

ASS. REC. BY:

REF:

5M01 20006066/Kg

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

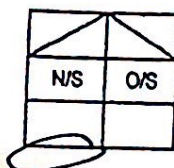
Excess:

(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: 03 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:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

Rear

R/Bal.

L/Bal.

D.O.I.

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

Action / Instruction

Kenneth confirmed LS \$1750, 3 days.
(Red \$1333.82, 43%)

Date/Time, File Pass to?

☐

: Prell. Report

11/22/06 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

Add Fee:

: Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Report Format: TP

Lump Sum H.B. (\$ 1750

KUM CHEW MOTOR WORKSHOP

160, SIN MING DRIVE #05-08
 SIN MING AUTOCITY, SINGAPORE 575722.
 Tel No. : 64536256/64563715 Fax No. : 64557754
 E-Mail : kumchew1@singnet.com.sg
 GST Reg.No. : M90367665T Buss. Reg. No. : 52865130K

SOMPO INSURANCE (SINGAPORE) PTE LTD
 50, RAFFLES PLACE #05-01/06
 SINGAPORE LANE TOWER, SINGAPORE 048623.
 CLAIM OFFICIER : 63295170

Attention : Motor Claim Department
 Contact : 62235293 Fax No. : 63224626

Estimate : ES004929

Date : 02/06/2020
 Vehicle Num. : SLJ 9396 D
 Make/Model : VOLKSWAGEN TOURAN-2016
 Chassis/Eng# : WVGZZZ1TZW024665
 Accident Date : 31/05/2020
 Claim No. :
 Reference : KC/TP9396/2006-01
 Policy No. :

Not Authorized
6/1/2020
After Paint
3 days

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

- | | | | | |
|----|------|--------------------------------|--|--|
| 1. | 1 PC | LIST ITEMS : | | |
| 2. | 1 PC | REAR BUMPER | | |
| 3. | 1 PC | REAR BUMPER REINFORCEMENT | | |
| 4. | 1 PC | REAR BUMPER SPONGE | | |
| 5. | 1 PC | REAR BUMPER SIDE RETAINER - LH | | |
| 6. | 1 PC | REAR BUMPER REFLECTOR - LH | | |
| | | REAR BUMPER LOWER GARNISH | | |

CM 721.50 ✓
 319.20 7
 241.70 7
diy 32.40 ✓
sen 63.40 ✓
sen 381.60 ✓

List TotalS\$:
 10.00% Discount S\$:

1,759.80
 175.98
 1,583.82

- | | | | | |
|----|-------|----------------------|--|--|
| 1. | 1 SET | SPECIAL NETT ITEMS : | | |
| | | REAR REVERSE SENSOR | | |

pu 280.00 X
 280.00

Special Nett Total S\$:

LABOUR :

TO PULL, KNOCK ON REAR ACCIDENT PORTION & CHANGE THE ABOVE PARTS.

30d
 480.00

TO SPRAY & PAINT ON REAR ACCIDENT PORTION.

45d
 580.00

TO ANTI-RUST REAR AFFECTED AREAS.

nn 60.00 X

TO CHECK WIRING FUNCTIONS.

50.00 *15/*

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:

CONTINUE / ...

KUM CHEW MOTOR WORKSHOP

160, SIN MING DRIVE #05-08
 SIN MING AUTOCITY, SINGAPORE 575722.
 Tel No. : 64536256/64563715 Fax No. : 64557754
 E-Mail : kumchew1@singnet.com.sg
 GST Reg.No. : M90367665T Buss. Reg. No. : 52865130K

SOMPO INSURANCE (SINGAPORE) PTE LTD
 50, RAFFLES PLACE #05-01/06
 SINGAPORE LANE TOWER, SINGAPORE 048623.
 CLAIM OFFICIER : 63295170

Attention : Motor Claim Department

Contact : 62235293 Fax No. : 63224626


Estimate : ES004929

Date : 02/06/2020
 Vehicle Num. : SLJ 9396 D
 Make/Model : VOLKSWAGEN TOURAN-2016
 Chassis/Eng# : WVGZZZ1TZW024665
 Accident Date : 31/05/2020
 Claim No. :
 Reference : KC/TP9396/2006-01
 Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
		TO DISMANTLE AND CHANGE 1 SET REVERSE SENSOR.		50.00 ✓
		Labour Total S\$:		1,220.00

