

ASS. REG. BY:

REF:

C72 / 2000981/Ks

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Vermogen

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMZ 2545P Yr Regn: 05, 1, 9

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

Truck / Trailer or

Make: Hyundai Avante c.c. 1591

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

Sp. Reading: 16108 T/Rado: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMH08410MKU892944

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/45R17

R: _____

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

TOYO / YOKO or

Front

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 11/9/20

Survey held at

Rear

R/Bal. 8 mm

L/Bal. 8 mm

D.O.I. 17/9/2020

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

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation: _____

S - RS, SI

Fuel

Others

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

TOTAL

Report Format :

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

Not Withheld
 Presumy B4paint
 Gday

Vermogen Ace Pte Ltd (Co.Reg. No: 20160623C)
 60 Jalan Lam Huat # 03-35/36 Carros Centre Singapore 737869
 Tel : 6904 4596 | Fax No : 6694 4929

Vehicle Reg. No. : SML2545P
 Vehicle Reg. Date: 13/5/2019
 Make / Model : HYUNDAI AD AVANTE 1.6 GLS (A)
 Engine No. : G4FGKU125606
 Chassis No. : KMHDS41CMKU892944

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Estimates on Parts

No	Qty	PARTICULARS	CONDITION	AMOUNT	S/N	ADJUSTED AMOUNT
1	1	REAR BUMPER	<i>Do/wo</i>			✓
2	2	REAR BUMPER SIDE RETIANER	<i>Sh</i>			
3	2	REAR BUMPER REFLECTOR	<i>Sh</i>			
4	1	REAR BUMPER REINFORCEMENT	<i>R</i>			
5	2	REAR BUMPER STAY	<i>Sh</i>			
6	1	REAR BUMPER LOWER SKIRT	<i>Sh</i>			
7	1	REAR BUMPER UNDER COVER RH	<i>Sh</i>			
8	1	REAR BUMPER GUARD RH	<i>Sh</i>			
9	2	REAR BUMPER MUD GUARD	<i>Sh</i>			
10	5	REAR BUMPER REINFORCEMENT BRACKET	<i>R</i>			
11	1	TAILLAMP LH	<i>Sh</i>			
12	1	TAILLAMP CLIPS LH	<i>nn</i>			X
13	1	TAILLAMP PANEL LH	<i>R</i>			
14	1	REAR END PANEL	<i>R</i>			
15	1	REAR END PANEL TOP GARNISH	<i>Sh</i>			
16	1SET	REAR END PANEL TOP GARNISH CLIPS	<i>nn</i>			
17	1	SPARE TYRE PANEL	<i>R</i>			
18	1	SPARE TYRE PANEL TOP BOARD	<i>Sh</i>			
19	1	REAR FENDER LH	<i>R</i>			
20	1	REAR FENDER INNER SHIELD (REAR) LH	<i>Sh</i>			
21	1	REAR FENDER INNER SHIELD (FRONT) LH	<i>nn</i>			
22	1SET	REAR FENDER INNER SHIELD CLIPS LH	<i>Sh</i>			
23	1	REAR FENDER INNER TRIM BOARD LH	<i>Sh</i>			
24	1SET	REAR FENDER INNER TRIMBOARD CLIPS LH	<i>nn</i>			
25	1	REAR RIM LH	<i>PIT</i>	<i>nd</i>	\$ 500.00	
26	1	REAR TYRE LH			\$ 300.00	
27	1	REAR SHOCK ABSORBER LH				?
28	1	REAR WHEEL HUB LH				?
29	1	REAR WHEEL BEARING LH				?
30	1	REAR AXLE BEAM	<i>Sh</i>			X
31	1	REAR DOOR LH	<i>Sh</i>			X
32	2	REAR DOOR STICKER LH	<i>nn</i>			X
33	1	REAR WINDSCREEN GLASS MOULDING	<i>Sh</i>			X
34	1	REAR WINDSCREEN GLASS SEALANT	<i>nn</i>		\$ 80.00	X
35	1	REAR WINDSCREEN GLASS INNER SEAL	<i>nn</i>		\$ 80.00	X
36	1	REAR WINDSCREEN GLASS PRIMER & CLEAN	<i>nn</i>		\$ 80.00	X
37	1	TAILLAMP PAD	<i>nn</i>		\$ 80.00	X
38	1	REAR END PANEL SEALANT	<i>nn</i>		\$ 80.00	X
39	1	SPARE TYRE PANEL SEALANT	<i>nn</i>		\$ 80.00	X
40	0	0				

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	12/09/2020 13:04
Date Of Accident	11/09/2020 17:20
Exact Location Of Accident	ALONG BUKIT MERAH LANE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML2545P
Insured/Policyholder	
Name Of Registered Owner	LIM CHOO YEONG
NRIC No	SXXXX457D
Email Address	BERNARDLCY3@YAHOO.COM
Mobile Phone No	(LOCAL) +65-92726923
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE-1.6 (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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2020-00004847
Cover Note Number	

Driver

Name of Driver	ALOYSIUS LIM WEI QIANG
NRIC No	SXXXX806E
Date Of Birth	13/03/1992
Occupation	INDOOR
Date Of Driving Pass	29/03/2011
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98629327
Fax Number	
Contact Number	
EMail Address	ALOYSIUSLIMWQ@OUTLOOK.COM

Address
 Postcode BLK 61 TELOK BLANGAH HEIGHTS #11-91
 100061
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured CHILDREN
 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 SKETCH PLAN

Attachment(s)

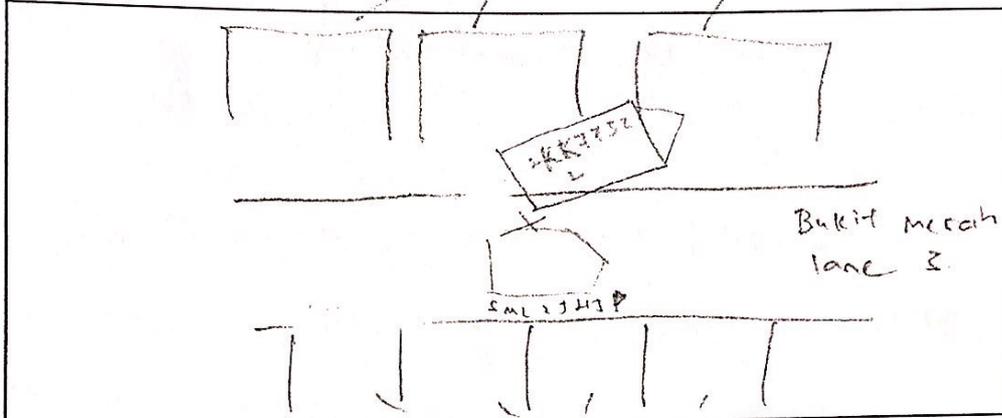
Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKK7732L
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver MIRIAM MAHAPATRA
 NRIC/Passport Number SXXXX769Z
 Contact Number 9003 1342
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

car park lot 5.

I was traveling along Bukit Meleah lane 3 and a vehicle that was reversing hit me on my rear fender and bumper. Accident time and date is 17:20 on 11/10/2020.

OWN DAMAGE () 3RD PARTY CLAIM REPORTING ONLY OWN WORKSHOP ()

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: 12/09/20 11:20am

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

