

ASS. REC. BY:

Steve

REF:

CS/SMO20009310/E44f3

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.

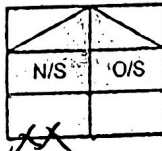
Sum Insured:

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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Date / Time

Action / Instruction

MV-28K

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Rep. Formed:

Lump Sum / LE: C

Veh No:

STJ 3797K

Yr Regn:

2/3/09

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

Truck / Trailer or

Make:

Nissan Sunny

c.c

1597

Colour:

Silv

A/C:

Insured / Std / NI / NA

Sp. Reading

280554

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JN1CFAN1620132369

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

185/50R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

1/9/20

D.O.I.

2/9/20

Survey held at

Ryder

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

Rear LH

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Ryder Auto Pte Ltd

2 Kaki Bukit Ave 2, #02-19/22 AutoHub @ Kaki Bukit, Singapore 417921

Email: ryderautoworkshop@gmail.com

Tel: 67418277 Fax: 67468277

ESTIMATE OF REPAIR

Veh# : SJU3797K

Accident Date : 1/9/20

Location : BKE TOWARDS SLE

Model: NISSAN SUNNY 1.6EXM
(2/3/2009)

3P: FBM1467M (SOMPO)

S/Nos.	Qty	Description	List \$	S/Nett \$	Nett \$
1	1 pc	Rear bumper / DEF	-	-	619.10
2	10 pcs	Rear bumper clips / n/c	-	20.00	-
3	2 pcs	Rear bumper o/s & n/s retainer / BR	-	-	76.60
4	1 pc	Rear end panel X R	-	-	427.40
5	1 pc	Rear end panel inner trim X	-	-	78.20
6	8 pcs	Rear end panel inner trim clips X	-	24.00	-
7	1 pc	Rear reverse sensor / Shaded	-	200.00	-
Sub-Total:			0.00	244.00	1,201.30
			30%	0%	10%
After Less %:			961.04	244.00	1081.17

	Labour	
1	To dismantle, straighten and welding rear damage parts	800.00 300
2	To spray painting.	600.00 400
3	To check wiring.	80.00 30
4	To remove and replace rear reverse sensor.	80.00 30
5	To re-seal anti-rust.	80.00 30
Sub-Total:		1,640.00
Total:		3,926.21
After Less 20%:		3,140.97

Chan San Choon
Director
DipEng, AAE MIMI,MSAE(Aust)

WHL PULL
2/9/20, 11.30am
3 days
L/S
My AL sy

- 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:

bizSAFE 8778 1999
24 hr accident call

Mobil 1



SJU3797K ESTIMATEPg1

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 01/09/2020 17:26
Date Of Accident 01/09/2020 07:20
Exact Location Of Accident BKE TWDS SLE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE:

Vehicle Registration Number SJU3797K
Insured/Policyholder
Name Of Registered Owner LIM CHIN CHAI
NRIC No SXXXX106D
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-83388043
Alternative Phone No OFFICE-83388043

Vehicle Particulars

Manufacturer NISSAN
Model SUNNY
Exact Purpose for which vehicle was being used at time of accident PRIVATE USE
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 5116394761
Cover Note Number

Driver

Name of Driver LIM CHIN CHAI
NRIC No SXXXX106D
Date Of Birth 27/05/1968
Occupation OUTDOOR
Date Of Driving Pass 05/05/1987
Driving Experience 33 YEARS AND 3 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-83388043
Fax Number
Contact Number OFFICE-83388043
Email Address NOEMAIL

Address BLK 546 WOODLANDS DR 16 #07-209
Postcode 730546
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? YES
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 STATEMENT.

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 FBM1467M
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)

DETAILS OF INJURED PERSON 1

Name LIM CHIN CHAI

Accident Sketch Plan

SKETCH PLAN:

BKE TOWARDS SLE


VEHICLE A - SLEETON
VEHICLE B - T. G. M. 4.2.14.14

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG BKE TOWARDS SLE VEHICLE AHEAD BRAKED AND STOPPED AND I FOLLOWED SUIT. SUDDENLY, VEHICLE B REAR-ENDED MY VEHICLE.

DECLARATION

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

 07/1/2020

Policyholder's Signature
Date & Time:

 07/1/2020

Driver's Signature
(if driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC / FIN No.: