

ASS. REQ. BY:

REF:

EQ/20009555/K

Kenna

ASSIGNMENT

From:

Date:

Estimated Cost:

OO/TP/WS/TP RES/OO RES/EVA/INV/INV

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 / FR Seen:

Consistent?: Yes or No

Est. Repairs:

02

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:

SDH 924 J

Yr Regn:

12/16

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

Truck / Trailer or

Make:

Volvo S90

c.c.

1969

Colour:

M. Black

AC:

Insured / Std / Nil / NA

Sp. Reading

88709

T/Radio:

Insured / Std / Nil / NA

Eng/No:

C/No:

YVIPS1080141008759

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

245/45R18

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

25/8/20

D.O.I.

8/9/2020

Survey held at

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

O/S/R

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)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

F. P. S.

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

TOTAL

Report Format :

Lump Sum / I.B.I: (\$



YEE AUTO PTE LTD

160 Sin Ming Drive #02-17/#07-12 Sin Ming AutoCity Singapore 575722
 Tel: 6457 5768 Fax: 6252 8459 Mobile: 9687 4031
 Email: yeeautopteitd@gmail.com
 Registration No.: 201719251W GST No: 201719251W

M/S : EQ Insurance Company Ltd
 5 Maxwell Road
 #17-00 Tower Block, MND Complex
 Singapore 069110

Estimate No: ES2000083
 Date: 08 Sep 2020

ATTN: Motor Claim Department

Your Ref No: -
 Claim Type: Third Party
 Accident Date: 25/08/2020
 TP Veh Reg No: SJD5848Z

Policy No: SDH9211J
 Veh Reg No: VOLVO S90 T5
 Make/Model: MOMENTUM
 Chassis No: YV1PS10BDH1006759
 Engine No: B4204T231801480
 Reg. Date: 28/12/2016

Estimate Repair Cost to Vehicle No :SDH9211J

Description	U/Price	Quantity	List Price SS	Amount SS
Net Price				
1 FRONT WHEEL RIM - RH	1,250.00	1 PC	1,250.00	
2 FRONT TYRE - RH	450.00	1 PC	450.00	
			1,700.00	1,700.00
Spare Parts				
3 FRONT BUMPER	2,250.00	1 PC	2,250.00	
4 FRONT BUMPER PARKING SENSOR	368.50	1 PC	368.50	
5 FRONT BUMPER SIDE RETAINER - LH	90.80	1 PC	90.80	
6 FRONT BUMPER SIDE RETAINER - RH	90.80	1 PC	90.80	
7 FRONT BUMPER CLIPS	60.00	1 SET	60.00	
8 HEAD LAMP - RH	3,250.10	1 PC	3,250.10	
9 FRONT FENDER - RH	885.50	1 PC	885.50	
10 FRONT FENDER SPLASH SHIELD - RH	285.90	1 PC	285.90	
11 FRONT FENDER SPLASH SHIELD CLIP	80.00	1 SET	80.00	
			7,361.60	7,361.60
Labour				
12 TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY.	1,000.00	1 JOB	1,000.00	
13 TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION.	1,000.00	1 JOB	1,000.00	
14 TO APPLY RUST- PROOFING ON REPAIRED, REPLACED PANEL.	80.00	1 JOB	80.00	
15 WHEEL ALIGNMENT	120.00	1 T	120.00	
16 COMPUTER RESET	450.00	1 JOB	450.00	
			2,650.00	2,650.00

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:

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 25/08/2020 13:41
Date Of Accident 25/08/2020 09:40
Exact Location Of Accident BLK 106 HOUGANG AVE 1 CARPARK
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDH9211J
Insured/Policyholder
Name Of Registered Owner WONG KHOON SAN
NRIC No SXXXX128J
Email Address WONGKS.09@GMAIL.COM
Mobile Phone No (LOCAL) +65-96669211
Alternative Phone No OFFICE-96669211

Vehicle Particulars

Manufacturer VOLVO
Model S90
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 GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 2019-V0102921-VDP-R002
Cover Note Number

Driver

Name of Driver WONG KHOON SAN
NRIC No SXXXX128J
Date Of Birth 22/08/1956
Occupation INDOOR
Date Of Driving Pass 20/02/1975
Driving Experience 45 YEARS AND 6 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96669211
Fax Number
Contact Number OFFICE-96669211
Email Address WONGKS.09@GMAIL.COM

Address 165 POH HUAT ROAD WEST #04-11 S(546694)
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD
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: : PASSENGER
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

refer attached report.

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 SJD5848Z
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

(A) SDH 9211 J

(B) SJD 5848 Z

Blk 106

Hougang Ave 1
Carpark



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/8/2020 at 9.40am. I was driving my vehicle (A) SDH 9211 J along Blk 106 Hougang Ave 1 Carpark. As I was go straight on the main road slowly. Suddenly, the vehicle (B) SJD 5848 Z dash out from the right side road and hit my vehicle front right portion.

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.:

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