

ASS. REC. BY:

REF:

C72 / 2001649/K4

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Munich

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record) 3pa

Make of Veh: _____

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input 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 No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SM2 2697J Yr Regn: 03.19

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

Truck / Trailer or Wagon

Make: Renault Scenic c.c. 1461

Colour M. Black AC: Insured / Std / NI / NA

Sp. Reading 100431 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VIFIRE A001 62672978

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 / Rlm or

Tyre Size: F: 195/55R20

R: mic

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

TOYO / YOKO or Tourador

Front

Rear

R/Bal. 9 mm

R/Bal. 6 mm

L/Bal. 9 mm

L/Bal. 8 mm

D.O.A. 26/10/20

D.O.I. 27/10/2020

Survey held at _____

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

N/S Frt

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Transportation:

_____ S - RS. SI

_____ Fuel

_____ Others

TOTAL

Report Format :

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

Munich Autocare Pte Ltd

60 Jalan Lam Huat #02-02/03 Carros Centre Singapore 737869
 Tel: +65 6255 2288 | Fax: +65 6265 5388
 Company Reg. No.: 201832250M | GST Reg. No.: 201832250M

Not Noted
1 Day @
Survey After Paint
3 days

ESTIMATION REPORT

Vehicle No : SML2697J
Make & Model : RENAULT, GRAND SCENIC IV 1.5 DCI AT EU6, VF1RFA00162672978

Estimation No. : E20100008
Date : 26/10/2020

No.	Description	Qty	U/P	Amt
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Section: Remark

1	3rd party claim against GBB9686C - China Taiping Insurance Pte Ltd	1.00	0.00	0.00
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Amt S\$ 0.00
Discount (0.00%) S\$ 0.00
Subtotal S\$ 0.00

Section: Parts

2	260602165R - Headlight assy, LH	1.00	1,016.40	1,016.40 ✓
3	620223972R - Front bumper assy	1.00	1,461.72	1,461.72 ✓
4	620358403R - Bumper retainer, LH	1.00	140.88	140.88 X
5	631012967R - Fender, LH	1.00	747.12	747.12 X
6	403007153R - 20" rim	1.00	1,035.72	1,035.72 X

Amt S\$ 4,401.84
Discount (10.00%) S\$ 440.18
Subtotal S\$ 3,961.66

Section: Labour

7	Panel beating labour for damaged at left front area.	1.00	800.00	800.00 300
8	Wheel alignment	1.00	100.00	100.00 X
9	Adjust headlight focus	1.00	50.00	50.00 200
10	Transfer tyre to new rim and balancing new rim.	1.00	100.00	100.00 X

Amt S\$ 1,050.00
Discount (0.00%) S\$ 0.00
Subtotal S\$ 1,050.00

Section: Spray paint

11	Spray painting for front bumper and front left fender.	1.00	800.00	800.00 440
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Amt S\$ 800.00
Discount (0.00%) S\$ 0.00
Subtotal S\$ 800.00

Remarks:

Chassis number: VF1RFA00162672978
 Mileage: 100,143 km

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:

Remark Subtotal S\$ 0.00
Parts Subtotal S\$ 3,961.66
Labour Subtotal S\$ 1,050.00
Spray paint Subtotal S\$ 800.00
Total S\$ 5,811.66

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	26/10/2020 15:48
Date Of Accident	26/10/2020 13:15
Exact Location Of Accident	OPEN CARPARK BEHIND BLK 226 TOAPAYOH LORONG 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML2697J
Insured/Policyholder	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	2XXXXX055D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68963933

Vehicle Particulars

Manufacturer	RENAULT
Model	SCENIC IV-1.5 D L DCI SR EU6 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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 HIRE

Insurance Company

Name of Insurance Company	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	M0014755
Cover Note Number	

Driver

Name of Driver	CHIAW KIEN FAI
NRIC No	SXXXX796J
Date Of Birth	09/07/1971
Occupation	OUTDOOR
Date Of Driving Pass	03/06/1995
Driving Experience	25 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81680484
Fax Number	
Contact Number	
EEmail Address	DENNISCHIAW@YAHOO.COM

Address BLK 227 LORONG 8 TOA PAYOH #15-136 SINGAPORE 310227
 Postcode
 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

As per sketch plan.

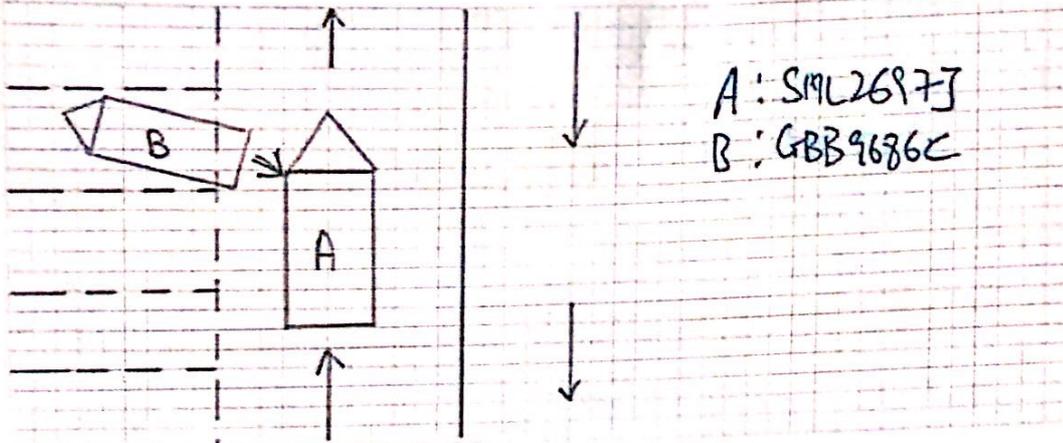
Attachment(s)

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 GBB9686C
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver ANG HOCK SENG
 NRIC/Passport Number SXXXX898D
 Contact Number 91254215
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/10/2020, @ around 1315hrs while driving straight towards our park exist behind blk 226 Toa Payoh Lanning E.
My vehicle A (SMK 2697J) suddenly got bang on my left front side by reversing vehicle B (GBB 9686C).

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: 26/10/2020
1450hrs.

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

