

ASS. REC. BY:

REF: GAZ / 2000 8676/Kv3

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:

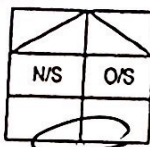
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05

days

Res.: Yes or No

Lump Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Traller or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / STD A/Rim or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

n 11/9/20-Typist

Report Format: TP

Lump Sum H.B. (\$ 5,000

Days Of Repair: 5

Resurvey No. of Trip: 2

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S - RS. \$

Fees

Others

TOTAL

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

No. : 06212

Vehicle Insured : GBJ2866D
Accident Date : 14-Aug-2020

Date : 17-Aug-2020

Our Ref : 020092 (GREAT AMER) / CHAN

PAGE : 1

ENGENUIZ
180D RIVERVALE CRESCENT
#18-393
Singapore 544180

Not Authorised
11 Days &
Resurvey After Paint 5 days

ESTIMATED COST OF REPAIR FOR HONDA VEZEL 1.5Z HYBRIDCVT ABS SLE4488G

1 pc Tail gate		1,150.00	✓
1 pc Tail gate glass moulding		135.00	✓
2 pcs Tail gate lamp	<i>N/S GRA @ S\$389.30</i>	778.60	✓
1 pc Tail gate outer garnish		220.00	✓
1 pc Tail gate "VEZEL" emblem		43.00	✓
1 pc Tail gate "HYBRID" emblem		75.50	✓
1 pc Tail gate inner lock		157.10	✓
1 pc Tail gate rubber		118.30	✓
1 pc Tail gate inner trim cover		183.40	✓
1 pc N/s taillamp		474.80	✓
1 pc Rear bumper fascia		798.10	✓
2 pcs Rear bumper side bumper	@ S\$195.00	390.00	✓
1 pc Rear end panel		411.90	✓
2 pcs Rear bumper side retainer	@ S\$ 17.50	35.00	X
		4,970.70	
Less 20% :		994.14	

- 1 pc Rear w/s glass sealant
- 1 pc Rear bumper reverse sensor
- 1 pc Rear reverse camera
- 1 pc Rear no.plate with box

3,976.56 Gain
60.00 sn
300.00 sn
300.00 sn ?
50.00 sn

To remove & refix rear windscreen
glass and conduct water leak test.

12cl
150.00

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:

Con't Page 2 ...

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Vehicle Insured : GBJ2866D

Page : 2

To remove roof lining, front and
rear seats, trim board and carpet

602
120.00

To apply undersealing

100.00 601

To putty and spray replaced parts

900.00 700

To remove, cut-out damaged parts,
panel beating, welding, align,
refix and to renew above parts

600
900.00

Total : S\$ 6,856.56

=====

Singapore Dollars Six Thousand Eight Hundred
and Fifty Six and Cents Fifty Six Only

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 14/08/2020 18:34
Date Of Accident 14/08/2020 14:05
Exact Location Of Accident LORONG CHUAN TOWARDS ANG MO KIO AVENUE 1
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLE4488G
Insured/Policyholder
Name Of Registered Owner ENGENUIZ
Co Reg No 5XXXX879M
Email Address JOSHUA@ENGENUIZ.COM
Mobile Phone No (LOCAL) +65-97606985
Alternative Phone No OFFICE-97606985

Vehicle Particulars

Manufacturer HONDA
Model VEZEL-1.5 HYBRID (A)
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 5111003658-01
Cover Note Number

Driver

Name of Driver CHONG ZHI XIN, JOSHUA (ZHANG ZHIXIN)
NRIC No SXXXX726A
Date Of Birth 02/07/1985
Occupation INDOOR
Date Of Driving Pass 19/03/2008
Driving Experience 12 YEARS AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97606985
Fax Number
Contact Number OFFICE-97606985
EMail Address JOSHUA@ENGENUIZ.COM

Address APT BLK 180D RIVERVALE CRESCENT
#18-393 SINGAPORE
Postcode 544180
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 COLLISION - HEAD TO REAR
Weather Conditions DRIZZLING
Road Surface WET

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

REFER TO ATTACHED

Attachment(s)

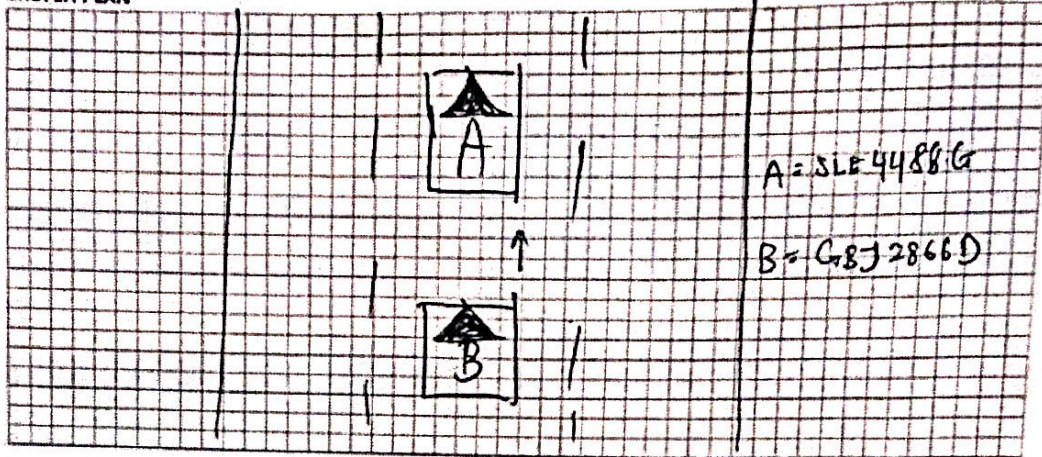
Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: VIDEO SENT TO NTUC
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBJ2866D
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number 87271698
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Lorong Chuan, stopped at red light. Vehicle B moved forward and collide into my rear.

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.: