

ASS. REC. BY:

REF:

1-02/20012784/Kg

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.

D20004739MFSH

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:

835k

IDAC Accident Report:

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

3125

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

1 Got BI

24/11/20@5.46pm revised to Vic by email.

Kenneth confirm LS \$1200, 3 days (Red \$1965.80, 62%)

MV:\$35K(est); LTA:\$15346 (est); NV:\$19654

Date/Time, File Pass to?

☐

: Prel. Report

15/01 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. SI

F. P. S.

Others

TOTAL

Report Format:

TP

Lump Sum H.B.T. (\$

1200

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

V8 MOTOR WERKZ PRIVATE LIMITED

7 #01-92 SIN MING INDUSTRIAL ESTATE SINGAPORE 575642

TEL NO : 91442977

EMAIL : V8MOTORWERKZ@GMAIL.COM

ROC NO. : 201622378N

NOT Authorised
11 Nov @
Penny After Rain
3 days

DATE : 23/11/2020

MAKE / MODEL : TOYOTA PRIUS 1.5 HYBRID

VEHICLE PLATE NUM : SMD4512M

ESTIMATE:

| No. | Description | QTY | Amount | |
|-----|---|-----|----------|------|
| 1 | REAR END PANEL LOCK STRIKER | 1 | \$85.70 | ✓ |
| 2 | REAR END PANEL | 1 | \$696.30 | X |
| 3 | REAR BUMPER | 1 | \$531.10 | ✓ |
| 4 | REAR BUMPER SIDE RETAINER | 1 | \$100.40 | ✓ |
| 5 | REAR END PANEL WEATHERSHIP | 1 | \$372.30 | X |
| 6 | REVERSE SENSOR | 1 | \$200.00 | ✓ |
| 7 | FOR REPLACE REVERSE SENSOR | 1 | \$60.00 | 501 |
| 8 | LABOUR CHARGE FOR DISMANTLE AND REPLACEMENT OF ACCIDENT PARTS. TO HEAT/WELD CUT-OFF TAILLAMP PANEL, INCLUDING KNOCKING, REPAIRING, STRAIGHTEN, RESHAPE AND ADJUST OF THE SAME | 1 | \$600.00 | 4001 |
| 9 | TO PUTTY AND SPRAY PAINT INNER / OUTER ON REAR END PANEL , REAR BUMPER | 1 | \$400.00 | ✓ |
| 10 | TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS | 1 | \$120.00 | X |

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 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 19/11/2020 10:01
Date Of Accident 17/11/2020 19:55
Exact Location Of Accident ALONG CANTONMENT LINK
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD4512M
Insured/Policyholder
Name Of Registered Owner PINNACLE RENTAL PTE. LTD.
Co Reg No 2XXXXX825C
Email Address PINNACLE_RENTAL.PTE@GMAIL.COM
Mobile Phone No
Alternative Phone No OFFICE-87691918

Vehicle Particulars

Manufacturer TOYOTA
Model PRIUS
Exact Purpose for which vehicle was being used at time of accident
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 NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage THIRD PARTY
Fleet Policy NO
Policy Number 5114514612
Cover Note Number

Driver

Name of Driver SNG WEI WEN, SEAN (SUN WEIWEN)
NRIC No SXXXX719B
Date Of Birth 07/12/1982
Occupation OUTDOOR
Date Of Driving Pass 19/07/2011
Driving Experience 9 YEARS AND 3 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-87691918
Fax Number
Contact Number
Email Address SEANSUNZ@GMAIL.COM

| | |
|---|----------------------------------|
| Address | APT BLK 186 BOON LAY AVE #09-112 |
| Postcode | 640186 |
| 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? | YES |
| 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? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TRAFFIC POLICE DIVISION HQ |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT, REF NO: T/20201118/7024

Attachment(s)

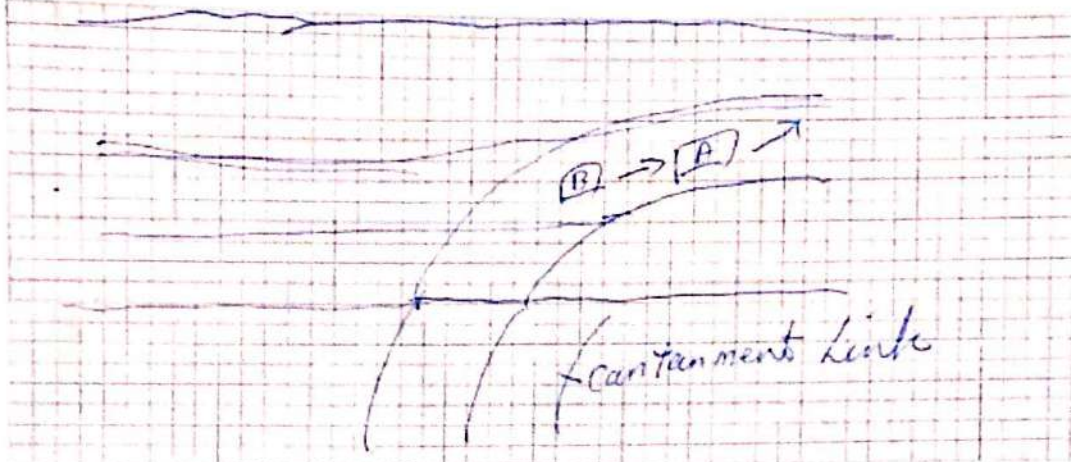
| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SH6389Y |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was going to turn right at the junction. A van drove fast so I slowed down and stopped to let the van pass first. After the van passed, I proceeded to start turning right. After I turn halfway, I felt felt an impact at the back of my car. A taxi had knocked into my rear.

DECLARATION

I/We declare that the above particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

CITY AUTO PTE LTD
Blk 8, Ming Road
#01-58/59, Ming Ind Est
Singapore 375643
Tel: 6453 1234 Fax: 6453 2044
Reporting Centre (Claims Section)
Name:
NRIC/FIN No: