

ASS. REC. BY:

REF:

JMO/20008191/KS

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

09

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:

PTU 12530 Yr Regn: 111 09

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

Truck / Trailer or

Make:

Chevrolet Cruze c.c 1591

Colour

White

A/C:

Insured / Std / NI / NA

Sp. Reading

131352

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KL1JA6961AK564518

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD / Rlm or

Tyre Size:

F:

215/55R17

R:

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

TOYO / YOKO or

Gener 91

Front

Rear

R/Bal.

6

mm

R/Bal.

8

mm

L/Bal.

6

mm

L/Bal.

P

mm

D.O.A.

6/18/20

D.O.I.

11/8/2020

Survey held at

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

O/S 1st body &amp; u/c

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

S + RS. SI

Fees

Others

TOTAL

Report Format:

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



Email : darren@completevms.com.sg ( )  
lily@completevms.com.sg ( )  
lihui@completevms.com.sg ( )

CHAN LYE HENG PATRICK  
5A LIM TUA TOW ROAD  
SINGAPORE 547716

Attention : THE OWNER  
Contact : 98160598

*Not Authorized*  
*11 Day &*  
*Resurvey After Paint*  
*9 days*

Estimate : ES007014

Date : 06/08/2020  
Vehicle Num. : SJU1253B  
Make/Model : CHEVROLET CRUZE-2009  
Chassis/Eng# : KL1JA6961AK564518/F16D34927981  
Accident Date : 06/08/2020  
Claim No. :  
Reference :  
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
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1.	1	NETT ITEMS :		
2.	2	FRONT BONNET	172.00	344.00
3.	1	BONNET HINGE		281.00
4.	1	BONNET LOCK		329.00
5.	1	BONNET INSULATOR		98.00
6.	2	BONNET RUBBER	49.00	98.00
7.	1	FRONT FENDER R/H		677.00
8.	1	FRONT FENDER SIGNAL LAMP R/H		276.00
9.	1	FRONT FENDER TOP COVER R/H		184.00
10.	1	FRONT DOOR MIRROR ASSY R/H		656.00
11.	1	FRONT SHOCK ABSORBER R/H		371.00
12.	1	FRONT LOWER ARM R/H		455.00
13.	1	FRONT KNUCKLE ARM R/H		545.00
14.	1	FRONT WHEEL BEARING R/H		378.00
15.	1	FRONT STAY ROD R/H		119.00
16.	1	FRONT SPORT RIM R/H		796.00
17.	2	FRONT SUPPORT PANEL	745.00	1,490.00
18.	1	HEADLAMP		311.00
19.	1	SUPPORT PANEL TOP GARNISH		541.00
20.	1	RADIATOR GRILLE		119.00
21.	1	CHEVROLET LOGO		1,231.00
22.	1	FRONT BUMPER		284.00
23.	1	FRONT BUMPER TOP GRILLE		656.00
24.	1	FRONT BUMPER REINFORCEMENT		189.00
25.	6	FRONT BUMPER SPONGE	4.50	27.00
26.	2	FRONT BUMPER CLIP	171.00	342.00
27.	2	FRONT BUMPER BRACKET	132.00	264.00
28.	1	FRONT BUMPER SIDE RETAINER		37.00
29.	1	FRONT BUMPER TOW COVER		278.00
		FRONT FOG LAMP R/H		

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 / ...





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lily@completevms.com.sg ( )  
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Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
30.	1	FRONT FOG LAMP GARNISH R/H	CM 164.00	✓
31.	1	FRONT FOG LAMP CHROME	PR 131.00	✓
32.	1	FRONT NUMBER PLATE GARNISH	CM 114.00	✓
33.	1	AIR CLEANER BOX	CM 399.00	✓
34.	1	AIR CON CONDENSER	866.00	?
35.	1	AIR CON DISCHARGE HOSE	241.00	?
36.	1	AIR CON LIQUID PIPE	220.00	?
37.	1	AIR CON SUCTION HOSE	PR 196.00	X
38.	1	RADIATOR ASSY	1,160.00	?
39.	1	RADIATOR FAN COWLING	336.00	?
40.	1	RADIATOR FAN MOTOR	481.00	?
41.	1	RADIATOR TOP HOSE	79.00	?
42.	1	FRONT FENDER L/H	PR 677.00	✓
43.	1	FRONT SPORT RIM L/H	PR 796.00	✓
44.	1	FRONT TIRE L/H	508 PR 280.00	✓
45.	1	FRONT WHEEL BEARING L/H	PR 378.00	✓
46.	1	FRONT SHOCK ABSORBER L/H	371.00	?
47.	1	FRONT LOWER ARM L/H	455.00	?
48.	1	FRONT KNUCKLE ARM L/H	PR 545.00	✓
49.	2	HEADLAMP LOWER BRACKET	OLSCM 121.00	✓
50.	1	WIPER GARNISH	CM 365.00	?
51.	1	FRONT W/SCREEN	CM 770.00	✓
52.	1	FRONT W/SCREEN MOULDING	PR 171.00	✓
53.	1	FRONT DOOR R/H	PR 865.00	X
54.	1	FRONT DOOR OUTER WEATHERSTRIP R/H	PR 238.00	✓
55.	1	FRONT DOOR OUTER HANDLE R/H	PR 218.00	X
56.	1	FRONT ABS SENSOR R/H	PR 271.00	?
Nett Total S\$ :			25,022.00	
10.00% Discount S\$ :			2,502.20	
			22,519.80	

CONTINUE / ...



