

ASS. REC. BY:

REF:

AWA/20008245/Kt

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:

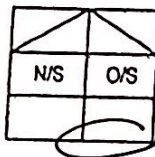
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4-5

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:

PLM 1080B Yr Regn: 03, 17

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

Truck / Traller or

Make:

Honda Vezel c.c. 1496

Colour:

M-Black

AC: Insured / Std / NI / NA

Sp. Reading

63508

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

RUI

1209461

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 / Rlm or

Tyre Size:

F:

215/60R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

3

mm

R/Bal.

3

mm

L/Bal.

3

mm

L/Bal.

3

mm

D.O.A.

1/8/20

D.O.I.

17/8/2020

Survey held at

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

Rear O/S

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

Date / Time

Action / Instruction

lump sum \$2550(red: 9798, 81%)

Data/Time, File Pass to?

☐

Prell. Report

1)

☐

Final Report

Data/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

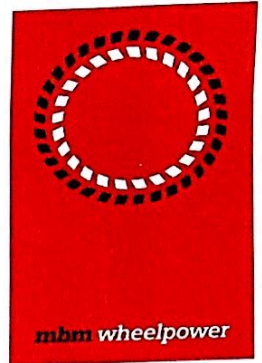
Report Format:

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

MBM WHEELPOWER PTE. LTD.

YOUR REF.: SLM1080B

OUR REF.: SLB4348T



TO: Allied World Assurance Company, Ltd

CC: MOTOR CLAIMS DEPARTMENT

FAX:

DATE: 8/8/2020
FROM: Lee Shirley
FAX: 6452 5333
CONTACT: 8686 5188
MAKE & MODEL: HONDA VEZEL 1.5X CVT
CHASSIS NO.: RU11209461
ENGINE NO.: L15B4409461
YEAR MADE: 2016
ACCIDENT DATE: 1 August 2020

Not Authorised

*11 Day 8
Resurvey After Painting
4-5 days*

ESTIMATE FOR VEHICLE NO.: SLM1080B

NO.	DESCRIPTION	PART NO.	QTY.	LIST PRICE
1	TAIL GATE		1	\$ 1,700.00 ✓
2	TAIL GATE GLASS MOULDING		1	\$ 120.00 ✓
3	WEATHERSTRIP, TAILGATE		1	\$ 150.00 ?
4	TAIL GATE HINGE		2	\$ 60.00 X
5	TAILGATE SPOILER		1	\$ 250.00 X
6	TAIL GATE INNER TRIM		1	\$ 480.00 X
7	TAIL GATE UPPER LINING		1	\$ 120.00 X
8	TAIL GATE SIDE INNER LINING LH		1	\$ 50.00 X
9	TAIL GATE SIDE INNER LINING RH		1	\$ 50.00 X
10	TAIL GATE EMBLEM "VEZEL"		1	\$ 50.00 X
11	TAIL GATE EMBLEM "HONDA" LOGO		1	\$ 20.00 X
12	TAIL GATE LAMP LH		1	\$ 500.00 X
13	TAIL GATE LAMP RH		1	\$ 500.00 X
14	REAR BUMPER		1	\$ 1,000.00 ✓
15	REAR BUMPER REFLECTOR LH		1	\$ 150.00 X
16	REAR BUMPER REFLECTOR RH		1	\$ 150.00 X
17	REAR BUMPER CORNER PANEL RH		1	\$ 380.00 X
18	REAR BUMPER CORNER PANEL LH		1	\$ 380.00 X
19	REAR BUMPER CORNER PANEL INNER LINING RH		1	\$ 250.00 X
20	REAR BUMPER CORNER PANEL INNER LINING LH		1	\$ 250.00 X
21	REAR BUMPER CORNER COVER BRACKET RH		1	\$ 75.00 ?
22	REAR BUMPER CORNER COVER BRACKET LH		1	\$ 75.00 ?
23	REAR BUMPER CROSS MEMBER		1	\$ 200.00 X
24	REAR BUMPER CLIP		10	\$ 90.00 ✓
25	REAR BUMPER UNDERCOVER		1	\$ 200.00 X

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:

MBM WHEELPOWER PTE. LTD.

