

ASS. REC. BY:

REF: CT2 / 2000 8223/Kg

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. DMHCSN30208519000

Claims No. SNM20D201925C02

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: 02 days Res.: Yes or No

Lum Sum: 1.81 % 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

Modl: 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.

Rear

R/Bal.

L/Bal.

D.O.I.

Survey held at

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

19/08/20 @ 5.15pm revised to Cecilia Low via Merimen.

Kenneth confirmed final fig \$520. (Red \$180, 26%)

Date/Time, File Pass to?

☐

: Prell. Report

11/21/08 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - R/S. \$

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format: MER-TP

Lump Sum / I.B.I.: (\$ 520)

金興(龔)汽車私人有限公司

160 Sin Ming Drive, #02-20,
Sin Ming AutoCity, Singapore 575722
Tel: 6452 7018 Fax: 6458 3895
Email: service@kkinhin.com.sg

No. : 30996

Vehicle Insured : SJN 1791 B
Accident Date : 31-Jan-2020

Date : 06-Feb-2020

Our Ref : 020062 (CHINA) / SANDRA

PAGE : 1

TOK SOON HENG RONNIE (MR)
Singapore

*Not authorized
Resurvey after painting 2 days @ 520k*

ESTIMATED COST OF REPAIR FOR TOYOTA LEXUS GS250 (2500cc) (2014) SKM7172S
=====

To remove, cut out damaged parts,
panel beating, welding, align,
refix and to renew affected parts.

200.00 *120k*

To putty and respray on affected
portions.

500.00 *400k*

Total : S\$ 700.00
=====

Singapore Dollars Seven Hundred Only

Note: Amount quoted above is subject to prevailing GST at time of tax invoice.

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	01/02/2020 13:29
Date Of Accident	31/01/2020 10:40
Exact Location Of Accident	628 ANG MO KIO CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM7172S
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Insured/Policyholder

Name Of Registered Owner	TOK SOON HENG RONNIE
NRIC No	SXXXX915I
Email Address	RONTOKSH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82883096
Alternative Phone No	OFFICE-82883096

Vehicle Particulars

Manufacturer	LEXUS
Model	GS250-2.5 (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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	20-MU000316-R03
Cover Note Number	

Driver

Name of Driver	TOK SOON HENG RONNIE
NRIC No	SXXXX915I
Date Of Birth	07/10/1957
Occupation	INDOOR
Date Of Driving Pass	21/12/1977
Driving Experience	42 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82883096
Fax Number	
Contact Number	OFFICE-82883096
Email Address	RONTOKSH@GMAIL.COM

Address	BLK 291 BISHAN STREET 24 #30-39
Postcode	570291
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

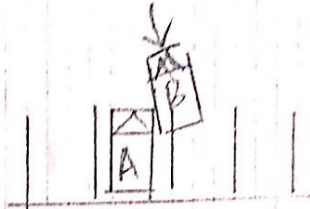
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN1791B
Vehicle Make/Model/Colour	TOYOTA AXIO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MS LALITA
NRIC/Passport Number	
Contact Number	87427291
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

A: SKM 7172 S
B: SJN 1791 R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driver was reversing into car park lot NEXT to my car.
The left rear side scrapped my front side bumper
it scratched the wheel arch.

Video enclosed.

DECLARATION

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

[Signature] 1/2/2020

Policyholder's Signature
Date & Time
Company Chop (if applicable)

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

[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.