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-----	----------	------------	------------	------------

- |    |   |                           |    |  |
|----|---|---------------------------|----|--|
| 1. | 1 | SPECIAL NETT ITEMS :      |    |  |
| 2. | 1 | FRONT NUMBER PLATE HOLDER | cm |  |
| 3. | 1 | FRONT NUMBER PLATE        |    |  |
| 3. | 1 | FRONT W/SCREEN SEALANT    |    |  |

Special Nett Total S\$ :

LABOUR :  
TOW VEHICLE ON KING ROLLER  
CHANGE HEAD LAMP AND CHECK WIRING  
REMOVE & REINSTALL FRONT W/SCREEN GLASS  
RUST PROOFING TREATMENT  
REMOVE & REINSTALL FRONT SUSPENSION  
REMOVE & REINSTALL AIRCON CONDENSER & REFILL GAS  
COMPUTER WHEEL ALIGNMENT  
SPRAY PAINT DAMAGED AREA AFFECTED  
TO CUT OFF FRONT SUPPORT PANEL, KNOCK AND STRAIGHTEN  
FRONT CHASSIS FRAME , RE-ALIGN BODY AND CHANGE ALL  
NECESSARY PARTS

Labour Total S\$ :

4512 { 33.00  
na 25.00  
65.00  
123.00

( Bill ) 160.00  
90.00 301  
180.00 1201  
120.00 301  
380.00 1001  
180.00 1001  
120.00 1001  
1,100.00 1001  
1,500.00  
3,830.00

SingDollars : Twenty-Six Thousand Four Hundred Seventy-Two & Cents Eighty Only

Total S\$ : 26,472.80

COMPLETE VMS PTE LTD

This is only an estimate bases on our preliminary inspection and does not cover additional parts and labour time which may be required after the work has begun



## 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	07/08/2020 12:42
Date Of Accident	06/08/2020 20:45
Exact Location Of Accident	T-JUNCTION OF STADIUM WALK & STADIUM CRESCENT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU1253B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN LYE HENG PATRICK
NRIC No	SXXXX695B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98160598
Alternative Phone No	OFFICE-98160598

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112044064
Cover Note Number	

### Driver

Name of Driver	CHAN LYE HENG PATRICK
NRIC No	SXXXX695B
Date Of Birth	03/05/1959
Occupation	OUTDOOR
Date Of Driving Pass	14/12/1977
Driving Experience	42 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98160598
Fax Number	
Contact Number	OFFICE-98160598
EEmail Address	NOEMAIL

Address	5A LIM TUA TOW ROAD SINGAPORE
Postcode	547716
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)	3
Passenger 1	NAME: : NA GENDER: : FEMALE
Passenger 2	NAME: : MICHAEL DAVID GENDER: : MALE

#### 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 ATTACHED ; REMARKS: TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND ATTACHED 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

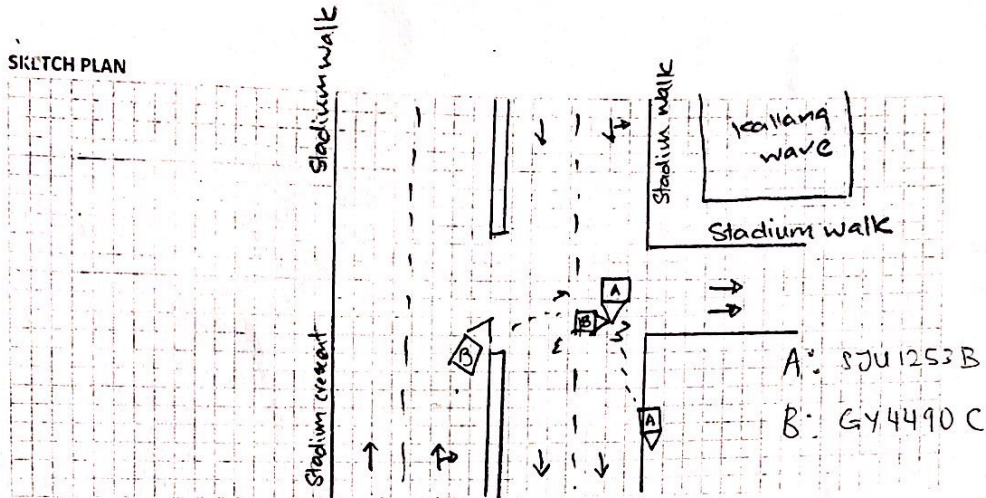
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GY4490C
Vehicle Make/Model/Colour	
Details Of Properties	REFER TO ATTACHED
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN WONG MING
NRIC/Passport Number	SXXXX036H
Contact Number	97467348
Address	
Postcode	



# Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am travelling along stadium walk toward amber Road with 2 passenger in my vehicle. As I drove past the T junction (I have right of way) ven B which was along stadium crescent make a right turn or possibly a u-turn which that road was not suppose to make a turn. Turn abruptly without giving way to my vehicle A and rammed into the RH front portion of my ven. The big impact pushed my veh toward the left and my ven mounted the kerb along the road. Driver of ven B complaint of injury but did not convey to the hospital when police and ambulance attended the incident. I am filing this report for insurance claim purposes.

I wished to stated that there is no traffic control along the T junction and I have the right of way. No one is injured for my passengers and myself in this accident.

## 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.:

GL2/2010-10-10/10-10-10