

ASS. REC. BY:

REF:

EGW/ 20014284/Ht

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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:

4-5

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

10/28

Person Contacted:

Vehicle: IN / OUT

Veh No:

Skx 80944

Yr Regn:

10, 08

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

Truck / Trailer or

Make:

Honda Proton

C.C

1799

Colour

Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

181986

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JHMRN8840PS205317

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / STD A/Rim or

Tyre Size:

F:

R:

225/40ZR18

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

TOYO / YOKO or

Lau Pen

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

22/12/20

D.O.I.

23/12/2020

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?

☐

: Prell. 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: (\$

威利摩哆 WEI LEE MOTOR WORKS

BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32,
SINGAPORE 575644.
TEL: 6456 9830 • FAX: 6458 0128 • EMAIL: weileemotorworks@gmail.com
Business Regn No: 269436/00J

22, DEC 2020

EGRO Insurance PL
5 Temasek Boulevard
#04-01 Suntec tower Five
S 038985

Attn: motor claim dept-3rd party claim
Your insured vehicle no: SLA4181L
Accident involving vehicle no: SKX8094U/SLA4181L
DOA: 22/12/2020 AT And Mo Kin Ave 3/Ang Mo Kio Ave 10

Dear officer incharge

Re: Estimate cost of repair for vehicle no: SKX8094U

To supply--

Description	Qty	Amount
Bonnet	1	638.30 ✓
Bonnet lock	1	85.10 X
Front bumper	1	635.40 ✓
Front bumper enforcement	1	218.40 ?
Front bumper retainer @49.80	2	99.60 ✓
Bumper clip	1	42.00 ✓
Bumper lower grille	1	85.40 ?
Front support panel	1	466.20 ?
Grille	1	228.30 ✓
Grille H logo	1	25.70 ✓
Headlamp @680	2	1,360.00 ✓
Fender, Lh	1	480.00 ✓
Front bumper enforcement	1	218.40 X
Parts		4,582.80
Parts less 20%		916.56
		3,666.24
		85.10
		635.40
		218.40
		900.00 500
		42.00
		85.40
		466.20
		228.30
		25.70
		1,360.00
		480.00
		218.40
		950.00 750
		5,516.24
		480.00
		218.40
		4,582.80
		916.56
		3,666.24

To remove damaged parts and attachments
Cut n weld damaged panel
Straighten front chassis where necessary
Replace/realign all parts into position
To spray paint

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	22/12/2020 09:50 (SGT)
Date of Accident	22/12/2020 00:25 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 3 & Ang Mo Kio Ave 10, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKX8094U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM SAY MING, STANLEY
NRIC No	SXXXX826I
Email Address	stanleylimsm88@gmail.com
Mobile Phone No	(Phone) +65-94316283
Alternative Phone No	+65-94316283

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5104253844-02 (CLASSIC)
Cover Note Number	-

DRIVER

Name of Driver	LIM SAY MING, STANLEY
NRIC No	SXXXX826I
Date Of Birth	18/06/1988
Occupation	Indoor

 Accident report SV0M20CM0002

Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address

23/09/2011
9 YEARS AND 3 MONTHS
Male
(Phone) +65-94316283
+65-94316283
stanleylimsm88@gmail.com
BLK 455C #02-33 ANG MO KIO STREET 44 TECK GHEE
PARKVIEW

Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

-
563455

Yes

-
No

-

-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Cross Junction

Clear

Dry

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) 3
Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance? No

PASSENGER 1

Name
Gender

WIFE

Female

PASSENGER 2

Name
Gender

SON

Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given? No
If yes, against whom?

Ang Mo Kio South Neighbourhood Police Centre

(Phone) +65-18004519999

(Fax) +65-65535679

81 Ang Mo Kio Ave 3 Singapore 569929

No

-

CIRCUMSTANCES OF ACCIDENT

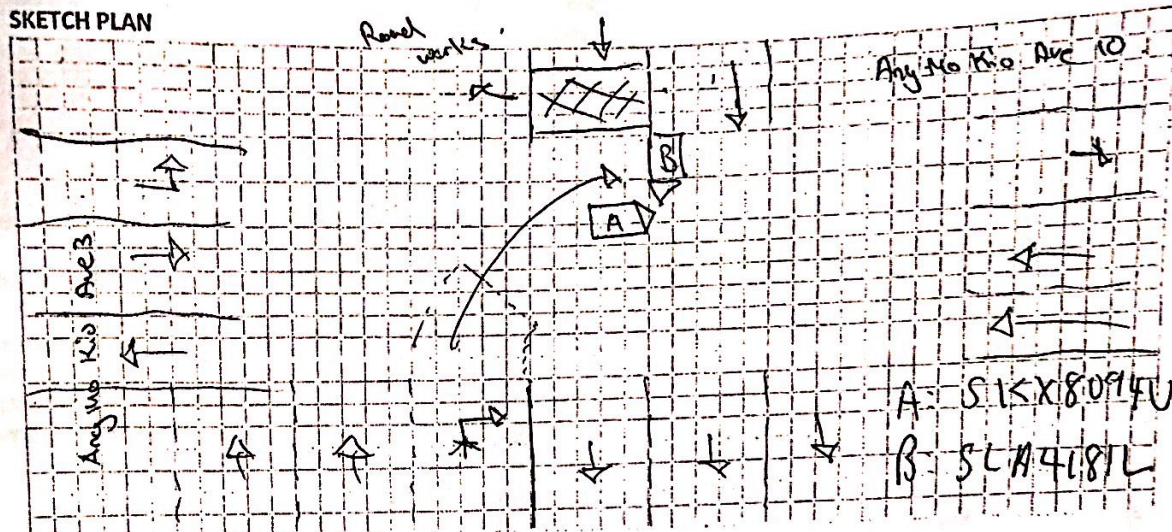
REFER STATEMENT AND POLICE REPORT

(ATTENDED BY: JAMES NG)

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No
Was there any audio recorded? No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer
Police
Report.

Add on to the report, the right ~~turn~~ turn was performed with when the green turning arrowed appeared. No clear signs of stop instructions from the Marshall.

DECLARATION

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

Policyholder's Signature
Date & Time:

22 DEC 2020

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

Reporting Centre Personnel's Signature

Name: **NG WING KIN JAMES**
NRIC / TIN NO.:

admin.vac@vicom.com.sg

