

ASS. REC. BY:

Steve

REF:

CS/SM020010033/Ekyf3

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 Rpt:

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

STY 1957H

Yr Regn:

11/8/10

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

Truck / Trailer or

Make:

LEXUS 65300

c.c

2995

Colour:

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

62841

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTH014 96523068526

Gen. Cond: Good ☒ Fair ☐ Poor ☐ BurntSteering: In order ☒ Jammed ☐ Leaked ☐ Burnt ☐ orBrake: In order ☒ Jammed ☐ Leaked ☐ Burnt ☐ orModl: Nil ☒ S/Rim ☐ STD A/Rim ☐ or

Tyre Size:

F:

225/45R18

R:

11

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

TOYO / ☒ OKO ☐ or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

12/9/20

D.O.I.

21/9/20

Survey held at

VAG

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

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

Date / Time

Action / Instruction

MK-65K

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

: Prel. Report

: Final Report

1)

Date/Time, File Return to?

2)

Rep. Formed:

Lump Sum / L.B.I. /

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)
☐ :

Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL



VAG Singapore Pte Ltd

48 Toh Guan Road East

#05-136, Enterprise Hub

Singapore 608586

Repair Estimate

Tel: 6267 9916

Fax: 6267 9313

www.avantage.sg

Steve (LK)K
8322 8813
Steve.Chen@LKAuto.com

WHL RL
21/9/20. 4-00pm
3 days
L/S, Ry RL SJ

Date : 16-Sep-2020

Vehicle Num : SJY1957H

Make/Model : Lexus GS300

Chassis No : JTHBH1965205068526

S/N	PARTS	QTY	PRICE	TOTAL
1	Rear Bumper <i>OR</i>	1	\$ 540.00	\$ 540.00
2	RH Tow-eye Cap <i>X</i>	1	\$ 27.00	\$ 27.00
3	Absorber, Rear Bumper <i>?</i>	1	\$ 117.00	\$ 117.00
4	Reinforcement <i>?</i>	1	\$ 324.00	\$ 324.00
5	RH Support, Rear Bumper <i>?</i>	1	\$ 72.00	\$ 72.00
6	LH Support, Rear Bumper <i>?</i>	1	\$ 72.00	\$ 72.00
7	RH Top Retainer, Rear Bumper <i>?</i>	1	\$ 49.00	\$ 49.00
8	LH Top Retainer, Rear Bumper <i>?</i>	1	\$ 54.00	\$ 54.00
TOTAL PARTS				\$ 1,255.00
Less 25%				\$ 313.75
TOTAL AMOUNT				\$ 941.25
MISCELLANEOUS ITEM				
1	Sundries <i>✓ APC</i>		\$ 25.00	\$ 25.00
2	Reverse Sensors		\$ 200.00	\$ 200.00
LABOUR				
1	Remove and refit Rear Bumper, Reinforcement, supports, Retainers and other associated components.		\$ <i>250</i> 400.00	\$ 400.00
2	Surface preparation, spray paint and polish Rear bumper, Reverse sensors and other affected areas.		\$ <i>400</i> 500.00	\$ 500.00
3	Remove and refit Reverse sensors to assist the repair.		\$ 20.00	\$ 20.00
4	Diagnostic check and erase fault codes.		\$ <i>30</i> 80.00	\$ 80.00
TOTAL				\$ 2,166.25
GST 7%				\$ 151.64
GRAND TOTAL				\$ 2,317.89

LK 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	12/09/2020 16:41
Date Of Accident	12/09/2020 14:15
Exact Location Of Accident	ALONG KPE (EXIT 9A)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY1957H
Insured/Policyholder	
Name Of Registered Owner	VICKNESAN JEYAN MARIMUTTU
NRIC No	SXXXX849Z
Email Address	VICJMARIMUTTU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90096024
Alternative Phone No	OTHERS-90096024

Vehicle Particulars

Manufacturer	LEXUS
Model	GS300-3.0 (A)
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00769252
Cover Note Number	

Driver

Name of Driver	VICKNESAN JEYAN MARIMUTTU
NRIC No	SXXXX849Z
Date Of Birth	09/12/1979
Occupation	INDOOR
Date Of Driving Pass	13/07/2013
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90096024
Fax Number	
Contact Number	OTHERS-90096024
Email Address	VICJMARIMUTTU@GMAIL.COM

Address 22 ETTRICK TERRACE
Postcode 458585
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 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) 2
Passenger 1 NAME: : OUVINE TAN
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

PLEASE REFER TO THE 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 GBC6071R
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)

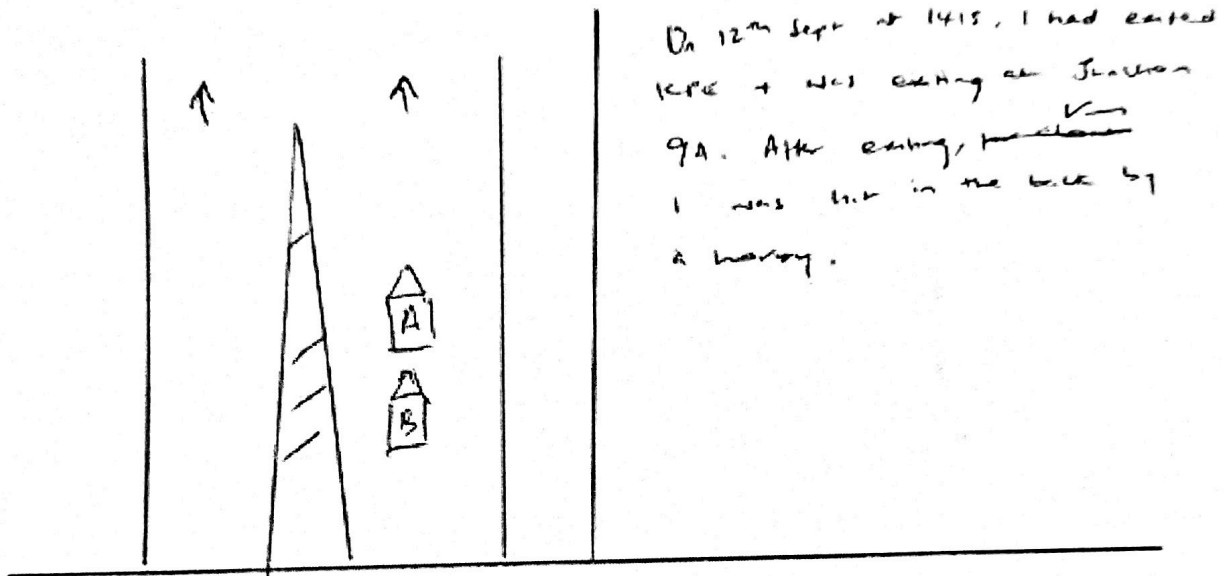
Accident Toolkit

Sketch plan

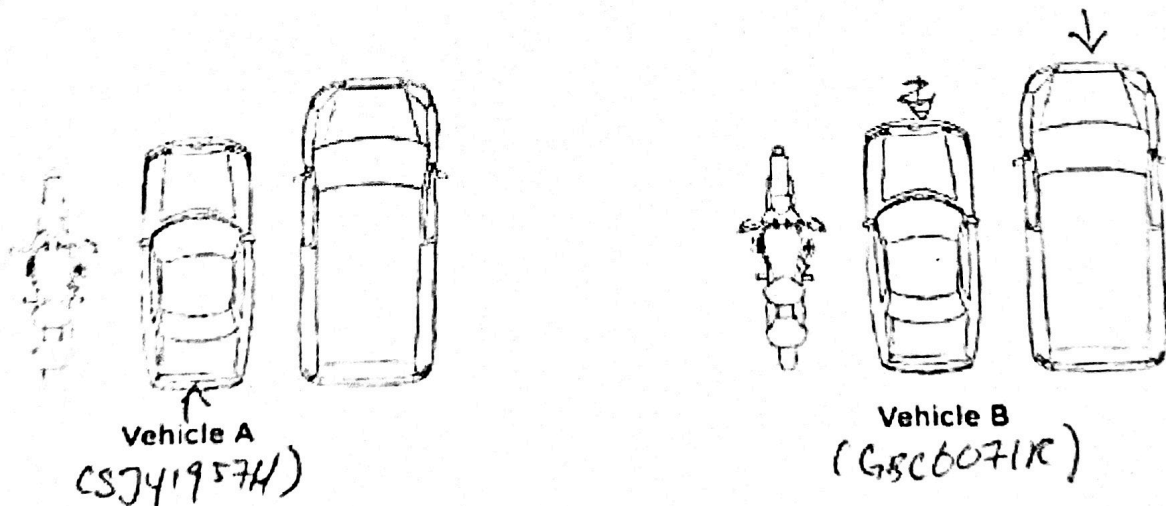
Sketch of accident scene:

Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

If safe, please take photos or videos from all angles.



Please indicate on vehicle A (your vehicle) and, vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow.



direct
asia
● insurance ●

12/9/20 ✓
16/7

Call us direct
Customer Care
6665 5555
Claims Support 24/7 Hotline
6532 1818
+65 6803 3889 (toll-free)