

ASS. REC. BY:

REF:

A/G/

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

05-03

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:

02 days

Res.: Yes or No

Lum Sum:

1.84 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT
Shen

Veh No:

SMF 3835C Yr Regn: 05, 17

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

Truck / Trailer or

Make:

Honda Civic c.c. 1498

Colour

M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading

60556

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

NRHF C166014T 000040

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:

215/50R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

6

mm

L/Bal.

4

mm

L/Bal.

6

mm

D.O.A.

18/10/20

D.O.I.

22/10/2020

Survey held at

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

0/5/5/1

The U/C / 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:

S = RS. SI

F. m/s

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format:

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

CARIS AUTOWORKS PTE LTD
160 SIN MING DRIVE
#05-03 SIN MING AUTOCITY
SINGAPORE 575722
(COMPANY REGISTRATION NO: 201825799E)
TEL: 62589831
FAX: 62585349

Kenrick
96910663

Not Authorized
Resurvey B4 paint
2 days

ESTIMATE REPAIR COST TO HONDA (CIVIC) REG NO : SMF 3835 C

		S\$
1 PC	BUMPER (FRONT)	579.90 ✓
1 PC	BUMPER REINFORCEMENT (FRONT)	377.90 X
1 PC	BUMPER BRACKET (FRONT RIGHT)	10.40 ✓
1 PC	BUMPER FOG LAMP (FRONT RIGHT)	305.90 X
1 PC	BUMPER FOG LAMP GARNISH (FRONT RIGHT)	19.70 ✓
1 PC	HEADLAMP (FRONT RIGHT)	1299.80 ?

TOTAL 2593.60

LESS 20%

518.72

TOTAL 2074.88

LABOUR & MISC CHARGES

PANEL KNOCKING
SPRAY PAINTING
WHEEL ALIGNMENT (COMPUTRISED)
BODY CLIPS
WIRE CHECKING & DIAGNOSTIC

600.00 20d
800.00 22d
100.00 X
50.00 ✓
80.00 ?

TOTAL 3704.88

CARIS AUTOWORKS PTE LTD

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:



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 17/10/2020 10:19
Date Of Accident 16/10/2020 21:45
Exact Location Of Accident FULUSHOU BUILDING B2 CAR PARK
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF3835C
Insured/Policyholder
Name Of Registered Owner SEAN TIMUARI LI WEI
NRIC No SXXXX195E
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-83335440
Alternative Phone No OTHERS-83335440

Vehicle Particulars

Manufacturer HONDA
Model CIVIC
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 NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5113710290 (DRIVO CLASSIC)
Cover Note Number

Driver

Name of Driver TEO AH KUAN
NRIC No SXXXX217J
Date Of Birth 22/12/1963
Occupation INDOOR
Date Of Driving Pass 26/11/1996
Driving Experience 23 YEARS AND 10 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-96823089
Fax Number
Contact Number OTHERS-96823089
Email Address NOEMAIL

ross
ostcode APT BLK 448 CHOA CHU KANG AVENUE 4 #14-277
680448
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured PARENT
Vehicle Registration Number of Driver's Own Vehicle -
-
Insurance Company of Driver's Own Vehicle -
-

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE
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) 0

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? YES
Remarks/ Reasons: CANNOT BE UPLOADED
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ~~SXS 5167P~~ SXS 5167P.
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver MABEL
NRIC/Passport Number SXXXX858E
Contact Number 83823879
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

UNWARE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked my car at Parkview building on 16 OCT, 2020.
 from 5.15pm to 10.15pm. When I came back to
 my car, I found a note to call - 8382 3879.
 I called and found out she is the one who
 hit my car while driving out of parking lot
 that is on the right side of my car.

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:

IDAC BUKIT BATOK (VAC)
 511 Bukit Batok Street 23
 Singapore 659545
 Tel: 6560 3312 Fax: 6569 0722
 Email: vacbb@singnet.com.sg

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