

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: _____

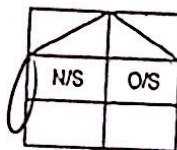
Excess: _____

(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: _____

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: S10 7520Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or _____

Make: Toy Altisc.c. 1598Colour: h.p. white

A/C: Insured / Std / NI / NA

Sp. Reading: 86758

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053REH10455289Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____

215/45R17

R: _____

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

TOYO / YOKO or

Front

R/Bal. 8 mm

Rear

R/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 6/4/20D.O.I. 7/4/2020

Survey held at _____

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

N/S body

The UIC / 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

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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



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

SIM MONG HONG
BLK 322B ANCHORVALE DRIVE #15-138
SINGAPORE 542322

Attention : THE OWNER
Contact : 93838648

Estimate : ES006981

Date : 06/04/2020
Vehicle Num. : SLD7520G
Make/Model : TOYOTA ALTIS 1.6-2016
Chassis/Eng# : MR053REH104552891/1ZR580006
Accident Date : 06/04/2020
Claim No. :
Reference :
Policy No. :

Not Authorized
1/1 Imp & ?
Resurvey After Paint
4 days

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

- | | | | | |
|----|---|------------------------------|--|--|
| 1. | 1 | LIST ITEMS : | | |
| 2. | 2 | FRONT DOOR L/H | | |
| 3. | 1 | FRONT DOOR BLACK STICKER L/H | | |
| 4. | 2 | REAR DOOR L/H | | |
| 5. | 1 | REAR DOOR BLACK STICKER L/H | | |
| 6. | 1 | REAR FENDER L/H | | |
| 7. | 1 | REAR W/SCREEN MOULDING | | |
| 8. | 1 | REAR SPORT RIM L/H | | |
| 9. | 1 | REAR WHEEL BEARING L/H | | |
| | | REAR SHOCK ABSORBER L/H | | |

1,179.60	
82.00	164.00
82.00	1,169.00
	164.00
	1,026.00
	152.00
	1,644.50
	637.41
	287.00

List Total S\$:
20.00% Discount S\$:

255

6,423.51
1,284.70
5,138.81

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

65.00	
65.00	

Special Nett Total S\$:

LABOUR :
REMOVE & REINSTALL REAR W/SCREEN GLASS
TRANSFER L/H FRONT DOOR COMPONENTS TO NEW DOOR
TRANSFER L/H REAR DOOR COMPONENTS TO NEW DOOR
RUST PROOFING TREATMENT
SPRAY PAINT DAMAGED AREA AFFECTED
REMOVE & REINSTALL REAR SUSPENSION L/H
COMPUTER WHEEL ALIGNMENT
TO CUT OFF L/H REAR FENDER AND CHANGE ALL NECESSARY

180.00	
150.00	
150.00	
100.00	
980.00	
250.00	
120.00	

CONTINUE / ...

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:



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

SIM MONG HONG
BLK 322B ANCHORVALE DRIVE #15-138
SINGAPORE 542322

Attention : THE OWNER
Contact : 93838648

Estimate : ES006981

Date : 06/04/2020
Vehicle Num. : SLD7520G
Make/Model : TOYOTA ALTIS 1.6-2016
Chassis/Eng# : MR053REH104552891/1ZRX580006
Accident Date : 06/04/2020
Claim No. :
Reference :
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
		PARTS		1,100.00
		Labour Total S\$:		3,030.00

SingDollars : Eight Thousand Two Hundred Thirty-Three & Cents Eighty-One Only

Total S\$: 8,233.81
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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

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	06/04/2020 11:48
Date Of Accident	06/04/2020 07:40
Exact Location Of Accident	CROSS JUNCTION JALAN BENAAN KAPAL & STADIUM CRES
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD7520G
Insured/Policyholder	
Name Of Registered Owner	SIM MONG HONG
NRIC No	SXXXX568C
Email Address	MONG.HONG.SIM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93838648
Alternative Phone No	OFFICE-93838648
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
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	5091765913-02
Cover Note Number	
Driver	
Name of Driver	SIM MONG HONG
NRIC No	SXXXX568C
Date Of Birth	14/02/1972
Occupation	INDOOR
Date Of Driving Pass	23/01/1998
Driving Experience	22 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93838648
Fax Number	
Contact Number	OFFICE-93838648
EMail Address	MONG.HONG.SIM@GMAIL.COM