

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop m/s IC KIM HIN

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 NoLum Sum: 1.121 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: STU 6663T Yr Regn: OF 1PType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or

Make: Toy Hammer c.c. 1998Colour: N.P. White A/C: Insured / Std / NI / NASp. Reading: 32101 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ITEKB3G1H30J004727Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD AVRlm orTyre Size: F: 235/55R18

R: _____

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

TOYO / YOKO or

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 11/8/20

Survey held at

Rear

R/Bal. 7 mmL/Bal. 7 mmD.O.I. 3/4/2021

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

015 15

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

Date / Time Action / Instruction

P/P \$1315.15 confirm, 3days

red: 5641.40; 81%

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

Days Of Repair: 3

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: (\$) 1315.15

TP: CHINA

W. Kim Hin

AUTO PTE LTD

CO. REG. NO: 1554
GST NO: M2-0123250-3

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. : 31305

Vehicle Insured : SKX 534 U
Accident Date : 11-Aug-2020

Not Notain

Date : 13-Aug-2020

Our Ref : 020342 (CHINA) / QUEK

Resurvey After Repair

PAGE : 1

YEO LEE CHENG (MS)
Singapore

3 days

ESTIMATED COST OF REPAIR FOR TOYOTA HARRIER G GRADE(1998cc)-2019 SJU6663T

- 1 pc front bumper lower
- 1 pc o/s front fender
- 1 pc o/s front sport rim
- 1 pc o/s front lower arm
- 1 pc o/s front lower arm ball joint
- 1 pc o/s front knuckle arm
- 1 pc o/s front knuckle arm bearing]
- 1 pc o/s front bearing hub]
- 1 pc o/s front shock absorber
- 1 pc o/s front shock absorber stopper

<i>CR</i>	<i>LN</i>	340.20	✓
	<i>R</i>	1,446.30	X
<i>CR</i>	<i>LN</i>	2,604.90	<i>2000</i>
	<i>LN</i>	815.40	X
	<i>LN</i>	264.00	X
	<i>LN</i>	734.30	X
	<i>LN</i>	670.30	X
	<i>LN</i>	683.80	X
	<i>LN</i>	36.20	X

7,595.40

Less 25% :

-1,898.85

5,696.55

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

To putty and respray on affected portions.

To dismantle and check front under-carriages. To replace affected portions.

To conduct front wheel alignment test.

- 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:

200
250.00

600
750.00

nn
180.00 X

600
80.00

Total : S\$ 6,956.55

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Singapore Dollars Six Thousand Nine Hundred and Fifty Six and Cents Fifty Five Only

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

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 12/08/2020 17:21
Date Of Accident 11/08/2020 14:30
Exact Location Of Accident ANGLO CHINESE SCHOOL (INDEPENDENT) COMPOUND
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJU6663T
Insured/Policyholder
Name Of Registered Owner YEO LEE CHENG
NRIC No SXXXX214A
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-92723068
Alternative Phone No OFFICE-92723068

Vehicle Particulars

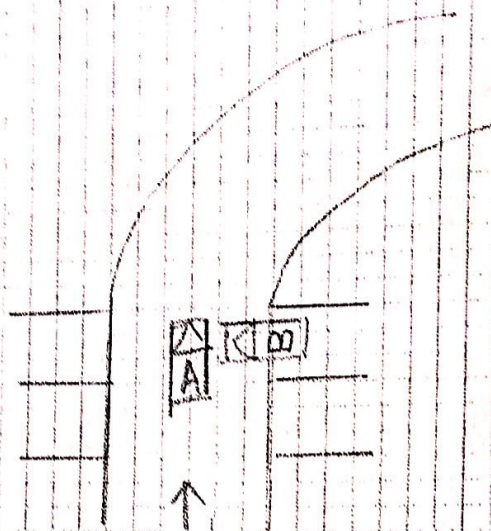
Manufacturer TOYOTA
Model HARRIER-2.0 G GRADE (A)
Exact Purpose for which vehicle was being used at time of accident
Are you claiming under your own insurance policy for repair to your vehicle? NO
If No, Please state action to be taken THIRD PARTY
Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company ERGO INSURANCE PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number DMPG20008191
Cover Note Number

Driver

Name of Driver YEO LEE CHENG
NRIC No SXXXX214A
Date Of Birth 24/08/1977
Occupation INDOOR
Date Of Driving Pass 11/05/2010
Driving Experience 10 YEARS AND 3 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-92723068
Fax Number
Contact Number OFFICE-92723068
Email Address NOEMAIL



A: SJU 6663 T
B: SKX 534 U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS ON MY WAY TO PICK UP MY SON FROM ~~AS~~ ACSI AND SUDDENLY VEHICLE B CAME OUT FROM PARKING LOT AND WE COLLIDED.

TO AVOID TRAFFIC JAM WE BOTH SHIFTED FURTHER DOWN TO EXCHANGE PARTICULARS.

AT FIRST I THOUGHT I WAS AT FAULT BUT AFTER DISCUSSING WITH MY HUSBAND, I REALISED I AM NOT AT FAULT. THERE WAS AN SMS SENT TO THIRD PARTY @ 24 HRS (ENCLOSED) THAT I AGREED TO PAY (BUT I WAS UNDER SHOCK WHEN I SENT THAT).

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.:

