

ASS. REC. BY:

REF:

CTZ/ 2000 8335/K

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:

03 days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GBD/1763E Yr Regn: 07, 14

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

Truck / Trailer or

Make:

NIS 350 c.c. 2488

Colour:

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

160245

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JN1MC 2E 268 000 2332

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: N/A / S/Rlm / STD A/Rlm or

Tyre Size:

F:

195 R15 X8

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

6

mm

L/Bal.

7

mm

L/Bal.

6

mm

D.O.A.

7/8/20

D.O.I.

13/8/2020

Survey held at

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

FR N/S

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

Date / Time

Action / Instruction

/ Simon said maybe L.B.1

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fines

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

TP CHINA
(IN)



CO. REG. NO: 199402370D
GST NO: M2-0123250-3

AUTO PTE LTD

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@kkimhin.com.sg

No. : 31297

Vehicle Insured :
Accident Date : 07-Aug-2020

Date : 11-Aug-2020

Our Ref : 020337 (CHINA) / SANDRA

PAGE : 1

DS CAR RENTAL PTE LTD
Singapore

Not Authorized
11 Aug 2020
Repair After Paint

3 days

ESTIMATED COST OF REPAIR FOR NISSAN NV350 PANEL VAN 2.5MT (2014) GBD1763E
=====

1 pc front bumper	B ₂	514.70	n	✓
1 pc n/s front bumper side retainer	CD ₁	161.70	n	—
8 pcs front bumper clips	MC	40.80	n	—
1 pc n/s front bumper fog cover	CM ₁	107.50	n	—
1 pc n/s front bumper fog lamp	MC ₁	311.80	n	—
1 pc n/s headlamp assy	MC ₁	366.10	n	—
1 pc n/s front door step garnish	DD ₁ CM ₁	214.50	n	✓

1,717.10
Less 10% : -171.71

1,545.39

1 pc n/s front door ROC sticker

MC 25.00 sn ✓

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

280.00 *2201*

To putty and respray on affected
portions.

450.00 *4001*

To focus headlamps. To check front
wiring and lighting operation.

30.00 *201*

Total : S\$ 2,330.39
=====

Singapore Dollars Two Thousand Three Hundred
and Thirty and Cents Thirty Nine 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	07/08/2020 17:52
Date Of Accident	07/08/2020 11:45
Exact Location Of Accident	BLK 252 JURONG EAST STREET 24 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD1763E
Insured/Policyholder	
Name Of Registered Owner	DS CAR RENTAL PTE LTD
Co Reg No	2XXXXX889N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64527793

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350-2.5 PANEL VAN 5MT 5DR (M)
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5110554629-01-000024
Cover Note Number	

Driver

Name of Driver	ABDUL HAMDI BIN MADIN
NRIC No	SXXXX618C
Date Of Birth	20/03/1957
Occupation	INDOOR
Date Of Driving Pass	15/01/1991
Driving Experience	29 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97370457
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 503C CANBERRA LINK #03-49
 Postcode 753503
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - RENTAL
 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? 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

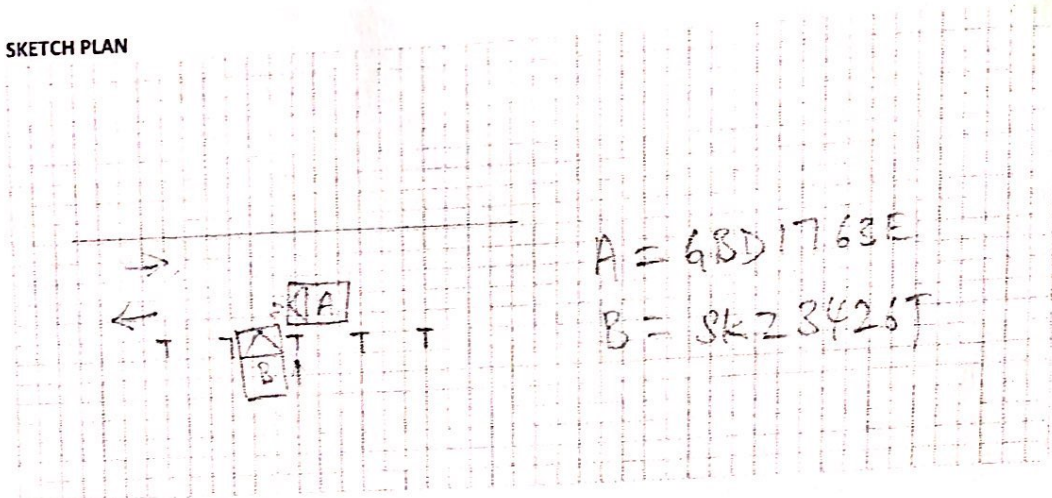
Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKZ3426T
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver LEE CHONG HOCK
 NRIC/Passport Number SXXXX119B
 Contact Number 96377714
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was heading towards the carpark ext when vehicle B suddenly came out of the lot and crash into my vehicle ~~the~~ front left portion.

DECLARATION

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



Policyholder's Signature

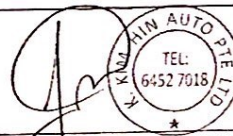
Date & Time:

Company Chop (if applicable)

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: