

ASS. REC. BY:

REF: MSG/

Kenneth

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:

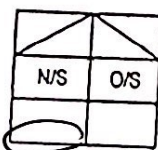
Excess:

(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 Report:

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

Date / Time

Action / Instruction

Veh No:

GBG 5612

Yr Regn:

05, 17

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

Truck / Trailer or

Make:

NIS NV350

c.c.

2488

Colour:

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading:

6989

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JNIMC2 E2880007972

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

195R15X8

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

8

mm

L/Bal.

5

mm

L/Bal.

8

mm

D.O.A.

29/9/20

D.O.I.

12/10/2020

Survey held at

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

Rear N/S

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

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

Paints

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

CHOON HOCK MOTOR TRADING CO

Not Authorized

U/Sing @

Returning After Paint

4-5 days

12 October 2020

ESTIMATE REPAIR BILL ON GBG561L NISSAN NV350

1 pce rear bumper fascia
1 pce rear panel
1 pce rear lamp assy.
1 pce rear tailgate
1 pce rear tailgate rubber
2 pcs tailgate dampers
1 pce tailgate inner lock assy
1 pce tailgate inner lock catch
1 pce tailgate "Nisan" plate boot lid - logo
1 pce tailgate "NV350" plate
1 pce tailgate "70km/h" sticker
1 pce tailgate "10PAX" sticker
1 pce rear exhaust pipe assy
1 pce rear exhaust mounting
1 set reverse sensors

Am \$ 667.20 ✓
\$ 460.80 ?
CM \$ 224.70 ✓
R1 \$1,816.70 ✓
\$ 180.50 ?
Sm \$ 380.00 X
R \$ 256.00 X
R \$ 50.70 X
M \$ 55.00 ✓
M \$ 75.00 ✓
M \$ 20.00 1250
M \$ 20.00 1250
\$ 880.70 ?
Sm \$ 32.00 X
108 Sm \$ 220.00 2000

Labour

Remove reverse sensors, refit and test system
Remove exhaust pipe, check, replace
Remove windscreen & refit
Remove tailgate fittings, transfer and refit
Panel beating
Spray painting
Wiring
Total amount :

\$ 80.00 500
\$ 100.00 ?
\$ 200.00 1200
\$ 150.00 600
\$1,000.00 ?
\$ 800.00 600
\$ 100.00 200
\$7,769.30
=====

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:

Mailing address : 28 Surrey Road #18-03 Singapore 307762 Reg No: 30568200L
Tel: (65) 64530778 Email: choonhockmotor@gmail.com

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 willful 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	29/09/2020 12:06
Date Of Accident	29/09/2020 10:05
Exact Location Of Accident	ANG MO KIO AVENUE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG561L
Insured/Policyholder	
Name Of Registered Owner	SA CARS PTE. LTD.
Co Reg No	2XXXXX511W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96868552

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5114833827 (COMP)
Cover Note Number	

Driver

Name of Driver	SYED MOHAMED NAJEEB BIN SYED MOHAMED IBRAHIM
NRIC No	SXXXX765G
Date Of Birth	22/08/1990
Occupation	OUTDOOR
Date Of Driving Pass	22/02/2011
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84997056
Fax Number	
Contact Number	OTHERS-84997056
EMail Address	NOEMAIL

Address	APT BLK 364B SEMBAWANG CRESCENT #07-201
Postcode	752364
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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

REFER TO STATEMENT ATTACH

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	SDN1233S
Vehicle Make/Model/Colour	VOLVO /GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANDREW ANG
NRIC/Passport Number	
Contact Number	90128066
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

A - GBA 862

E-SDN 12335

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT THE MIDDLE LANE ~~STOPPING~~ WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN. WAS MOVING OFF SLOWLY WHEN SODDENLY THERES A JERK FROM BEHIND. WHEN I WENT DOWN TO SEE THERES A CAR ~~AND~~ HIT MY VAN FROM BEHIND.

DECLARATION

✓ We declare the foregoing particulars are true in every respect.

Policyholder's Signature



Driver's Signature
(If driver is not the policyholder)
Date & Time:

IDAC BUKIT BATOK (VAC)
 511 Bukit Batok Street 23
 IDAC Singapore 650525
 Tel: 6660 3312 Fax: 6659 0722
 Email: vacbb@singnet.sg
 Tel: C:

Reporting Centre Personnel's Signature
Name: Email: vachb@singtel.com.sg
NRIC/FIN No.: