

ASS. REC. BY:

REF:

F02 / 20084201K

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. \_\_\_\_\_

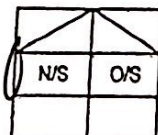
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

Bal. or Market Value: 18k

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 01/23 Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: STB 917PE Yr Regn: 01, 08Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy Axi c.c. 1496Colour: M. Grey A/C: Insured / Std / NI / NASp. Reading: 114331 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: NZE141 6084502Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/70R14

R: \_\_\_\_\_

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

TOYO / YOKO or

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 10/8/20

Survey held at

Rear

R/Bal. 2 mmL/Bal. 2 mmD.O.I. 18/8/2020

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

FR L/H door

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

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: (\$ \_\_\_\_\_)

Date: 14.08.2020  
Vehicle No: SJB9179E  
Model: TOYOTA COROLLA AXIO 1.5X  
Chassis: NZE1416064562-2007  
Reg. Year: 2008

Third Party Insurer: MS FIRST  
Third Party Veh No: SHC403K  
Date of Accident: 10.08.2020

*Not Authorised  
C/Pump &  
Resurvey After Paint 3 days*

## ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT DOOR LH	1		\$1,207.60
2	FRONT DOOR INNER TRIM CLIPS	10	\$5.80	\$58.00
3	FRONT DOOR OUTER HANDLE LH	1		\$128.60
4	FRONT DOOR OUTER COVER LH	1		\$55.80
5	FRONT DOOR OUTER HANDLE BASE LH	1		\$204.50
6	FRONT DOOR OUTER MOULDING LH	1		\$142.60
7	REAR DOOR LH	1		REPAIR
SUB TOTAL				\$1,797.10
LESS 25%				-\$449.28
PARTS TOTAL				\$1,347.83

### LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REPAIR, REFIX & READJUST ACCIDENT AREAS & ETC.

\$300.00 *200*

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT DOOR LH, REAR DOOR LH & ETC.

\$500.00 *600*

LABOUR CHARGES TO REMOVE & REINSTALLED FRONT DOOR INNER MECHANISM & ETC. BACK TO ORIGINAL OPERATIONS.

\$120.00 *60*

LABOUR CHARGES TO CHECK WIRING & DOOR CENTRAL LOCKING SYSTEM & ETC.

\$80.00 *20*

LABOUR TOTAL \$1,000.00

TingAn		
	<b>TOTAL</b>	<b>\$2,347.83</b>

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:

#### Head office

6 Kung Chong Road Singapore 159143  
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

#### Branch

9A Serangoon North Ave 5 Singapore 554500  
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1011

#### Branch

551 Upper Thomson Road Singapore 574415  
Tel: (+65) 6452 6868 | Fax: (+65) 6452 9223





## 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	12/08/2020 10:13
Date Of Accident	10/08/2020 14:45
Exact Location Of Accident	ALONG VERDE VIEW
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB9179E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIU CHWEE HENG
NRIC No	SXXXX463B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88386644
Alternative Phone No	OTHERS-98637773

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO-1.5 X (A)
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00756214
Cover Note Number	28/01/2020 - 27/01/2021

### Driver

Name of Driver	LI XIAOHUA
NRIC No	SXXXX596G
Date Of Birth	15/04/1974
Occupation	INDOOR
Date Of Driving Pass	01/03/2011
Driving Experience	9 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98637773
Fax Number	
Contact Number	OTHERS-88386644
Email Address	CHINCHWEE@YAHOO.COM.SG

Address 96A HENDERSON ROAD  
#35-58  
Postcode 151096  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured SPOUSE  
Vehicle Registration Number of Driver's Own Vehicle -  
-  
-  
Insurance Company of Driver's Own Vehicle -  
-  
-

#### General Information of the Accident

Type Of Accident COLLISION - OPENING DOOR OF VEHICLE  
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: : CHEN SHENG XI  
GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name TRAFFIC POLICE DIVISION HQ  
Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 65470000 - FAX NO:  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

#### Attachment(s)

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

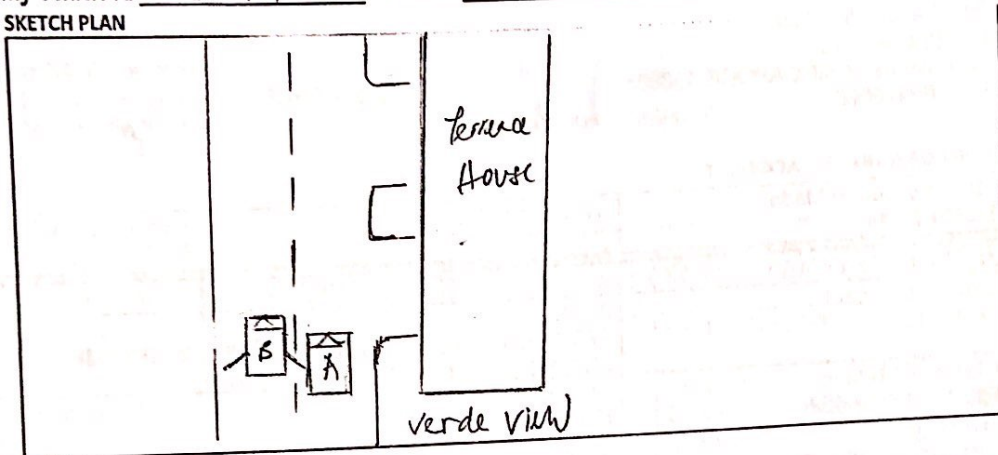
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC403K  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver  
NRIC/Passport Number  
Contact Number



Sketch Plan Pg. 2

Date of accident: 10/08/2020 Time: 14:45 Location: 190 Verde View  
 My Vehicle A: SJB9179E Vehicle B: SHC 403K Vehicle C: \_\_\_\_\_  
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200811/2072

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop : Optima workz Pte Ltd  
 Email address : skan@optima.sg  
 & myself : chuckwee@optima.com.sg  
 Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature  
 Date & Time:

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

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

AH LIM MOTOR COMPANY