

ASS. REC. BY:

REF:

CS/AIG20008070/Kqf3

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.

6482681556SG

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2-3

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:

SLJ 6866J

Yr Regn:

12, 16

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

Truck / Trailer or

Fortuner

(A) Wagon

Make:

Toy Fiat

Doble

c.c

2694

Colour

M. Gray

A/C:

Insured / Std / NI / NA

Sp. Reading

52899

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MHFGX3 GSPX 00420033

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 A/Rlm or

Tyre Size:

F:

265/60R18

R:

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

Front

Rear

R/Bal.

5

mm

R/Bal.

4

mm

L/Bal.

5

mm

L/Bal.

4

mm

D.O.A.

1/8/20

D.O.I.

4/8/2020

Survey held at

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

FR O/S

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

Date / Time

Action / Instruction

Kenneth confirmed LS \$2500, 3 days. (Red \$3678.99, 60%)

Date/Time, File Pass to?

☐

: Prell. Report

1) 12/08 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

S + RS. \$

Fees

Others

TOTAL

Report Format: MER-TP

Lump Sum L.B.L. (\$) 2500



S THREE AUTOMOTIVE RECOVERY PTE LTD

TO :
ATTN : MOTOR CLAIM DEPT.

T/P VEH. NO. : SME1539B

ESTIMATE REPORT 1st QUOTATION

OWNER'S PARTICULAR

NAME : NEW UNICERSE MANUFACTURING PTE LTD
ADDRESS :

JOB NO :

CONTACT :

CHASSIS NO :

ENGINE NO :

LICENSE NO. : SLJ6866J

MAKE / MODEL : TOYOTA FORTUNER

OWNER'S INSURER : NTUC

JOB-CODE : TP S/A :

ACCIDENT DATE : 1-Aug-20

CLAIM DETAIL

MATERIALS

	QTY	QUO-PRICE	DISC. %	DISC-PRICE	SUR	REV. PRICE
1 FRONT GRILLE	1.00	284.70	25.00	213.53	Y	?
2 FRONT GRILLE CHROME MOUNLDING	1.00	218.40	25.00	163.80	Y	?
3 FRONT GRILLE LOGO	1.00	48.20	25.00	36.15	Y	?
4 FRONT GRILLE CLIP	1.00	12.00	25.00	9.00	Y	?
5 FRONT BUMPER	1.00	426.00	25.00	319.50	Y	✓
6 FRONT BUMPER SIDE RETAINER	1.00	91.42	25.00	68.57	Y	✓
7 FRONT BUMPER BRACKET	1.00	96.40	25.00	72.30	Y	?
8 FRONT BUMPER SIDE CLIP	1.00	44.00	25.00	33.00	Y	✓
9 FRONT BUMPER REINFORCEMENT	1.00	300.80	25.00	225.60	Y	?
10 FRONT BUMPER FOG LAMP RH	1.00	642.40	25.00	481.80	Y	✓
11 FRONT BUMPER FOG LAMP COVER RH	1.00	107.60	25.00	80.70	Y	✓
12 FRONT BUMPER LOWER COVER	1.00	423.00	25.00	317.25	Y	X
13 HEADLAMP RH	1.00	831.60	25.00	623.70	Y	?
14 HEADALAMP LOWER BRACKET	1.00	96.00	25.00	72.00	Y	?
15 HEADLAMP PANEL	1.00	402.80	25.00	302.10	Y	X

TOTAL (PARTS) :

4025.32

3018.99

SPECIAL NETT ITEM

1 FRONT BUMPER CLIPS	1.00	60.00	0.00	60.00	Y	✓
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TOTAL (PARTS) :

60.00

60.00

LABOUR

1 STRAIGHTEN & PANEL BEAT ACCIDENT AREAS	1.00	1200.00	0.00	1200.00	Y	3000
2 SPRAY PAINTING ON ACCIDENT AREAS	1.00	1200.00	0.00	1200.00	Y	4000
3 CHECK & REPAIR WIRING SYSTEM	1.00	120.00	0.00	120.00	Y	200

ENSION SYSTEM	1.00	280.00	0.00	280.00	Y	X
BUMPER SENSOR W/RESETTING	1.00	120.00	0.00	120.00	Y	X
RAY TUFF KOTE ON ACCIDENT AREAS	1.00	180.00	0.00	180.00	Y	X

TOTAL (LABOUR): 3100.00 3100.00

TOTAL PARTS & LABOUR 7185.32 6178.99

EXCESS: : S\$

NO. OF DAY : 2-3

RE-SURVEY : ~~BEFORE~~ / AFTER PAINTING

PART-BY-PART OR LUMP-SUM : S\$

DATE OF SURVEY : 4 / 8 / 20

SURVEY BY : Kenneth

CONTACT NO: 96910683

FAX NO :

NOTE : LUMP-SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED.

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 03/08/2020 16:59
Date Of Accident 01/08/2020 18:30
Exact Location Of Accident YISHUN AVE 1
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ6866J
Insured/Policyholder
Name Of Registered Owner NEW UNIVERSE MANUFACTURING PTE LTD
Co Reg No 1XXXXX519E
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-86065555
Alternative Phone No OFFICE-86065555

Vehicle Particulars

Manufacturer TOYOTA
Model FORTUNER-2.7 (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 AXA INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number GA406959
Cover Note Number

Driver

Name of Driver TEY KING LIAN
NRIC No SXXXX492G
Date Of Birth 24/01/1953
Occupation INDOOR
Date Of Driving Pass 07/06/1980
Driving Experience 40 YEARS AND 1 MONTH
Gender MALE
Mobile Number (LOCAL) +65-86065555
Fax Number
Contact Number
Email Address NOEMAIL

BLK 226 ANG MO KIO AVE 1 #12-605 SINGAPORE
560225

Postcode
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - EMPLOYEE
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? 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

SEE ATTACH SKETCH PLAN & STATEMENT

Attachment(s)

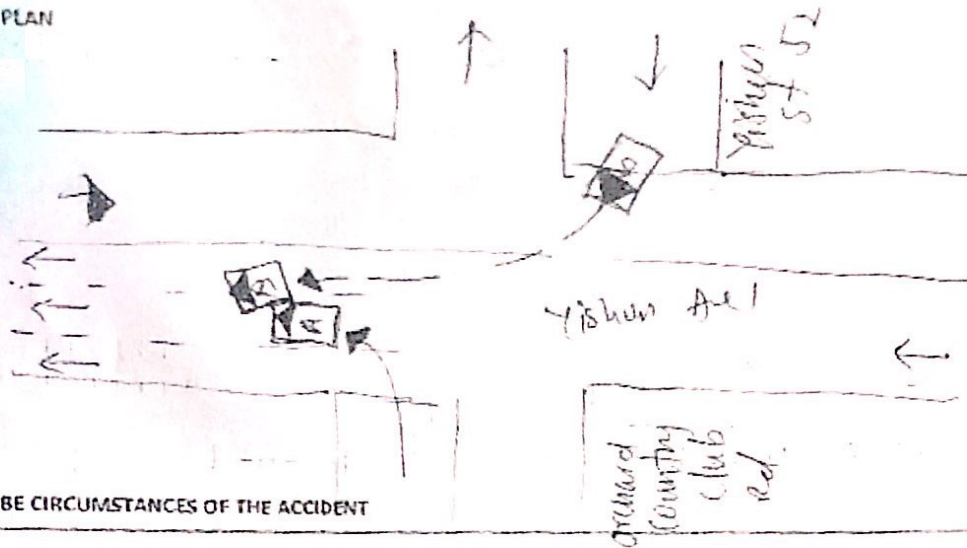
Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SME1539B
Vehicle Make/Model/Colour LOH WEE KIEN
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)

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After checking on coming traffic is clear, I proceed to turn left into Yishun Ave 1. As I was already completed the turn and was travelling straight on the middle lane, vehicle B was turning right from opposite direction (Yishun St 52) suddenly cut into my lane abruptly and grazed the front right portion of my vehicle.

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: