

ASS. REC. BY:

REF:

C72/ 20008462/K+

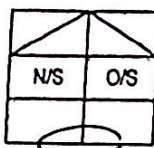
Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/WS/TP RES/OD RES/EVA/INV/MV
 To Inspect Vehicle No: _____
 at Workshop m/s Complete
 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: 3-4 days Res.: Yes or NoLum Sum: 1.B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLA 1820X Yr Regn: 02 16
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mazda 3 c.c. 1496Colour: M. Grey A/C: Insured / Std / NI / NASp. Reading: 88269 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM 6.BM 42A 8G 0328343Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal. 6 mmR/Bal. 7 mmL/Bal. 6 mmL/Bal. 7 mmD.O.A. 11/8/20D.O.I. 14/8/2020

Survey held at _____

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

LUMP SUM 2000, 3DAYS

(RED: 2437.81;54%)

Date/Time, File Pass to?

☐ : Prell. ReportDays Of Repair: 3

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

Transportation: _____

S + RS. \$

Fees

Others

TOTAL

Report Format :

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

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)



COMPLETE VMS PTE LTD The Premier One-Stop Vehicle Accident Claims Centre
176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721
(Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg

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

MALAICHAMY OM KARTHIKEYAN
1 SUNVIEW ROAD #06-25 ECO-TECH @ SUNVIEW
SINGAPORE 627615

Attention : THE OWNER
Contact : 91666234 / 87002429

Estimate : ES007017

Date : 13/08/2020
Vehicle Num. : SLA1820X
Make/Model : MAZDA 3-2016
Chassis/Eng# : JM6BM42A8G0328343/P520337036
Accident Date : 11/08/2020
Claim No. :
Reference :
Policy No. :

Not Notified
Penny Repair
3-4 days

S/N	Quantity	Particular	Unit Price	Amount S\$
-----	----------	------------	------------	------------

- | | | | | |
|----|---|-----------------------------------|--|--|
| 1. | 1 | LIST ITEMS : | | |
| 2. | 1 | REAR BUMPER | | |
| 3. | 6 | REAR BUMPER BRACKET | | |
| 4. | 1 | REAR BUMPER CLIP | | |
| 5. | 1 | REAR BUMPER SIDE RETAINER | | |
| 6. | 1 | REAR BUMPER REINFORCEMENT | | |
| 7. | 1 | REAR END PANEL IMMOBILIZER SENSOR | | |
| | | REAR END PANEL | | |

List Total S\$:
20.00% Discount S\$:

Auction
1,128.60
58.00
6.50 *12* 39.00
32.00
577.30
182.00
580.40
2,597.30
519.46
2,077.84

- | | | | | |
|----|---|----------------------|--|--|
| 1. | 2 | SPECIAL NETT ITEMS : | | |
| | | REVERSE SENSOR SET | | |

Special Nett Total S\$:

2000
SEN 280.00 560.00
560.00

LABOUR :
RUST PROOFING TREATMENT
SPRAY PAINT DAMAGED AREA AFFECTED
TO CUT OFF REAR END PANEL, KNOCK AND STRAIGHTEN REAR
CHASSIS FRAME AND CHANGE ALL NECESSARY PARTS

100.00
800.00
900.00
1,800.00

Labour Total S\$:

SingDollars : Four Thousand Four Hundred Thirty-Seven & Cents Eighty-Four Only

Total S\$: 4,437.84

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

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
- 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	13/08/2020 16:59
Date Of Accident	11/08/2020 17:45
Exact Location Of Accident	AYE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA1820X
Insured/Policyholder	
Name Of Registered Owner	MALAICHAMY OM KARTHIKEYAN
NRIC No	GXXXX924L
Email Address	OMKARTHY.YS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91666234
Alternative Phone No	OTHERS-91666234

Vehicle Particulars

Manufacturer	MAZDA
Model	3
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114303388
Cover Note Number	

Driver

Name of Driver	MALAICHAMY OM KARTHIKEYAN
NRIC No	GXXXX924L
Date Of Birth	16/12/1986
Occupation	INDOOR
Date Of Driving Pass	02/06/2014
Driving Experience	6 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91666234
Fax Number	
Contact Number	OTHERS-91666234
Email Address	OMKARTHY.YS@GMAIL.COM

Address	1 SUNVIEW ROAD
Postcode	#06-25 ECO-TECH @ SUNVIEW
	627615
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	CHAIN COLLISION
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	3
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.	YES
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

REFER ATTACHED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH OWNER
Was there any audio recorded?	NO

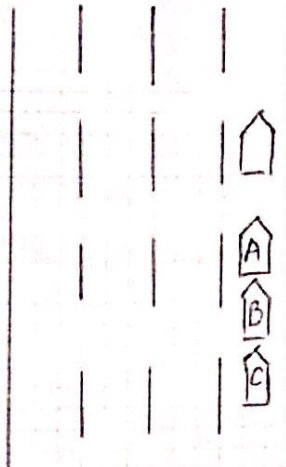
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMR2739R
Vehicle Make/Model/Colour	BMW
Details Of Properties	FRONT & REAR
Vehicle Category	PRIVATE CAR
Name of Driver	YANE MARTIN TAMRIN
NRIC/Passport Number	SXXXX023B
Contact Number	98807905
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Sketch Plan #2

SKETCH PLAN



Axe towards tuos.

(A) SLA 1820X

(B) SMR 2139R

(C) SMN 1683U.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on the first lane on Axe towards tuos. Vehicle in front of me stopped and I stopped as well. Suddenly I felt an impact from the rear of my vehicle. No one was injured. Vehicle B managed to stop but vehicle C hit vehicle B rear causing vehicle B to move forward and hit my vehicle. Total 3 vehicles involved.

DECLARATION

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

Policyholder's Signature

Date & Time: 13/08/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: