

ASSIGNMENT

From: _____ Date: _____

Estimated Cost _____

OD (TP) / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SGU 22224at Workshop m/s TEAMWORK GARAGE

of _____

Insured: FBA 9656 u

Policy No. _____

Claims No. CMTD 2002550

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal: or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 2 days Res.: Yes or NoLum Sum: 7/P % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SGU 22224 Yr Regn: Sept/2016Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Alphard C.C. 2494Colour White A/C: Insured / Std / NI / NASp. Reading 78801 T/Radio: Insured / Std / NI / NAEng/No: 2ARH706926C/No: AGH300058482Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 245/40 R20R: 11

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

TOYO / YOKO or

Michelin

Front

Rear

R/Bal. S mmR/Bal. S mmL/Bal. S mmL/Bal. S mmD.O.A. 29/08/2020D.O.A. 01/09/2020Survey held at Teamwork Repa ubi

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

N/S Frnt

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

Date / Time Action / Instruction

Sampo FBA 9656uInvoice 7/P 1610.50 with 2 days of inv
(RED + 8131.27, 83%) (No lump sum)2:22 Revised to Irene by Email

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S+RS, SI

Photos

Others

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)Report Format: TPLump Sum / I.B.I. (\$ 1610.50)

SOMPO INSURANCE

Vehicle number	SGU2222U
Make / Model	TOYOTA ALPHARD
Chassis number	AGH300058482
Accident date	29/8/20
Reference	2009-51

Qty	Particulars	Unit Price - SGD \$
<u>PARTS REPLACEMENT - LIST ITEMS</u>		
1	FRONT BUMPER CW	2512.64 ✓
1	FRONT BUMPER RETAINER LH HH	98.27 X
1	FRONT BUMPER FOG LAMP LH HH	339.48 X
1	FRONT BUMPER FOG LAMP CHROME GARNISH LH HH	210.91 X
1	FRONT BUMPER SPONGE HH	313.94 X
1	FRONT BUMPER REINFORCEMENT HH	553.21 X
1	FRONT HEADLAMP LH HH	4227.52 X
1	FRONT HEADLAMP BRACKET LH HH	189.60 X
1	FRONT GRILLE HH	1124.00 X
1	FRONT GRILLE EMBLEM HH	299.46 X
	1614.00	
	1210.50	
	25%	
	Less 10%	
		9869.03
		2467.26
		7401.77
<u>PARTS REPLACEMENT - SPECIAL NETT ITEMS</u>		
1 SET	FRONT BUMPER CLIP SVL	30.00 X
1 PC	FRONT BUMPER SENSOR HH	440.00 X
1 SET	FRONT GRILLE CLIP HH	60.00 X
	Subtotal	530.00
	Balance C/F	7931.77
<u>LABOUR AND MISCELLANEOUS CHARGES</u>		
	Balance B/F	7931.77
1	CHECK WIRING AND LIGHTNING SYSTEM	60.00 HH
2	PANEL BEATING ON AFFECTED AREAS	800.00 200/-
3	SPRAY PAINTING ON AFFECTED AREAS	800.00 200/-
4	APPLY ANTI RUST ON AFFECTED AREAS 400.00	150.00 HH
	Subtotal	1810.00
	Grand total	9741.77

01/09/2020 @ 1530hrs
RtA Antenna
RtA / RtA. 2 days.

LKK Auto Consultants hence notify the Repairs 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

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	31/08/2020 16:51
Date Of Accident	29/08/2020 17:30
Exact Location Of Accident	TURNING LEFT ONTO OXLEY BIZHUB
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU2222U
Insured/Policyholder	
Name Of Registered Owner	TAN WENG KIAN
NRIC No	SXXXX316Z
Email Address	SHAYMONDTAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97766060
Alternative Phone No	OTHERS-97766060

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD 2.5S 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	PRIVATE CAR

Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPG20002471
Cover Note Number	

Driver

Name of Driver	TAN WENG KIAN
NRIC No	SXXXX316Z
Date Of Birth	27/01/1986
Occupation	INDOOR
Date Of Driving Pass	19/01/2008
Driving Experience	12 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97766060
Fax Number	
Contact Number	OTHERS-97766060
Email Address	SHAYMONDTAN@GMAIL.COM

Address	APT BLK 661C EDGEDALE PLAINS #19-646
Postcode	823661
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	RAINING
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 THE ATTACH STATEMENT RECORDED BY KAREN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	FBA9656U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

Vehicle
A - 564 2222 U
B - PBA 9656 U

Legend
Vehicle
Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at Ubi Road 1 proceeding to turn left into Oxley Bizhub. While I slowed down and signalled left preparing to turn into Oxley Bizhub, vehicle B suddenly tried to overtake me from my left and collided onto the front left portion of my vehicle.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. **Quickly check your policy for more details.**

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.: