

ASS. REC. BY:

REF: C72/

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

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

/ Got Video.

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee: _____

Transportation: _____

S + RS \$ _____

Fees

Others

TOTAL

Report Format :

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

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

Tech Invs (\$ _____)

☐

Weekend (\$ _____)

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

No. : 06263

Date : 19-Oct-2020

PAGE : 1

Vehicle Insured : SML2181E
Accident Date : 16-Oct-2020

Our Ref : 020143 (CHINA) / CHAN

STAR SERVICE CO
145 WOODLANDS INDUSTRIAL PARK E5
Singapore 757509

NOT Authenikd
11 Sep 8
Returning After Repair
3 days

ESTIMATED COST OF REPAIR FOR TOYOTA HARRIER PREMIUM 2.0 CVT SKB6128K

- 1 pc Front bumper fascia
- 1 pc Front bumper reinforcement
- 1 pc Front bumper sponge
- 1 pc Front bumper centre beam
- 1 pc Front n/s bumper beam
- 1 pc Front n/s bumper sponge
- 1 pc Front n/s bumper side guide
- 1 pc Frt n/s bumper side guide(out)
- 1 pc Front n/s bumper tow cover
- 1 pc Front bumper lower grille
- 1 pc Front bumper lower cover
- 1 pc Front bumper lower lid
- 1 pc Front bumper under cover
- 1 pc N/s headlamp

CM	880.20	✓
	479.40	?
CM	98.30	✓
	236.80	?
	89.50	?
	82.60	?
	60.20	?
	76.70	?
M17	34.90	✓
CM	293.70	✓
Ref	143.10	✓
D11	374.10	✓
	228.60	?
	3,187.40	?

6,265.50

Less 25% : 1,566.38

4,699.12

Ref 50.00 sn
451

1 pc Front no.plate with box

To rewire damaged parts and refocus headlamp beam.

To putty and spray replaced parts

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

201 50.00

2501 450.00

3001 500.00

S\$ 5,749.12

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 Dollars Five Thousand Seven Hundred and Forty Nine and Cents Twelve 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 19/10/2020 10:38
Date Of Accident 16/10/2020 08:45
Exact Location Of Accident WOODLANDS INDUSTRIAL PARK E5
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKB6128K
Insured/Policyholder
Name Of Registered Owner STAR SERVICE CO
Co Reg No 0XXXX400D
Email Address STARSERV@SINGNET.COM.SG
Mobile Phone No (LOCAL) +65-96176128
Alternative Phone No OFFICE-96176128

Vehicle Particulars

Manufacturer TOYOTA
Model HARRIER
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 PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5092265538-03 (DRIVO PREMIUM)
Cover Note Number

Driver

Name of Driver WU ROON KWEE
NRIC No SXXXX012F
Date Of Birth 29/01/1956
Occupation INDOOR
Date Of Driving Pass 15/03/1984
Driving Experience 36 YEARS AND 7 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96176128
Fax Number
Contact Number OTHERS-96176128
EMail Address STARSERV@SINGNET.COM.SG

Address BLK 123A RIVERVALE DRIVE #10-133
Postcode 541123
Was driver an employee of the Insured's Company YES
If No, Relationship of the Driver with the Insured
Vehicle Registration Number of Driver's Own Vehicle -
-
Insurance Company of Driver's Own Vehicle -
-

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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? YES
If Yes, Please state which Police Station
Police Station Name SERANGOON NORTH NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , POSTCODE: 550108 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-2849999 - FAX NO: 63431742
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20201016/2034 ATTACHED.

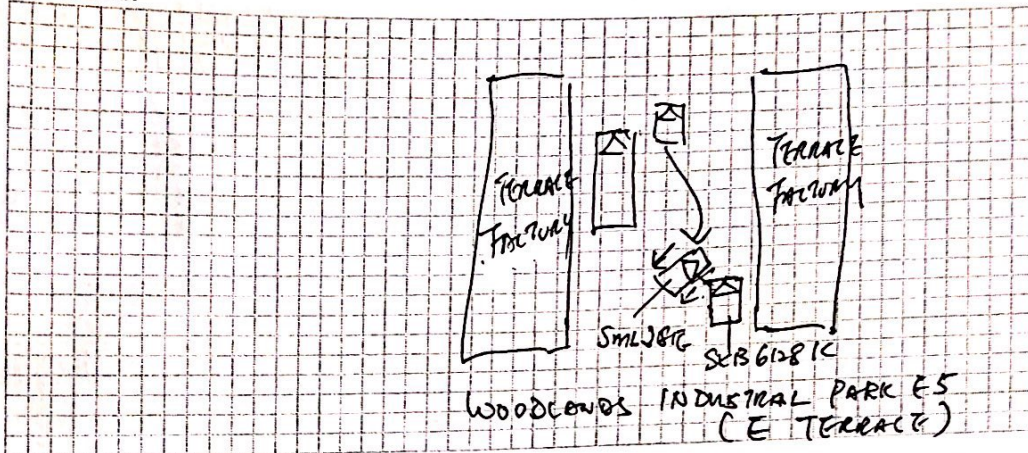
Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: SD CARD WITH WORKSHOP
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SML2181E
Vehicle Make/Model/Colour HONDA VEZEL/ WHITE
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report ATTACHED

Report NO T/20201016/2034

DECLARATION

I/We declare the foregoing particulars are true in every respect 19 OCT 2020

Policyholder's Signature
Date & Time:

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

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

GIARMC SketchPlanForm_V3