160 SIN MING DRIVE, #06-02

SIN MING AUTOCITY

t 6262 8888 f 6452 5333

COMPANY REG. NO.: 200204110W

26	FENDER INNER LINER RH	1	\$	Sm	100.00	X
27	FENDER INNER LINER LH	1	\$	Sm	100.00	X
28	WHEEL ARCH PROTECTOR RH	1	\$	Sm	150.00	X
29	WHEEL ARCH PROTECTOR LH	1	\$	Sm	150.00	X
30	TAIL LAMP RH	1	\$	Sm	500.00	X
31	TAIL LAMP LH	1	\$	Sm	500.00	X
32	REAR END PANEL	1	\$		650.00	?
33	REAR END PANEL TOP GARNISH	1	\$		85.00	?
TOTAL:					\$	9,485.00
LESS 20%:					\$	(1,897.00)
PARTS TOTAL:					\$	7,588.00

SPECIAL NETT

REAR NUMBER PLATE & HOLDER	1	\$	Sm	50.00	X
BODY SEALANT	1	\$	nn	50.00	X
TAIL GATE SEALANT	1	\$	30Sm	80.00	
REAR BUMPER SENSOR	1	\$		250.00	?
REAR BUMPER STEP FOOT PLATE	1	\$	nd	200.00	✓
REAR BUMPER LOWER DIFFUSER	1	\$		360.00	?
REAR BUMPER EXHAUST PIPE	1	\$		200.00	?

LABOUR

TO REMOVE, REFIT & REPAIR AFFECTED DAMAGED PARTS, INCLUDING TO KNOCK-OUT, WELD & STRAIGHTEN ON THE AFFECTED PARTS	\$	500	1,600.00	
TO REMOVE & INSTALL REAR UPHOLSTERY TO FACILITATE REPAIR	\$	600	150.00	
TO REMOVE & INSTALL TAILGATE GLASS	\$	1200	180.00	
TO REALIGN EXHAUST PIPE	\$		80.00	?
TO APPLY ANTI RUST COATING	\$		80.00	?
TO CHECK & RECONNECT ALL NECESSARY WIRING	\$	200	100.00	
TO REMOVE & INSTALL REVERSE SENSOR	\$	500	80.00	
TO SPRAY PAINT ON THE AFFECTED AREAS	\$	4000	1,000.00	
TOTAL:			\$	12,048.00
7% GST:			\$	843.36
GRAND TOTAL:			\$	12,891.36

MBM WHEELPOWER PTE. LTD.

160 SIN MING DRIVE, #06-02

SIN MING AUTOCITY

6262 8888 f 6452 5333

COMPANY REG. NO.: 200204110W

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 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. 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 01/08/2020 16:10
Date Of Accident 01/08/2020 14:55
Exact Location Of Accident WHITLEY ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLM1080B
Insured/Policyholder
Name Of Registered Owner RAMALINGAM MAGESH SENTHILRAJA
NRIC No SXXXX558Z
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-94234874
Alternative Phone No OTHERS-94234874

Vehicle Particulars

Manufacturer HONDA
Model VEZEL
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 LIBERTY INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number SD19V11161/VPL/R00
Cover Note Number

Driver

Name of Driver RAMALINGAM MAGESH SENTHILRAJA
NRIC No SXXXX558Z
Date Of Birth 30/06/1976
Occupation INDOOR
Date Of Driving Pass 26/09/2014
Driving Experience 5 YEARS AND 10 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-94234874
Fax Number
Contact Number OTHERS-94234874
Email Address NOEMAIL

Address BLK 607 CHOA CHU KANG STREET 62 #07-121
Postcode 680607
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 - HEAD TO REAR
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) 2
Passenger 1 NAME: : SON
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 STATEMENT (ATTENDED BY: JAMES NG)

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 SLB4348T
Vehicle Make/Model/Colour BMW / BLACK
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver JUERGEN SEITZ
NRIC/Passport Number
Contact Number 92706499
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (including Driver)

SKETCH PLAN



A: SLM1080B
B: SLB 4348T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Today (1st Aug) at 2.55pm, at Whitley Road, our car SLM1080B was hit by another car SLB 4348T. The owner/driver of that car ~~was~~ ^{agreed to} pay for the damage.

DECLARATION

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

Policyholder's Signature
Date & Time: 01/08/20

Driver's Signature
(If driver is not the policyholder)
Date & Time: 01/08/20

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6550 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: