

ASS. REC. BY:

REF:

C72/20013036/Kg

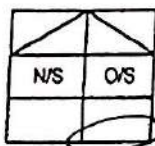
Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s Kum Chew
 of _____
 Insured: _____
 Policy No. DMCVSNW00031812000
 Claims No. SNM20D204098C02
 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: 02 days Res.: Yes or NoLump Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLR4062H Yr Regn: 08, 17
 Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: NIS c.c. 1598
 Colour: M. Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 56428 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MNT88AB178 0028327
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brakes: In order / Jammed / Leaked / Burnt or _____
 Mod: NII / S/Rlm / STD A/Blm or _____
 Tyre Size: F: 205/55R16
 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or DAVANTI

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 27/10/20D.O.I. 26/11/2020

Survey held at _____

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

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

Date / Time Action / Instruction

01/12/20 @ 2.49pm revised to Pauline Tham by email.

Kenneth confirmed LS \$1000, 2 days (Red \$1022.60, 51%)

Date/Time, File Pass to?

1) 04/12 Typist

Date/Time, File Return to?

☐ : Prell. Report☐ : Final ReportDays Of Repair: 2Resurvey No. of Trlp: 1

Survey Fee:

Transportation:

S - RS, SI

Fees

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)Report Format: MER-TPLump Sum / 1000

KUM CHEW MOTOR WORKSHOP

160, SIN MING DRIVE #05-08
SIN MING AUTOCITY, SINGAPORE 575722.
Tel No. : 64536256/64563715 Fax No. : 64557754
E-Mail : kumchew1@singnet.com.sg
GST Reg.No. : M90367665T Buss. Reg. No. : 52865130K

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
3, ANSON ROAD #16-00
SPRINGLEAF TOWER, SINGAPORE 079909.
claimsdept@sg.cntaiping.com
Attention : Motor Claim Department
Contact : 63896111 Fax No. : 62221033

Estimate : ES005105

Date : 26/11/2020
Vehicle Num. : SLR 4062 H
Make/Model : NISSAN SYLPHY
Chassis/Eng# :
Accident Date : 27/10/2020
Claim No. :
Reference : KC/TP4062/2011-06
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
1.	1 PC	NETT ITEMS :		
2.	2 PCS	REAR BUMPER	55.10	607.00
3.	1 PC	REAR BUMPER RETAINER		110.20
		REAR BUMPER SPONGE		96.80
		Nett Total S\$:		814.00
		10.00% Discount S\$:		81.40
				732.60
1.	1 SET	SPECIAL NETT ITEMS :		
		REVERSE SENSOR		280.00
		Special Nett Total S\$:		280.00
		LABOUR :		
		TO PULL, KNOCK ON ACCIDENT PORTION & CHANGE ABOVE PART.		380.00
		TO SPRAY & PAINT ON REAR ACCIDENT PORTION.		480.00
		TO ANTI-RUST REAR AFFECTED AREAS.		50.00
		TO DISMANTLE & REPLACE 1 SET REVERSE SENSOR.		60.00
		TO CHECK REAR ELECTRICAL WIRING SYSTEM.		40.00
		Labour Total S\$:		1,010.00

SingDollars : Two Thousand Twenty-Two & Cents Sixty Only

Total S\$: 2,022.60

KUM CHEW MOTOR WORKSHOP

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 27/10/2020 20:07
Date Of Accident 27/10/2020 12:15
Exact Location Of Accident CLEMENTI AVE 3
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR4062H
Insured/Policyholder
Name Of Registered Owner COMFORTDELGRO RENT A CAR PTE.LTD
Co Reg No 1XXXXX775H
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-68820888
Vehicle Particulars
Manufacturer NISSAN
Model SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
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 INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number M460802
Cover Note Number NA
Driver
Name of Driver WATAHIKI KEIJU
NRIC No GXXXXX257W
Date Of Birth 08/06/1973
Occupation INDOOR
Date Of Driving Pass 08/11/2017
Driving Experience 2 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-87990921
Fax Number
Contact Number
Email Address NOEMAIL

Address NA
 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 CHAIN COLLISION
 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 3
 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

I SLR4062H was driving along the bend of Clementi ave 3 on the left lane. As I was travelling there was a road work ahead and I didn't notice that there was a cone that was started to be removed by the workers. So I stop my vehicle behind the cone, suddenly I felt an impact coming from my rear vehicle and discovered that the last vehicle SHC8094R had collided onto the 3rd party GBG908X and due to the impact the 3rd party vehicle hit onto my rear vehicle. I manage to take some photos and exchange particulars with both parties, no injuries was involved at the scene

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 GBG908X
 Vehicle Make/Model/Colour NISSAN / NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver PANG KOK HENG
 NRIC/Passport Number SXXXX456A
 Contact Number 97214517
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

