

ASS. REC. BY:

REF:

E66/20008782 Kv f3

Kennerh

## 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:

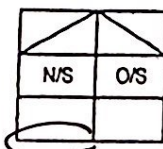
Excess:

(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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

07 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

G8 9797E

Yr Regn:

11/16

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

Truck / Trailer or

Make:

Opel

Combo

c.c

1398

Colour

Red

A/C:

Insured / Std / NI / NA

Sp. Reading

42865

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WOL6WYL1149597446

Gen. 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:

B.S

195/60R15

R:

Pi

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

TOYO / YOKO or

Front

Rear

R/Bal.

4 mm

R/Bal.

3 mm

L/Bal.

4 mm

L/Bal.

3 mm

D.O.A.

18/8/20

D.O.I.

24/8/2020

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?

2) 17/9/20-Typist

Days Of Repair:

7

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format:

Merimen

Lump Sum H.B. (\$ 5450

Not Withheld  
 11 Aug 87  
 Resurvey After Paint  
 7 days

**ESTIMATE TO REPAIR**

VEHICLE NO. : GZ 9797 E  
 MAKE : OPEL  
 MODEL : COMBOL2H1 1.6 CDTI AT 6DR  
 YEAR : 2016  
 CHASSIS NO : W0L6WYL11H9597446

SURVEYOR NAME : LKK 24 AUG 2023  
 DATE OF SURVEY :  
 TIME OF SURVEY :

DATE : 20-Aug-20  
 DATE OF ACCIDENT : 18-Aug-20  
 THIRD PARTY REF : EA 292 J  
 THIRD PARTY REF : ERGO INSURANCE PTE. LTD.

Qty	Parts Description/ Labour	Type	Unit Price	Nett Item Amt	Amount
				Btl/cm	
1 pc	rear bumper				\$ 800.00
1 pc	rear bumper reinforcement				\$ 400.00
1 pc	n/s rear bumper retainer				\$ 80.00
1 pc	n/s rear bumper reflector				\$ 70.00
1 pc	rear end panel				\$ 500.00
1 pc	n/s tail gate				\$ 1,900.00
2 pcs	n/s tail gate hinges				\$ 500.00
1 pc	tail gate rubber				\$ 390.00
1 pc	tail gate combo emblem				\$ 38.00
1 pc	n/s tail lamp				\$ 350.00
1 pc	n/s rear fender				\$ 2,000.00
1 pc	n/s rear fender under-shield				\$ 350.00
					\$ 7,378.00
					\$ 737.80
					\$ 6,640.20
	Less 10%				
					\$ 200.00
					\$ 40.00
1 set	rear bumper sensor	S.Nett			
1 tube	rear windscreen sealant	S.Nett			
					\$ 1,000.00
	To putty & spray paint				\$ 80.00
	To transfer tail gate fitting.				\$ 100.00
	To remove & refic rear n/s windscreen glass.				\$ 80.00
	To remove & refix fuel tank.				\$ 60.00
	To remove & refix rear trimming.				\$ 120.00
	To anti-rust.				\$ 1,200.00
	Labour charges				\$ 9,520.20
TG/VL	TOTAL				

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:

## 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	19/08/2020 15:45
Date Of Accident	18/08/2020 14:30
Exact Location Of Accident	ALONG PIE (LAMP PORT 545)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ9797E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VICKY CAKES
Co Reg No	5XXXX337B
Email Address	TJ@VICKYCAKES.COM
Mobile Phone No	(LOCAL) +65-97699557
Alternative Phone No	OFFICE-64664000

### Vehicle Particulars

Manufacturer	OPEL
Model	COMBO L2H1-1.6 D CDTI (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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114282740
Cover Note Number	

### Driver

Name of Driver	TAN TSONG, JOHAN (CHEN CONG, JOHAN)
NRIC No	SXXXX214J
Date Of Birth	26/08/1978
Occupation	INDOOR
Date Of Driving Pass	23/12/1996
Driving Experience	23 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97699557
Fax Number	
Contact Number	TJ@VICKYCAKES.COM
EMail Address	

Address 60 ENG KONG PLACE SINGAPORE 599132  
 Postcode  
 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 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: : UNKNOWN  
 GENDER: : FEMALE

#### 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

AT THE MATERIAL DATE AND TIME, I WAS TRAVELLING ALONG PIE, CAR INFRONT OF ME SLOW DOWN AND STOP I JUST FOLLOW. SUDDENLY O FELT AN IMPACT FROM MY BEHIND. I WENT DOWN TO CHECK NOTICED VEH B'S FRONT RIGHT PORTION HIT ONTO MY VEH A'S REAR LEFT PORTION. THAT'S ALL. NOBODY INJURY.

