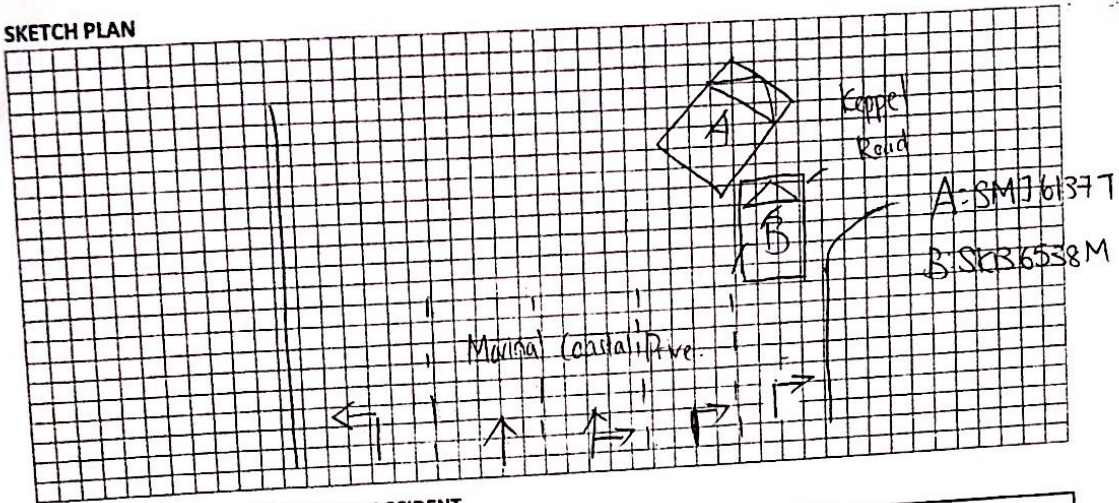
Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB6358M
Vehicle Make/Model/Colour	
Details Of Properties	REFER ATTACHED
Vehicle Category	PRIVATE HIRE
Name of Driver	ANDREW KWAN
NRIC/Passport Number	
Contact Number	93294713
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was travelling on the second lane from the right along Marina Coastal Drive when I reached the junction towards Keppel Road. I was turning right towards Keppel Road when Vehicle B, which was on the extreme right lane, supposed to turn right but travelled straight instead. Head of Vehicle B collided into the right rear side of my vehicle as a result.


DECLARATION

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


Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3


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


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

SUPREME AUTO SERVICE

176 SIN MING DRIVE #02-01 SINGAPORE 575721
TEL: 6452 8211 FAX: 6451 7420

ESTIMATE

TIDAL CARS PTE LTD
c/o 46 Lenton Plain
Singapore 786548

Not Withheld
Phony B4 nam
9 days
8 1125.00

Date: 7/1/2020

QUANTITY	PARTICULARS	AMOUNT (\$)
	RE: TOYOTA VOXY / SMJ 6137 T	
1 pc	rear bumper	<i>1,876.20</i> X
1 pc	rear bumper dust cover	<i>195.20</i> X
1 pc	rear bumper reflector	<i>176.40</i> X
1 pc	rear bumper side retainer	<i>163.50</i> X
1 pc	rear fender panel	<i>967.30</i> X
1 pc	rear tail lamp apron panel	<i>456.30</i> X
	<div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <p>Acknowledged by Repairer Signature: Date:</p> </div>	
	sub-total	3,834.90
	less 25%	958.73
	sub-total	2,876.18
1 set	reverse sensor	<i>220.00</i> X
1 tube	glass sealant	<i>60.00</i> X
	To remove & replace the parts mentioned above, panel beat & realign the necessary affected areas.	<i>350</i> 500.00
	To apply putty & spray painting on affected areas.	<i>700</i> 700 800.00
	To check wiring system.	<i>150</i> 50.00
	To install reverse sensors.	<i>nn</i> 80.00 X
	To remove & reinstall side glass to enable repair.	<i>nn</i> 140.00 X
	To remove & reinstall trimming to enable repair.	120.00 <i>60</i>
	Total	4,846.18