

ASS. REC. BY:

REF:

AG2/ 200134721k+

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.

Sum Insured:

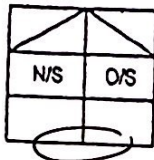
Excess:

(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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

09

days

Res.: Yes or No

Lum Sum:

1.B.1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMS 70P2J

Yr Regn:

03, 20

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

Truck / Trailer or

Make:

Hyundai

c.c

1353

Colour

M. Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

114.95

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

TMA143513VLTJ118433

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD / A/Rlm or

Tyre Size:

F:

205/55R16

R:

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

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

4/12/20

D.O.I.

8/12/2020

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

S THREE AUTOMOTIVE RECOVERY PTE LTD

*Not Withheld
Punery Bepain*

TO :
ATTN : **MOTOR CLAIM DEPT.** T/P VEH. NO. : **SDW1884R**

ESTIMATE REPORT 1st QUOTATION

JOB NO : _____

OWNER'S PARTICULAR

NAME : **CHUA KIAM POH**
ADDRESS :

CONTACT :

LICENSE NO. : **SMS7092J**
MAKE / MODEL : **HYUNDAI I30**
OWNER'S INSURER :
JOB-CODE : **TP** S/A :

CHASSIS NO : **TMAH3513VLJ118433**
ENGINE NO :

ACCIDENT DATE : **04-Dec-20**

CLAIM DETAIL

MATERIALS

		QTY	QUO-PRICE	DISC. %	DISC-PRICE	SUR. DISP	REV. PRICE
1	REAR BUMPER	<i>Bumper</i> 1.00	\$ 631.00	20.00	\$ 504.80	Y	<i>✓</i>
2	REAR BUMPER LOWER BRACKETS 3PCS	3.00	\$ 275.00	20.00	\$ 220.00	Y	<i>?</i>
3	REAR BUMPER TOP BRACKET LH	<i>K</i> 1.00	\$ 120.00	20.00	\$ 96.00	Y	<i>X</i>
4	REAR BUMPER TOP BRACKET RH	<i>K</i> 1.00	\$ 120.00	20.00	\$ 96.00	Y	<i>X</i>
5	REAR BUMPER SIDE RETAINERS	<i>Sn</i> 2.00	\$ 100.00	20.00	\$ 80.00	Y	<i>X</i>
6	REAR BUMPER REINFORCEMENT	1.00	\$ 248.00	20.00	\$ 198.40	Y	<i>?</i>
7	REAR REINFORCEMENT BRACKET LH	1.00	\$ 165.00	20.00	\$ 132.00	Y	<i>?</i>
8	REAR REINFORCEMENT BRACKET RH	<i>K</i> 1.00	\$ 165.00	20.00	\$ 132.00	Y	<i>X</i>
9	REAR BUMPER LOWER	1.00	\$ 210.00	20.00	\$ 168.00	Y	<i>?</i>
10	REAR BUMPER LOWER GARNISH	<i>NSP</i> 1.00	\$ 210.00	20.00	\$ 168.00	Y	<i>X</i>
11	REAR BUMPER SPONGE	1.00	\$ 119.00	20.00	\$ 95.20	Y	<i>?</i>
12	REAR BUMPER TOWING COVER	<i>Sn</i> 1.00	\$ 12.00	20.00	\$ 9.60	Y	<i>X</i>
13	REAR END PANEL	<i>K</i> 1.00	\$ 457.00	20.00	\$ 365.60	Y	<i>X</i>
14	REAR END PANEL GARNISH	<i>Sn</i> 1.00	\$ 54.00	20.00	\$ 43.20	Y	<i>X</i>
15	SPARETYRE TOP BOARD	<i>Sn</i> 1.00	\$ 265.00	20.00	\$ 212.00	Y	<i>X</i>
16	TAILLAMPS	<i>Sn</i> 2.00	\$ 940.00	20.00	\$ 752.00	Y	<i>X</i>
17	TAILLAMP PANEL	<i>K</i> 2.00	\$ 322.00	20.00	\$ 257.60	Y	<i>X</i>
18	TAILGATE	<i>K</i> 1.00	\$ 1,407.00	20.00	\$ 1,125.60	Y	<i>X</i>
19	TAILGATE LOGO	<i>NS</i> 1.00	\$ 22.00	20.00	\$ 17.60	Y	<i>✓</i>
20	TAILGATE EMBLEM -HYUNDAI	<i>NS</i> 1.00	\$ 60.00	20.00	\$ 48.00	Y	<i>✓</i>
21	TAILGATE EMBLEM - I30	<i>NS</i> 1.00	\$ 38.00	20.00	\$ 30.40	Y	<i>✓</i>
22	TAILGATE EMBLEM - 1.4T	<i>NS</i> 1.00	\$ 27.00	20.00	\$ 21.60	Y	<i>✓</i>
23	TAILGATE DAMPER	<i>Sn</i> 2.00	\$ 116.00	20.00	\$ 92.80	Y	<i>X</i>
24	TAILGATE INNER TRIM BOARD	<i>Sn</i> 1.00	\$ 178.00	20.00	\$ 142.40	Y	<i>X</i>
25	TAILGATE LOCK	<i>K</i> 1.00	\$ 153.00	20.00	\$ 122.40	Y	<i>X</i>
26	TAILGATE WEATHERSTRIP	<i>Sn</i> 1.00	\$ 78.00	20.00	\$ 62.40	Y	<i>X</i>
27	TAILGATE OUTER HANDLE	<i>NS</i> 1.00	\$ 48.00	20.00	\$ 38.40	Y	<i>✓</i>
28	REAR NUMBER PLATE LAMP	<i>NS</i> 2.00	\$ 59.00	20.00	\$ 47.20	Y	<i>✓</i>
29	REAR NUMBER PLATE COVER	1.00	\$ 85.00	20.00	\$ 68.00	Y	<i>?</i>
30	REAR FENDER INNERSHIELD RH	<i>Sn</i> 1.00	\$ 150.00	20.00	\$ 120.00	Y	<i>X</i>
31	REVERSE SENSOR	<i>Sn</i> 1.00	\$ 380.00	20.00	\$ 304.00	Y	<i>2005m</i>
32	KEYLESS SENSOR	1.00	\$ 218.00	20.00	\$ 174.40	Y	<i>?</i>