#### Attachment(s)

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

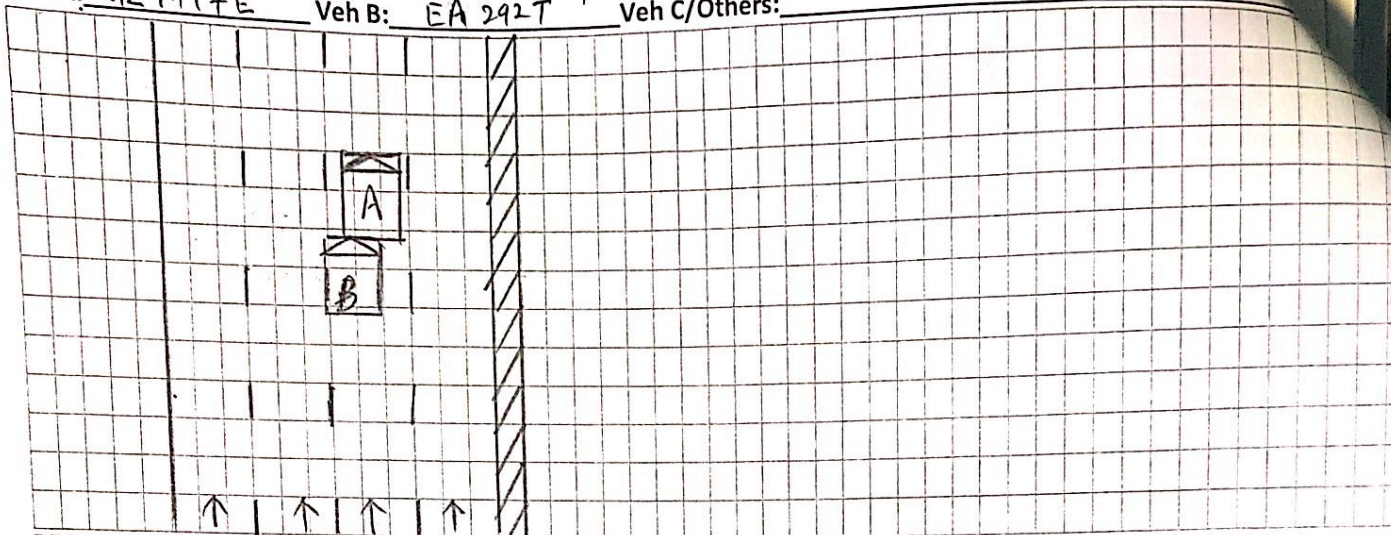
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number EA292J  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver ONG JINGHENG  
 NRIC/Passport Number SXXXX737F  
 Contact Number 97602922  
 Address  
 Postcode  
 Insurance Company Name

# SKETCH PLAN

Date & Time of Accident: 18/08/2020 / 2.30pm Location: PIE (Lamp post 545)

Veh A: GZ 9797E Veh B: EA 292T Veh C/Others: \_\_\_\_\_



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the material date and time, I was travelling along PIE, Car. in front of me slow down and stop I just follow. Suddenly I felt an impact from my behind. I went down to check noticed Veh B's front right portion hit onto my veh A's rear left portion. That's all. Nobody injury

[ ] Own Damage Claim at Lim Tan Motor [ ☒ ] TP Claim at Lim Tan Motor  
[ ] Own Damage Claim at Other Workshop [ ] TP Claim at Other Workshop [ ] Reporting Only


I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:-

My/Our workshop via email : \_\_\_\_\_

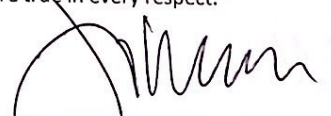
My/Our email : \_\_\_\_\_

## DECLARATION


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

  
Policyholder's Signature & Time: \_\_\_\_\_

19 AUG 2020

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

19 AUG 2020

  
Reporting Centre Personnel's Signature  
Name: VENUS LEE  
NRIC/FIN No.: 844779991A