

ASS. REC. BY:

REF: C72/

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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

1.8.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SLF 6614R

Yr Regn:

09, 16

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

Truck / Trailer or

Make:

Mit

Attr 9K

c.c 1193

Colour

M. R. White

A/C: Insured / Std / NI / NA

Sp. Reading

80587

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MMBS TA 13A HIT 002544

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

185 / 55 R 15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / 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 / 4 / 20

D.O.I.

13 / 4 / 2020

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, File Pass to?

☐

: Prell. Report

☐

: Final Report

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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



ESTEEM PERFORMANCE PTE LTD

Blk 5003 Ang Mo Kio, Ind Park 2 #01-251/259, 569629.
Tel: +65-6484 1221 Fax: +65-6484 7829 Website: www.esteempart.com.sg

Scare Parts

Vehicle No. :	SLF 6614 R	Submit By :	JENNY
Make & Model :	mitsubishi attrage	Year Manufacture :	2018
Chassis No. :	MMB5TA13AHH002544	Engine No. :	
		Cost / List	

S.No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Front number plate	1	245.00	S.N	✓
2	Headlamp LH	1			?
3	Front bumper	1			—
4	Front bumper clip	10			—
5	Front bumper reinforcement	1			?
6	Front bumper side retainer LH	1			✓
7	Front bumper side retainer RH	1			✓
8	Front bumper bracket LH	1			?
9	Front bumper bracket RH	1			✓
10	Front bumper sponge	1			?
11	Front grille	1			?
12	Front grille chrome	1			✓
13	Front emblem	1			?
14	Fog lamp LH	1			✓
15	Fog lamp garnish LH	1			✓
16	Fog lamp chrome LH	1			✓
17					
18					
19					
20					
21					
22					
23					

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

Blk 5003 Ang Mo Kio Industrial Park 2 #01-251/259 Singapore 569629 Tel: 64841221 Fax: 64847829
Company Reg.No. 200005485N / GST No. 20-0005485-N

Not Notified
Pressure Bk paint
2 days



ESTEEM PERFORMANCE PTE LTD

Blk 5033 Ang Mo Kio, Ind Park 2 #01-251/ 259, 569536.
Tel: +65-6484 1221 Fax: +65-6484 7829 Website: www.esteemperf.com.sg

Labour

Vehicle No. : **SLF 6614 R**
Make & Model : **MITSUBISHI ATTRAGE**

Submit By : **Carmen Lim**
Year of Manufacture : **2016**

S/No	Labour Description	Estimated Price	Adjusted Price
1	TO RENEW DAMAGED PARTS & KNOCK OUT ACCIDENT REPAIR AREA. (FRONT BUMPER,SUPPORT PANEL)	\$600.00	2001
2	TO PUTTY, RESPRAY PAINT FOR AFFECTED ACCIDENT REPAIR AREA. (FRONT BUMPER,SUPPORT PANEL)	\$600.00	2201
3	To check wiring, focus headlamp	\$50.00	151
4	To remove & refit radiator, condenser to assist work load, to top up A/C gas.	\$150.00	X
5	To tuff coat.	\$100.00	X
<div>LKK Auto Consultants hence notify the Repairer of the following:<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 supply 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 CompanyAcknowledged by Repairer Signature: Date:</div>			

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 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 09/04/2020 11:12
Date Of Accident 04/04/2020 10:40
Exact Location Of Accident ALONG KEE CHOE AVENUE
Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLF6614R
Insured/Policyholder
Name Of Registered Owner GOLDBELL CAR RENTAL PTE LTD
Co Reg No 2XXXXX651D
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-68386300
Vehicle Particulars
Manufacturer MITSUBISHI
Model ATTRAGE 1.2 CVT
Exact Purpose for which vehicle was being used at time of accident ATTEND A FUNERAL
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 TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy YES
Policy Number 20-ML000256-R00
Cover Note Number
Driver
Name of Driver JAAFAR BIN AHMAD
NRIC No SXXXX214D
Date Of Birth 17/08/1960
Occupation OUTDOOR
Date Of Driving Pass 27/09/1980
Driving Experience 39 YEARS AND 6 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96358274
Fax Number
Contact Number
Email Address NOEMAIL