Kenneth

ASSIGNMENT SMN 27530

From: _____ Date: _____

Estimated Cost: _____

CO / TPWS / TP RES / CO RES / EVA / UNV / MV

To Inspect Vehicle No: _____

at Workshop m/s 5 Three

at _____

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.

N/S	O/S

Est. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 90 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: ~~SMN 9737A~~ Yr Regn: 08 12

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Sdn Wagon

Make: Toy Nissan cc 1797

Colour: M. Grey A/C: Insured / Std / NI / NA

Sp.Reading: 58124 T/Radio: Insured / Std / NI / NA

Eng.No: _____

C.No: EWR80 - 0393085

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inop'ble / Jammed / Leaked / Burnt or _____

Brake: Inop'ble / Jammed / Leaked / Burnt or _____

Mod: NI / SRS / STD A/Bag or _____

Tyre Size: F: 215/45R17

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Sal.	5 mm	R/Sal.	8 mm
L/Sal.	5 mm	L/Sal.	8 mm

D.O.A. 21/8/20 D.O.I. 25/8/2020

Survey held at _____

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

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to? _____ ☐ : Prell. Report ☐ : Final Report

Days Of Repair: _____

Date/Time, File Return to? _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ $ - RS__ $

Parts _____

Others _____

TOTAL _____

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

Report Format :

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

Not Authorised
C/Insp & ?

S THREE AUTOMOTIVE RECOVERY PTE LTD
Blk 8 Sin Ming Industrial Estate
#01-64/66 Singapore 575643
Tel : 6284 1542 / 6284 1575
Fax : 6487 5315
sthreeautomotive@gmail.com

TO :
ATT : **MOTOR CLAIM DEPT.** T/P VEH. NO. : **GBG2731A** Pls view After Paint

ESTIMATE REPORT 1st QUOTATION JOB NO :

OWNER'S PARTICULAR
NAME : **NG AH SOON** CONTACT :
ADDRESS :
LICENSE NO. **SMN2753U** TRANS. : CHASSIS NO :
MAKE / MODEL : **TOYOTA NOAH** ENGINE NO :
OWNER'S INSURER : **FWD INSURANCE**
JOB-CODE : **TP** S/A : **MICHELLE** ACCDENT DATE : **21-Aug-20**

CLAIM DETAIL

	MATERIALS		QTY	QUO-PRICE	DISC. %	DISC-PRICE	SUR. DISP	REV. PRICE
1	REAR BUMPER	CM	1.00	1677.10	25.00	1257.83	Y	✓
2	REAR BUMPER INNER SHIELD LH	SN	1.00	105.00	25.00	78.75	Y	X
3	REAR BUMPER RETAINER LH	DN	1.00	45.00	25.00	33.75	Y	✓
4	REAR BUMPER RETAINER RH	SN	1.00	45.00	25.00	33.75	Y	X
5	REAR BUMPER BRACKET LH	SN	1.00	58.50	25.00	43.88	Y	X
6	REAR BUMPER BRACKET RH	SN	1.00	58.50	25.00	43.88	Y	X
7	REAR BUMPER SPONGE	SN	1.00	210.00	25.00	157.50	Y	X
8	REAR BUMPER REFLECTOR LH	SN	1.00	105.00	25.00	78.75	Y	X
9	REAR FENDER LH	RP	1.00	1380.00	25.00	1035.00	Y	✓
10	REAR FENDER 1/4 GLASS W/MOULDING LH	NA NA	1.00	550.00	25.00	412.50	Y	✓X
11	REAR FENDER TOP RUN COVER LH	SN	1.00	439.00	25.00	329.25	Y	X
12	TAILLAMP LH	SN	1.00	898.60	25.00	673.95	Y	X
13	TAILAMP LOWER COVER LH	CM	1.00	259.00	25.00	194.25	Y	✓
14	TAILLAMP LOWER RETAINER LH	CM NA	1.00	58.40	25.00	43.80	Y	X✓
15	REAR REVERSE SENSOR 1SET	SN	1.00	1120.00	25.00	840.00	Y	X
	TOTAL (PARTS) :			7009.10		~~4416.83~~ 5256.83		

SPECIAL NETT ITEM

1	REAR FENDER INNER TRIMBOARD CLIPS 1SET		1.00	NA	80.00	0.00	80.00	Y	X
2	REAR BUMPER CLIPS		1.00	NA	50.00	0.00	50.00	Y	✓
3	REAR FENDER INNER GARNISH CLIPS 1SET		1.00		120.00	0.00	120.00	Y	?
4	REAR FENDER 1/4 GLASS SEALANT	NA	1.00		180.00	0.00	180.00	Y	X
5	REAR FENDER 1/4 GLASS PRIMER AND CLEANER	NA	1.00		80.00	0.00	80.00	Y	X
6	TAILGATE 1/4 GLASS SEALANT	NA	1.00		80.00	0.00	80.00	Y	X
7	TAILGATE 1/4 GLASS INNER SEAL	NA	1.00		80.00	0.00	80.00	Y	X
8	TAILGATE 1/4 GLASS PRIMER AND CLEANER	NA	1.00		50.00	0.00	50.00	Y	X
	TOTAL (PARTS) :				720.00		720.00		

LABOUR

1	STRAIGHTEN & PANEL BEAT ACCIDENT AREA		1.00		1400.00	0.00	1400.00	Y	700
2	SPRAY PAINTING ON AFFECTED AREA		1.00		1200.00	0.00	1200.00	Y	550
3	R&R TAILGATE 1/4 GLASS TO ASSIST REPAIR		1.00	NA	200.00	0.00	200.00	Y	X

	...P & INNER TRIM TO ASSIST REPAIR		1.00	120.00	0.00	120.00	Y	
	...EAT AND GARNISH TO ASSIST REPAIR		1.00	120.00	0.00	120.00	Y	100
	...SPRAY TUFF KOTE ON ACCIDENT AREA		1.00	180.00	0.00	180.00	Y	3ea
8	R&R REVERSE SENSOR		1.00	80.00	0.00	80.00	Y	2ea
9	COMPUTERISED WHEEL ALIGNMENT		1.00	120.00	0.00	120.00	Y	5ea
		NN	1.00	120.00	0.00	120.00	Y	X
	TOTAL (LABOUR) :			3540.00		3540.00		

TOTAL PARTS & LABOUR 9516.83

EXCESS : : S$_____

NO. OF DAY : 05days

RE-SURVEY : ~~BEFORE~~ / AFTER PAINTING

~~PART-BY-PART~~ OR LUMP-SUM : S$_____

DATE OF SURVEY : 25/8/20

SURVEY BY : Kenneth

CONTACT NO : 98910883 FAX NO : _____

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:

NOTE : LUMP-SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED.

[illegible] Kok Wah Pte Ltd - Sin Ming
[illegible] DATE & TIME: 21/08/2020 16:25
[illegible] BY: Elaine Lee Gek Ying

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	21/08/2020 16:25
Date Of Accident	21/08/2020 13:45
Exact Location Of Accident	SENG POH RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMN2753U
Insured/Policyholder	
Name Of Registered Owner	NG AH SOON
NRIC No	SXXXX048E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98584230
Alternative Phone No	OFFICE-98584230
Vehicle Particulars	
Manufacturer	TOYOTA
Model	NOAH HYBRID 1.8X CVT
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2019-00000995
Cover Note Number	
Driver	
Name of Driver	NG AH SOON
NRIC No	SXXXX048E
Date Of Birth	22/04/1961
Occupation	OUTDOOR
Date Of Driving Pass	13/12/1983
Driving Experience	36 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98584230
Fax Number	
Contact Number	OFFICE-98584230
EMail Address	NOEMAIL

Address	BLK109 RIVERVALE WALK #06-26
Postcode	540109
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	SIDE SWIPE
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)	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 THE SKETCH PLAN

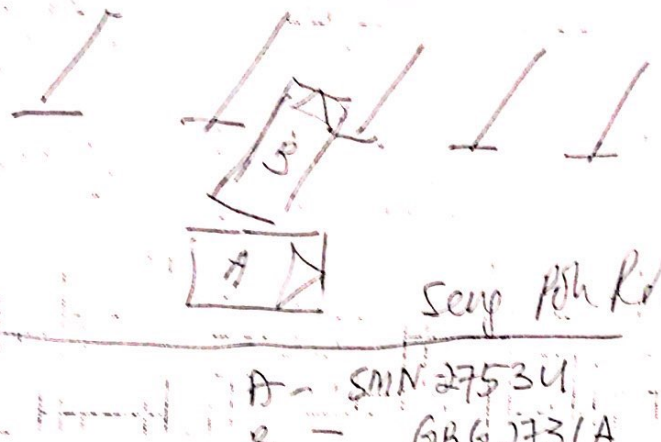
Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG2731A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was ~~stationary~~ along Serg Rd not
intent
to allow a car TO exit out from a
parking lot. Suddenly vehicle B reversed
out from the parking lot without checking
his blindspot collided into the left
portion of my vehicle.

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.:

VIN'S MOTOR PTE LTD

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