

ASS. REC. BY:

REF:

Som / 20070281/ky

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

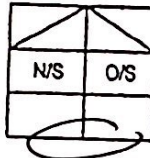
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value: 56k

IDAC Accident Report: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

Est. Repairs: 6-7 days Res.: Yes or No

Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SLX 8747H

Yr Regn:

08, 16

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

Truck / Trailer or

Make:

Chevrolet Orlando

c.c. 1362

Colour:

White

A/C: Insured / Std / NI / NA

Sp. Reading

106.284

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KL1YA 7589HK 60-5546

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / SRim / STD A/Rim or

Tyre Size:

F:

225/45R18

R:

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

TOYO / YOKO or

Front

R/Bal.

mm

Rear

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

24/9/20

D.O.I.

25/9/2020

Survey held at

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS, SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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



S THREE AUTOMOTIVE RECOVERY PTE LTD

Not Authorised
61 Rmp &
Recovery After Paint

TO :
ATTN : MOTOR CLAIM DEPT. T/P VEH. NO. : SMJ7247C

ESTIMATE REPORT 1st QUOTATION
OWNER'S PARTICULAR
NAME : FADZILAH BTE MOHAMED
ADDRESS :
LICENSE NO. : SLX8747H TRANS.
MAKE / MODEL : CHEVROLET ORLANDO
OWNER'S INSURER :
JOB-CODE : TP S/A : JOEY

JOB NO :
CONTACT : 94890217
CHASSIS NO : KL1YA7589HK605546
ENGINE NO :

ACCIDENT DATE : 24-Sep-20

CLAIM DETAIL

MATERIALS

	QTY	QUO-PRICE	DISC. %	DISC-PRICE	SUR. DISP	REV. PRICE
1 REAR BUMPER	1.00	<i>Bz</i> 906.00	10.00	815.40	Y	<i>✓</i>
2 REAR BUMPER TOWING COVER	1.00	<i>rw</i> 380.00	10.00	342.00	Y	<i>✓</i>
3 REAR BUMPER REFLECTOR LH	1.00	86.00	10.00	77.40	Y	<i>?</i>
4 REAR BUMPER REFLECTOR RH	1.00	<i>cm</i> 86.00	10.00	77.40	Y	<i>✓</i>
5 REAR BUMPER SPONGE	1.00	320.00	10.00	288.00	Y	<i>?</i>
6 REAR BUMPER BRACKET LH	1.00	64.00	10.00	57.60	Y	<i>?</i>
7 REAR BUMPER BRACKET RH	1.00	64.00	10.00	57.60	Y	<i>?</i>
8 REAR BUMPER SILVER PAD	1.00	<i>Di-1</i> 330.00	10.00	297.00	Y	<i>✓</i>
9 REAR BUMER INNER FRAME PAD	1.00	350.00	10.00	315.00	Y	<i>?</i>
10 REAR BUMPER REINFORCEMENT	1.00	372.00	10.00	334.80	Y	<i>?</i>
11 REAR BUMPER RETAINER LH	1.00	<i>rw</i> 48.00	10.00	43.20	Y	<i>X</i>
12 REAR BUMPER RETAINER RH	1.00	<i>rw</i> 48.00	10.00	43.20	Y	<i>X</i>
13 REAR BUMPER LOWER GARNISH	1.00	335.00	10.00	301.50	Y	<i>?</i>
14 REAR EXHAUST PIPE	1.00	1560.00	10.00	1404.00	Y	<i>?</i>
15 REAR EXHAUST MOUNTING	1.00	<i>Bz</i> 76.00	10.00	68.40	Y	<i>X</i>
16 REAR TAILGATE EMBLEM ORLANDO	1.00	<i>rw</i> 35.00	10.00	31.50	Y	<i>X</i>
17 REAR TAILGATE EMBLEM 'CHEVROLET'	1.00	<i>rw</i> 35.00	10.00	31.50	Y	<i>X</i>
18 REAR TAILGATE LOGO	1.00	<i>rw</i> 68.00	10.00	61.20	Y	<i>X</i>
19 REAR TAILGATE WHEATHERSTRIPS	<i>Di-1/rw</i> 1.00	120.00	10.00	108.00	Y	<i>508rw</i>
20 REAR END PANEL TOP GARNISH	1.00	158.00	10.00	142.20	Y	<i>?</i>
21 REAR END LOWER PANEL	1.00	480.00	10.00	432.00	Y	<i>?</i>
22 REAR END TOP PANEL	1.00	410.00	10.00	369.00	Y	<i>?</i>

TAILLAMP LH	1.00	LT	550.00	10.00	495.00	Y	✓
24 TAILLAMP RH	1.00	LT	550.00	10.00	495.00	Y	✓
25 TAILGATE LOCK	1.00	RL	110.00	10.00	99.00	Y	✓
26 TAILGATE	1.00	BY	2273.00	10.00	2045.70	Y	✓
27 TAILGATE TRIMBOARD	1.00		565.00	10.00	508.50	Y	?
28 TAILGATE LAMP LH	1.00	LT	750.00	10.00	675.00	Y	?
29 TAILGATE LAMP RH	1.00	LT	750.00	10.00	675.00	Y	✓
30 TAILGATE CHROME MOULDING	1.00	CM	275.00	10.00	247.50	Y	✓
31 TAILGATE SIDE COVER RH	1.00	ML	105.00	10.00	94.50	Y	✓
32 REAR FENDER ARCH PROTECTOR LH	1.00		180.00	10.00	162.00	Y	?
33 REAR FENDER ARCH PROTECTOR RH	1.00	SL	180.00	10.00	162.00	Y	X
34 REAR BUMPER CENTRE LAMP	1.00		330.00	10.00	297.00	Y	?
35 TOOLS BOX	1.00		390.00	10.00	351.00	Y	?
36 TOOLS BOX COVER	1.00		190.00	10.00	171.00	Y	?