SingDollars : Three Thousand Eighty-Three & Cents Eighty-Two Only

Total S\$: 3,083.82
 =====


 KUM CHEW MOTOR WORKSHOP

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	01/06/2020 12:46
Date Of Accident	31/05/2020 13:20
Exact Location Of Accident	ALEXANDRA RETAIL CENTRE LEVEL 1 MSCP CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ9396D
Insured/Policyholder	
Name Of Registered Owner	RAMESH S/O SEENIVASAN
NRIC No	SXXXX994H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96223278
Alternative Phone No	OFFICE-96223278
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	TOURAN
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120038571800
Cover Note Number	
Driver	
Name of Driver	RAMESH S/O SEENIVASAN
NRIC No	SXXXX994H
Date Of Birth	09/03/1968
Occupation	INDOOR
Date Of Driving Pass	18/11/1988
Driving Experience	31 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96223278
Fax Number	
Contact Number	OFFICE-96223278
EEmail Address	NOEMAIL

Address	BLK 541 PASIR RIS STREET 51 #05-16 SINGAPORE
Postcode	510541
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	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

ON THE ABOVE DATE AND TIME, I (SLJ9396D) ENTERED ALEXANDRA RETAIL CENTRE LEVEL ONE CAR-PARK. AFTER PASSING THE CAR PARK'S GANTRY, I SLOWED DOWN MY VEHICLE LOOKING FOR CAR PARK LOT. THAN SUDDENLY I FELT AN IMPACT FROM MY REAR. THAN I ALIGHTED FROM MY CAR TO INSPECT AND NOTICED THAT VEHICLE B (SLC6809L) HAD COLLIDED ONTO MY LEFT HAND SIDE REAR PORTION. REMARKS:(1)TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND STATEMENT; (2) REFER TO 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

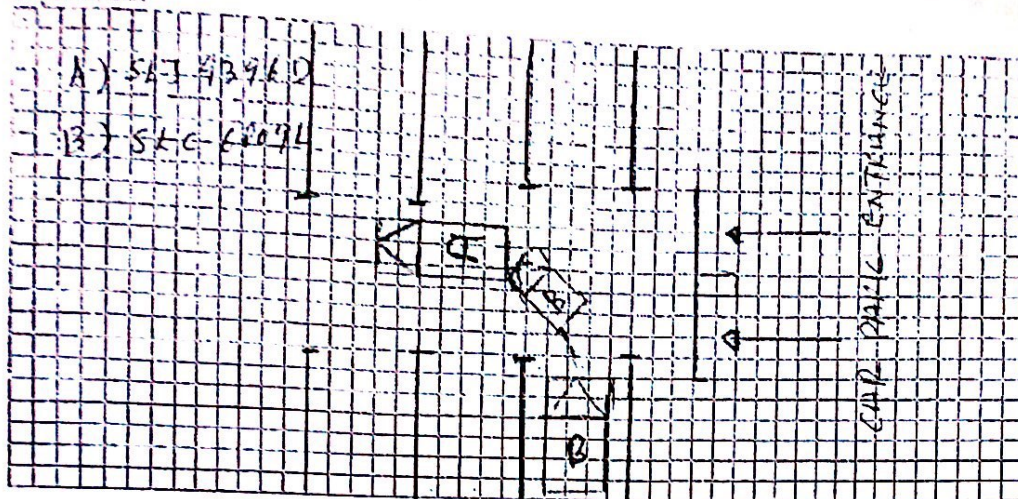
Vehicle Registration Number	SLC6809L
Vehicle Make/Model/Colour	
Details Of Properties	REFER TO ATTACHED
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA CHUN WAH EDMUND
NRIC/Passport Number	SXXXX461J
Contact Number	98531828
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

KENNET

FR

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above date and time, I (SLJ9396D) entered Alexandra Retail Centre level one carpark. After passing the carpark gantry, I slowed down my vehicle looking for carpark lot. Then suddenly I felt an impact from my rear. Then I alighted from my car to inspect and noticed that vehicle B (SLCE809L) had collided onto my left hand side rear portion.

DECLARATION

I declare that the foregoing particulars are true in every respect

Driver's Signature
Date & Time

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

Reporting Centre Representative Signature
Name:
NRIC/FIN ID#: