

Surrey

Steve

REF:

CS/SMP 2000 6079/Est 3

ASSIGNMENT

From:

Estimated Cost:

Date:

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

To inspect Vehicle No:

at Workshop m/c

of

Insured.

Policy No.

Claims No.

Sum Insured:

(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:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

days Res.: Yes or No

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

MV-44K

Date/Time, File Pass to?

☐

: Proll. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Weekend (\$

Report Format:

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) \$ + RS. SI

) Prol.

) Others

) ..

TOTAL

Veh No:

GRT 30655

Yr Regn:

13/3/19

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

Truck / Trailer or

Make:

Nissan NV200

c.c

1597

Colour

White

Sp. Reading

33797

AVC: Insured / Std / NI / NA

T/Radio: Insured / Std / NI / NA

Eng/No:

Ch/No:

VM20130032

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

165/80R14

R:

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

Toyo

Front

R/Bal.

4

mm

Rear

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

25/5/20

D.O.I.

3/6/20

Survey held at

Bifrost Auto

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

Front RH

The UIC / Chassis frame / Body Structure affected due to collision.

Bifrost Auto Pte Ltd

No.8 Kaki Bukit Ave 4, Premier @ Kaki Bukit, #01-49 Singapore 415875
Tel: +65 6452 4457 | Fax: +65 6452 4584

Co. Reg. No.: 201929175W

Vehicle No: **GBT 30655**

Model:

Chassis No:

Year of manufacturing:

S/No	Qty	Items	Unit Price	Amount
1	1	RHS Front Fender / 00	\$ 585.20	\$ 585.20
2	1	RHS Front Fender Shield X	\$ 218.20	\$ 218.20
3	1	RHS Front Fender Signal - CNT	\$ 70.10	\$ 70.10
4	1	RHS Front Door / 00	\$ 1,387.50	\$ 1,387.50
5	2	RHS Front Door Hinge / BT	\$ 123.50	\$ 247.00
6	1	RHS Front Door Lock ?	\$ 192.30	\$ 192.30
7	1	RHS Front Door Lock Catch ?	\$ 75.70	\$ 75.70
8	1	RHS Front Door Handle Outer / CNT	\$ 67.20	\$ 67.20
9	1	RHS Front Door Handle Bracket ?	\$ 87.50	\$ 87.50
10	1	RHS Front Door Handle Pocket X	\$ 56.50	\$ 56.50
11	1	RHS Front Door Power Window Switch X	\$ 133.80	\$ 133.80
12	1	RHS Front Door Rod Key Lock X	\$ 89.80	\$ 89.80
13	1	RHS Front Door Weatherstrip ?	\$ 103.60	\$ 103.60
14	1	RHS Front Door Window Glass X	\$ 259.00	\$ 259.00
15	1	RHS Front Door Window Glass Weatherstrip X	\$ 167.70	\$ 167.70
16	1	RHS Front Door Power Window Regulator ?	\$ 110.50	\$ 110.50
17	1	RHS Front Door Power Window Regulator Motor X	\$ 707.30	\$ 707.30
18	1	RHS Front Door Inner Trim Board ?	\$ 524.60	\$ 524.60
19	1	RHS Front Door Outer Molding X	\$ 108.50	\$ 108.50
20	1	RHS Front Door Hardness X	\$ 558.60	\$ 558.60
21	1	RHS Sliding Door / 00	\$ 1,688.20	\$ 1,688.20
22	1	RHS Sliding Door Inner Trim Board X	\$ 786.80	\$ 786.80
23	1	RHS Sliding Door Handle ?	\$ 78.10	\$ 78.10
24	1	RHS Sliding Door Center Roller X	\$ 142.20	\$ 142.20
25	1	RHS Sliding Door Upper Roller X	\$ 65.10	\$ 65.10
26	1	RHS Sliding Door Lower Roller X	\$ 158.10	\$ 158.10
27	1	RHS Sliding Door Stopper X	\$ 38.00	\$ 38.00
28	1	RHS Sliding Door Weatherstrip X	\$ 169.80	\$ 169.80
29	1	RHS Sliding Door Lower Dovetail X	\$ 42.00	\$ 42.00
30	1	RHS Sliding Door Window Glass X	\$ 224.60	\$ 224.60
31	1	RHS Roof Drip Weatherstrip X	\$ 126.20	\$ 126.20
32	1	RHS Rocket Panel Outer X R	\$ 1,836.10	\$ 1,836.10
33	1	Dashboard X	\$ 1,373.10	\$ 1,373.10
34	1	Petrol Diesel Tank Cover X / BT	\$ 156.90	\$ 156.90
35	1	RHS Front Knuckle X	\$ 392.40	\$ 392.40
36	1	RHS Front Absorber X	\$ 288.50	\$ 288.50
37	1	RHS Front Wheel Bearing ?	\$ 385.80	\$ 385.80
38	1	RHS Rear Wheel Bearing X	\$ 386.60	\$ 386.60
39	1	RHS Headlamp X	\$ 625.00	\$ 625.00

	\$ 14,714.10
-10% 20%	\$ 4,414.23
Total for spare parts	\$ 10,299.87

Special Nett

1	10	RHS Front Fender Shield Clip ✕	\$	8.00	\$	80.00
2	10	RHS Front Door Inner Trim Board Clip / <i>MP</i>	\$	9.00	\$	90.00
3	10	RHS Sliding Door Inner Trim Board Clip ✕	\$	9.00	\$	90.00
4	1	RHS Front Rim ✕	\$	420.00	\$	420.00
5	1	RHS Front Tyre ✕	\$	380.00	\$	380.00
6	1	Window Sealant ✕ / <i>MP</i>	\$	35.50	\$	35.50

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:

Total for SP \$ 1,095.50

Sub-Total for Parts : \$ 11,395.37

S/No	Qty	Items	Unit Price	Amount
1		To dismantle, replace, cut, weld, knock out dents to straighten accident parts as-mention	\$	1,500.00 <i>800</i>
2		To putty and spray paint on all accident damage parts and other accident	\$	1,200.00 <i>800</i>
3		To check wiring system to facilitate repair and refit the same	\$	150.00 <i>30</i>
4		Apply rust proofing on the adjacent panels	\$	60.00 <i>30</i>
5		Reset engine management system with diagnostic fault	\$	80.00 ✕
6		To supply under coating / putty on parts replaced	\$	80.00 <i>30</i>
7		To conduct wheel alignment	\$	180.00 <i>60</i>
8		To perform water seepage test after repair	\$	150.00 <i>30</i>
10		To remove and replace windscreen	\$	200.00 <i>150</i>
12		Dismantle and transfer door fitting and mechanism to new door/facilitate repair	\$	180.00 <i>120</i>

Steve (LKK) WA PL
3/6/20, 11.00am
L/S
ny AL sy
5 days

TOTAL AMOUNT : \$ 3,780.00

OVERALL COST: \$ 15,175.37

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	27/05/2020 17:29
Date Of Accident	25/05/2020 10:55
Exact Location Of Accident	406 JURONG WEST ST 42 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ3065S
Insured/Policyholder	
Name Of Registered Owner	CHANG PRIVAUTO
Co Reg No	5XXXX420M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-85224822

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115238219
Cover Note Number	

Driver

Name of Driver	HO SOO JEOW
NRIC No	SXXXX520A
Date Of Birth	07/06/1971
Occupation	OUTDOOR
Date Of Driving Pass	09/11/1991
Driving Experience	28 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85224822
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 405 JURONG WEST ST 42 #06-617
Postcode 640405
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? YES
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 STATEMENT.

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 SLH1719U
Vehicle Make/Model/Colour *Toyota AXIO*
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name HO SOO JEOW

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

Address

Postcode

BODY

GBJ3065S

YES

NO

Accident Sketch Plan

SKETCH PLAN

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 willful 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. The 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 lodgment 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.

B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurers who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and
- (c) my Personal Information may/are be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

CHANG PRIVAUTO PTE LTD

Policyholder's Signature
Date & Time

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

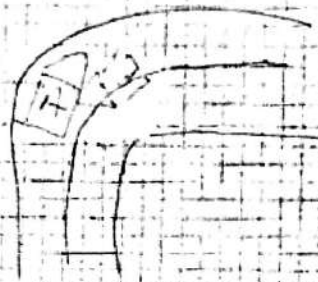
Reporting Centre Person's Signature
Name:
NIC/F.N. No.:

Accident Sketch Plan

SKETCH PLAN

A-GBJ3085S

B. SLH1719U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1. I was travelling in my own lane & the carpark
at 400 Tully Lane SE 42. Vehicle B travelled
in to the carpark at a high speed & collision
into my & right portion

DECLARATION

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

CHANG PRIVAUTO PTE LTD

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 _____

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 02 Jun 2020 / 10:03:25

Receipt Date/Time : 02 Jun 2020 / 10:03:18

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200602-000779

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SLH1719U As at 25 May 2020/10:55:00 Insurance Co: SOMPO INSURANCE SINGAPORE PTE. LTD.				
1	Insurance Enquiry - SLH1719U Enquiry Fee 20200602100158580435	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	554827XXXXXX5759	eNETS Credit Card		7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.