TOTAL (PARTS) :

5951.00

11357.10

SPECIAL NETT ITEM

1 REAR BUMPER CLIPS	1.00	ML	50.00	0.00	50.00	Y	✓
2 REAR END PANEL SEALANT	1.00		120.00	0.00	120.00	Y	?
3 REAR TAILGATE INSULATOR PAD	1.00		280.00	0.00	280.00	Y	?
4 REVERSE SENSOR 1SET	1.00	shon	880.00	0.00	880.00	Y	450SL
5 REVERSE SENSOR HOLDER	1.00		320.00	0.00	320.00	Y	?
6 REVERSE SENSOR HOLDER	1.00		320.00	0.00	320.00	Y	?
7 REAR WINDSCREEN SEALANT	1.00	ML	50.00	0.00	50.00	Y	40SL
8 REAR WINDSCREEN INNER SEAL	1.00	ML	50.00	0.00	50.00	Y	30SL
9 REAR WINDSCREEN CLEANER & PRIMER	1.00	ML	50.00	0.00	50.00	Y	X
10 RAER NUMER PANTE	1.00	RL	50.00	0.00	50.00	Y	45SL

TOTAL (PARTS) :

2170.00

2170.00

LABOUR

1 STRAIGHTEN & PANEL BEAT ACCIDENT AREA	1.00		1600.00	0.00	1600.00	Y	?
2 SPRAY PAINTING ON ACCIDENT AREAS	1.00		1600.00	0.00	1600.00	Y	900L
3 CHECK & REPAIR WIRING SYSTEM	1.00		120.00	0.00	120.00	Y	20L
4 RESPRAY TUFF KOTE ON ACCIDENT AREAS	1.00		180.00	0.00	180.00	Y	60L
5 R&R CARPET & TRIM TO ASSIST REPAIR	1.00		180.00	0.00	180.00	Y	80L

	R&R TAILGATE COMPONENTS	1.00	180.00	0.00	180.00	Y	<u>606</u>
7	R&R REAR REVERSE SENSOR	1.00	120.00	0.00	120.00	Y	<u>601</u>
8	R&R EXHAUST SYSTEM	1.00	380.00	0.00	380.00	Y	<u>7</u>
9	R&R RAILGATE GLASS	1.00	180.00	0.00	180.00	Y	<u>1206</u>

TOTAL (LABOUR) : 4540.00 4540.00

TOTAL PARTS & LABOUR 12661.00 18067.10

EXCESS : : S\$

NO. OF DAY : 6-7 days

RE-SURVEY : BEFORE / AFTER PAINTING

~~PART BY PART~~ OR LUMP-SUM : S\$

DATE OF SURVEY : 25 / 9 / 20

SURVEY BY : Kenneth

CONTACT N°:

FAX NO :

NOTE : LUMP-SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED.

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	24/09/2020 17:01
Date Of Accident	24/09/2020 07:00
Exact Location Of Accident	AYE TOWARD TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX8747H
Insured/Policyholder	
Name Of Registered Owner	FADZILAH BTE MOHAMED
NRIC No	SXXXX638B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94890217
Alternative Phone No	OTHERS-94890217
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	ORLANDO-1.4 TURBO (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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V10764/VPC2/R00
Cover Note Number	
Driver	
Name of Driver	FADZILAH BTE MOHAMED
NRIC No	SXXXX638B
Date Of Birth	14/02/1972
Occupation	INDOOR
Date Of Driving Pass	28/12/1995
Driving Experience	24 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94890217
Fax Number	
Contact Number	OTHERS-94890217
EMail Address	NOEMAIL

Address

BLK 711 BEDOK RESERVOIR ROAD #07-3104

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 *

Insurance Company of Driver's Own Vehicle *

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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? NO

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? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMJ7247C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LOH TENG WEI

NRIC/Passport Number

Contact Number 93377694

Address

Postcode

Insurance Company Name

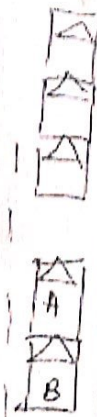
Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan #2

SKETCH PLAN

AGE
towards
Tuas.



← SLX 8747H

← SMJ 7047C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving along AGE towards Tuas, there is an accident in front of me. I slowed down and stop behind them without hitting onto any car. Suddenly vehicle B came from behind and hit the rear portion of my vehicle. My vehicle rear portion was badly damaged.

DECLARATION

(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/ID No.

