

ASS. REC. BY:

REF:

CTZ/20005656/Ksf3

Kenneth

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Auto work

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.

N/S	O/S

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 NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP / 24 HRS

2/25

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: STV 9983U Yr Regn: 02, 10Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy Altis c.c. 1588Colour: h. Grey A/C: Insured / Std / NI / NASp. Reading: 83521 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: NR 053888-108168622Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: NII / S/Rlm / STD / A/Rlm orTyre Size: F: 195/65R15

R: \_\_\_\_\_

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

Front

R/Bal. 2 mmL/Bal. 2 mmD.O.A. 9/5/20

Survey held at

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

01/5/21

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1) Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation:

S - RS - SI

Fuel

Others

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

TOTAL

Report Format :

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

# AUTOWORX HOUSE

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

## ESTIMATE

HOE HUI SHAN  
c/o 46 Lenton Plain  
Singapore 786548

*Not Authorized*  
*1/1/2020*  
*Resurvey After Paint*  
*4 days*

Date: 12/5/2020

QUANTITY	PARTICULARS	AMOUNT (\$)
	<b>RE: TOYOTA ALTIS / SJV 9983 U</b>	
1 pc	front bumper	<i>Br</i> 494.40 ✓
1 pc	front bumper side retainer	<i>Dir</i> 60.66 ✓
1 pc	front bumper fog lamp	<i>Sm</i> 349.80 X
1 pc	front bumper fog lamp garnish	<i>Sm</i> 180.25 X
1 pc	front bumper reinforcement	<i>R</i> 371.20 X
1 pc	front bumper sponge	<i>Sm</i> 284.25 X
1 pc	front head lamp assy	<i>WT</i> 462.40 ✓
1 pc	front fender	<i>R</i> 348.50 ✓
	sub-total	2,551.46
	less 25%	637.87
	sub-total	1,913.60
	To remove and replace the parts mentioned above, panel beat and realign the necessary affected areas.	<i>400</i> 600.00
	To check wiring system.	<i>200</i> 40.00
	To apply putty and spray painting on affected areas.	<i>400</i> 580.00
	Total	3,133.60

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:



## 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	11/05/2020 14:11
Date Of Accident	09/05/2020 12:30
Exact Location Of Accident	JUNCTION OF MARINE PARADE / MARINE CRESCENT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV9983U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HOE HUI SHAN
NRIC No	SXXXX029H
Email Address	TRYOUTS.JO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98228080
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA-ALTIS
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ20-001172
Cover Note Number	14/02/2020 TO 13/02/2021

### Driver

Name of Driver	HO WEI JUN
NRIC No	SXXXX809B
Date Of Birth	29/07/1982
Occupation	INDOOR
Date Of Driving Pass	19/12/2002
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98228080
Fax Number	
Contact Number	
Email Address	TRYOUTS.JO@GMAIL.COM

Address	APT BLK 32 MARINE CRESCENT #09-119
Postcode	440032
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	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?	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)	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 TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ8350K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHIA CHOON MONG
NRIC/Passport Number	SXXXX073Z
Contact Number	93658211
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



Sketch Plan Pg. 2

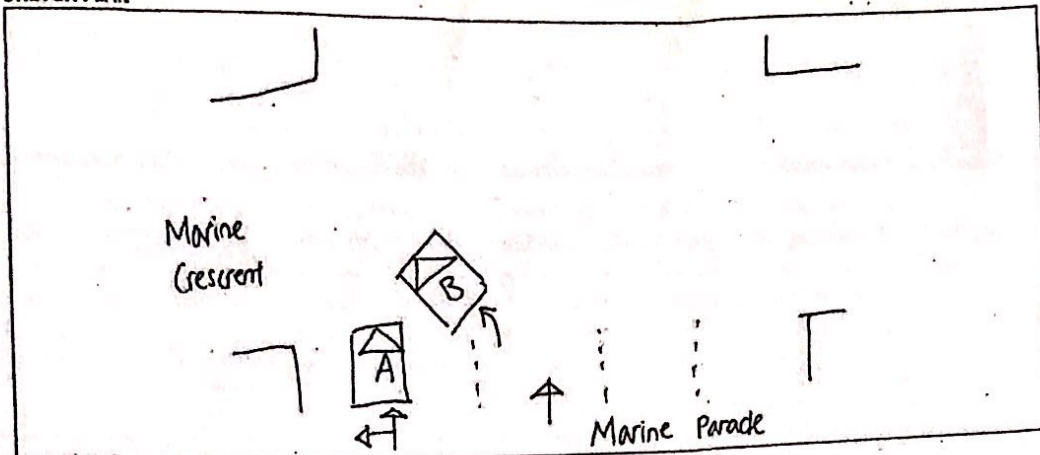
Date of accident: 09/05/20 Time: 1230Hrs Location: Junction of Marine Parade & Marine Crescent

My Vehicle A: SJV 9983 U

Vehicle B: GB1 8305 K

Vehicle C:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was about to turn left at traffic junction.  
Other party was at the lane on the right of the Vehicle. The lane was a non-turning lane.  
Other party abruptly turned left at junction, cutting into Vehicle A's lane and hitting front right bumper / headlight of Vehicle A.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: Supreme Auto Service Pte Ltd

Email address: admin@supreme.sg

& myself

Email address: TRYOUTS.JD@GMAIL.COM

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own Insurer for more information.

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.:



AH LIM MOTOR COMPANY