	2000847214
Kenneth	ASSIGNMENT
Cross	
Estimated Cost:	Veh No: 578 91788 Yr Regn: 01, 08
	Type: LCar M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD TP WS/TP RES/OD RES/EVA/INY/MV To Inspect Vehicle No:	Truck / Trailer or
	Make: 704 A+18 c.c 1496
at Workshop m/s Optime	Sp.Reading 1833 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CNO: NZE141.6084562
Claims No.	Gen. Cond: good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inforder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: NII / S/Rim / STP/A/Rim or
	Tyre Size: F: 185/70R14
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	FS I DUN I EXNOVA I GY I FS I LIZA I MIC I OHTSU I PIR I SUMI I
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value: B/SK	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 7 mm R/Bal. 2 mm
GIA / PR Seen: Consistent?: Yes or No	UBal. 7 mm UBal. 2 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 10/8/20 D.O.I. 18/8/2020
Lum Sum: 20 % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted:	The U.C. I Character for the Com-
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
Cate/Time, File Pass to? : Prell. Report Da	
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Cuta/Time, File Return to?	survey No. of Trip: Survey Fee:
Add Fee:	: Site Insp (\$
, , , , , ,	1 3 73 3
Report Format :	: Interview (\$)
Lump Sum / I.B.I: (S	Tech Invs (\$) Others
	Weekend (\$
	TOTAL



OPTIMA WERKZ PTE LTD Co. Reg. No. 201212455W () /OptimaWerkz

/optimawerkz

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 Nothassel

	TOTY	UNIT S\$	AMOUNT 55
DESCRIPTION			\$1,207.60
FRONT DOOR LH		\$5.80	\$58.00
FRONT DOOR INNER TRIM CLIPS	10	V	ny \$128.60
FRONT DOOR OUTER HANDLE LH	1 1		Nel \$55.80
FRONT DOOR OUTER COVER LH	1		DIT \$204.50
FRONT DOOR OUTER HANDLE BASE LH	1		(n \$142.60
FRONT DOOR OUTER MOULDING LH	1		REPAIR
REAR DOOR LH	1		
19.36		SUB TOTAL	\$1,797.10
			-\$449.28
			\$1,347.83
	FRONT DOOR INNER TRIM CLIPS FRONT DOOR OUTER HANDLE LH FRONT DOOR OUTER COVER LH FRONT DOOR OUTER HANDLE BASE LH FRONT DOOR OUTER MOULDING LH REAR DOOR LH	FRONT DOOR LH FRONT DOOR INNER TRIM CLIPS FRONT DOOR OUTER HANDLE LH FRONT DOOR OUTER COVER LH FRONT DOOR OUTER HANDLE BASE LH FRONT DOOR OUTER MOULDING LH REAR DOOR LH 1	## PRONT DOOR LH FRONT DOOR INNER TRIM CLIPS FRONT DOOR OUTER HANDLE LH FRONT DOOR OUTER COVER LH FRONT DOOR OUTER HANDLE BASE LH FRONT DOOR OUTER MOULDING LH REAR DOOR LH SUB TOTAL LESS 25%

LABOUR CHARGES: \$300.00 200 LABOUR CHARGES TO REMOVE, REPLACE, REPAIR, REFIX & READJUST ACCIDENT AREAS & ETC. LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNSIHING MATERIALS AT FRONT DOOR LH, REAR DOOR LH & ETC.

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

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

\$80.00 201

\$120.00 601

		LABOUR TOTAL	\$1,000.00
	LKK Auto Consultants hence notify the Repairer of the following:	7	
TingAn	To resurvey before/after spray pointing	TOTAL	\$2,347.83
	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

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 wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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 faire 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

Date Of Report Date Of Accident ALONG VERDE VIEW SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number Insured Policyholder NRIC No SXXXX463B NOEMAIL Mobile Phone No OTHERS-98637773 Vehicle Particulars Manufacturer Corona or which vehicle was being used at time of accident Time of accident To your vehicle? If No, Piesae state action to be taken Vehicle Category Private Company Name of Insurance Company Direct Coverage Company Direct Coverage Cover Note Number Driver No No No SXXXX563B NOEMAIL Cover Note Number Driver Li XIAOHUA NRIC No SXXXX563B NOEMAIL Cover Note Number SXXXX566G Date Of Birth Diroving Pass Driving Experience 9 YEARS AND 5 MONTHS Gender FEMALE Mobile Number Cocupation Driver FEMALE Cover Note Number Occupation Occupation On Hobors FEMALE Cover Number Contact Number OTHERS-88386644	By the todgement of this report to the insurers, you nerecy con aforesaid.	
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Exact Location Of Accident Country/State of Loss DETAILS OF OWN VEHICLE		10/08/2020 14:45
Country/State of Loss DETAILS OF OWN VEHICLE Vehicle Registration Number Name Of Registered Owner NRIC No SXXXXA63B NOEMAIL Mobile Phone No (LOCAL) +65-88386644 Alternative Phone No Vehicle Particulars Manufacturer TOYOTA COROLLA AXIO-1.5 X (A) PRIVATE USE If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage COWPREHENSIVE No No DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD COVER Note Number DIVERS NO SXXXX596G Date Of Driving Pass Olio3/2011 Driving Experience 9 YEARS AND 5 MONTHS Fax Number Condact Number Condact Number OTHERS-88386644	Exact Location Of Accident	ALONG VERDE VIEW
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Contact Number OTHERS-88386644	Mobile Number	(LOCAL) +65-98637773
	Fax Number	
EMail Address CHINCHWEE@YAHOO.COM.SG	Contact Number	OTHERS-88386644
	EMail Address	CHINCHWEE@YAHOO.COM.SG

Page 1 of 19

Address

96A HENDERSON ROAD

#35-58

Postcode.

151096

Was driver an employee of the Insured's Company SPOUSE

If No. Relationship of the Driver with the Insured

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?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

Was any body injured in the Accident? Was any injured conveyed to hospital by NO

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2 NAME:

Passenger 1

: 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

Page 2 of 19

Sketch Plan Pg. 2

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