

ASS. REC. BY:

REF: FG7/20010437/K

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Alan's

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: \$27K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: _____ 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: SMA 4185P Yr Regn: 01/12

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

Truck / Traller or

Make: NIS Sympy c.c. 1498

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 129388 T/Radio: Insured / Std / NI / NA

Eng No: _____

C/No: JN1BAAG11Z0150604

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/RIm / STD A/RIm or

Tyre Size: F: GY 195/65R15

R: Nexen

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

TOYO / YOKO or

Nexen

Front

Rear

R/Bal. 9 mm

R/Bal. 8 mm

L/Bal. 9 mm

L/Bal. 8 mm

D.O.A. 24/9/20

D.O.I. 5/10/2020

Survey held at

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

Rear O/S

The UIC / 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:

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

\$ - RS. \$I

), Extras

) Others

TOTAL

Report Format :

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

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

Vehicle Insured : SHA 8767T
 Accident Date : 24-Sep-2020

No. : 06244

Date : 28-Sep-2020

Our Ref : 020123 (FIRST) / CHAN

PAGE : 1

MADAM TAN CHAY LEE
 BLK 448 YISHUN RING ROAD
 #09-86
 Singapore 760448

*Not Authorized
 L/Sing &
 Resurvey After Paint
 4 days*

ESTIMATED COST OF REPAIR FOR NISSAN SYLPHY 1.5L SMA4185P

1 pc	Rear bumper fascia	R	734.00	n	—
1 pc	Rear bumper moulding	na	182.20	n	—
1 pc	Rear o/s bumper reflector	sn	81.90	n	R
1 pc	Rear o/s bumper retainer	Di's	60.90	n	✓
1 pc	Rear o/s bumper bracket	R	55.70	n	R
1 pc	Rear end panel	R	482.60	n	R
1 pc	End panel top garnish	sn	228.80	n	X
1 pc	Rear o/s taillamp	mgp	235.50	n	✓
1 pc	Rear o/s taillamp side clip	na	5.00	n	—
1 pc	Boot lid "SYLPHY" emblem	na	96.40	n	—
1 pc	Boot lid logo	na	50.00	n	—
			2,213.00		
			Less 10% :		221.30

1 pc	Rear bumper lower spoiler	sn	1,991.70	sn	X
1 pc	Rear bumper reverse sensor(set)	sn	450.00	sn	X
		sn	300.00	sn	

To remove roof lining, front and rear seats, trim board and carpet

To apply undersealing

To putty and spray replaced parts

To remove, cut-out damaged parts panel beating, welding, align, refix and to renew above parts

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:

120.00 *500*
 80.00 *300*
 800.00 *700*
 700.00 *5500*

Total : S\$ 4,441.70

Singapore Dollars Four Thousand Four Hundred and Forty One and Cents Seventy Only

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 20:36
Date Of Accident	24/09/2020 11:15
Exact Location Of Accident	ALONG NANYANG AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA4185P
Insured/Policyholder	
Name Of Registered Owner	TAN CHAY LEE
NRIC No	SXXXX345E
Email Address	MELVIN-YK@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98772180
Alternative Phone No	OFFICE-98772180

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10924835
Cover Note Number	NA

Driver

Name of Driver	SZE TOH YONGKANG MELVIN
NRIC No	SXXXX107I
Date Of Birth	02/04/1994
Occupation	INDOOR
Date Of Driving Pass	27/07/2018
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91167999
Fax Number	(LOCAL) +65-91167999
Contact Number	
Email Address	MELVIN-YK@HOTMAIL.COM

Address	NA
Postcode	
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	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?	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

ON THE DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID MENTIONED ROAD AND MADE A STOP AT A ZEBRA CROSSING. GIVING WAY TO A PEDESTRIAN. WHEN MY VEHICLE WAS STATIONARY, IT WAS HIT FROM THE REAR BY VEHICLE B. NO ONE WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

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	SHA8767T
Vehicle Make/Model/Colour	HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LAU CHEE TEE
NRIC/Passport Number	SXXXX335I
Contact Number	91778600
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