TOTAL (PARTS) :

\$ 7,432.00 \$ 5,440.80

SPECIAL NETT ITEM

1	REAR BUMPER LOWER SPOILER	NST	1.00	\$	680.00	0.00	\$	680.00	Y	X
2	REAR BUMPER CLIPS 1SET	nn	1.00	\$	50.00	0.00	\$	50.00	Y	✓
3	REAR END PANEL SEALANT	nn	1.00	\$	80.00	0.00	\$	80.00	Y	X
4	REAR END PANEL GARNISH CLIPS 1SET	nn	1.00	\$	50.00	0.00	\$	50.00	Y	X
5	REAR NUMBER PLATE	nn	1.00	\$	50.00	0.00	\$	50.00	Y	450m
6	REAR FENDER INNER SHIELD CLIPS 1SET	nn	1.00	\$	50.00	0.00	\$	50.00	Y	X
7	REAR BUMPER LOWER SPOILER SEALANT	nn	1.00	\$	80.00	0.00	\$	80.00	Y	X
8	REAR BUMPER LOWER SPOILER LINING	nn	1.00	\$	180.00	0.00	\$	180.00	Y	X
9	TAILGATE GLASS SEALANT	nn	1.00	\$	80.00	0.00	\$	80.00	Y	X
10	TAILGATE GLASS INNER SEAL	nn	1.00	\$	80.00	0.00	\$	80.00	Y	X
11	REVERSE SENSOR	Repair	1.00	\$	380.00	0.00	\$	380.00	Y	X

TOTAL (PARTS) :

\$ 1,760.00 \$ 1,760.00

LABOUR

1	STRAIGHTEN & PANEL BEAT ACCIDENT AREAS		1.00	\$	1,000.00	0.00	\$	1,000.00	Y	400
2	SPRAY PAINTING ON ACCIDENT AREAS		1.00	\$	1,200.00	0.00	\$	1,200.00	Y	450
3	CHECK & REPAIR WIRING SYSTEM		1.00	\$	120.00	0.00	\$	120.00	Y	150
4	R&R REAR REVERSE SENSOR		1.00	\$	120.00	0.00	\$	120.00	Y	500
5	RESPRAY TUFF KOTE ON ACCIDENT AREAS	nn	1.00	\$	120.00	0.00	\$	120.00	Y	X
6	R&R TRIM, CARPET, BOARD TO ASSIST REPAIR	nn	1.00	\$	120.00	0.00	\$	120.00	Y	X
7	R&R TAILGATE COMPONENTS	nn	1.00	\$	120.00	0.00	\$	120.00	Y	X
8	R&R TAILGATE GLASS	nn	1.00	\$	120.00	0.00	\$	120.00	Y	X
11	R&R REAR EXHAUST PIPE	nn	1.00	\$	180.00	0.00	\$	180.00	Y	X

TOTAL (LABOUR) :

\$ 3,100.00 \$ 3,100.00

TOTAL PARTS & LABOUR

\$ 12,292.00 \$ 10,300.80

EXCESS : : \$\$

NO. OF DAY : 04

RE-SURVEY : BEFORE / AFTER PAINTING

PART-BY-PART OR LUMP-SUM : \$\$

DATE OF SURVEY : 8/12/20

SURVEY BY : Kenneth

CONTACT NO :

FAX NO :

NOTE : LUMP-SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED.

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 Submission 05/12/2020 12:50 (SGT)
Date of Accident 04/12/2020 14:36 (SGT)
Exact Location of Accident 5008 Ang Mo Kio Ave 5, Singapore 569874
Additional Location Information ANG MO KIO AVE 5 BEFORE INDUSTRIAL PARK 2
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS7092J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHUA KIAM POH
NRIC No SXXXX751C
Email Address KITOROSG@GMAIL.COM
Mobile Phone No (Phone) +65-98892815
Alternative Phone No +65-98892815

VEHICLE PARTICULARS

Manufacturer Hyundai
Model I30
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Axa
Type of Coverage Comprehensive
Fleet Policy No
Policy Number VPA/P2384952
Cover Note Number -

DRIVER

Name of Driver CHUA KIAM POH
NRIC No SXXXX751C
Date Of Birth 08/06/1978
Occupation Indoor

Date Of Driving Pass	09/09/1999
Driving experience	21 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98892815
Alt. Phone Number	+65-98892815
Email Address	KITOROSG@GMAIL.COM
Address	APT BLK 268B PUNGGOL FIELD #16-149 SINGAPORE
Address complement	-
Postcode	822268
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE ATTACH SKETCH PLAN & STATEMENT

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	SDW1884R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

SKETCH PLAN

B-S0N1884R

A - SmS7092U




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While traveling along Amk Ave S before Amk Ind. Park 2. I stop waiting for traffic light. Suddenly vehicle (B) came from behind and hit the rear position of my vehicle (A)

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:

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