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ASSIGNMENT

Date: _____
 Estimated Cost: _____
) / TP / WS / TP RES / OD RES / EVA / INV / MV
 Inspect Vehicle No: _____
 Workshop m/s: **Yong Sing Motor**
 Insured: _____
 Policy No: _____
 Claims No: _____
 Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____
 (Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Actual or Market Value: **\$58K**
 JAC Accident Report Consistent? Yes or No
 JIA / PR Seen Consistent? Yes or No
 Est. Repairs **2** days Res: Yes or No
 Lump Sum **20** % 3 Val: Yes or No
 JAC / REV / REP. / 24 HRS
 Date: _____ Person Contacted _____ Vehicle IN / OUT

N/S	O/S

Vehicle No: **SKR 8641Y** Date Recd: **13 Mar 2015**
 Type: ☒ Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /
 Truck / Trailer or
 Make: **BMW 218i** CC: **1499**
 Colour: **white** A/C: ☐ Insured / ☐ Std / ☐ NI / ☐ NA
 Sp Reading: **77123** T/Radio: ☐ Insured / ☐ Std / ☐ NI / ☐ NA
 Eng/No: _____
 C/No: **WBA2A32070 VZ 50814**
 Gen Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt
 Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
 Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
 Mod: ☐ Nil / ☐ S/Rim / ☒ STD A/Rim or
 Tyre Size: F: **205/60R16** R: **1**
☒ BS / ☐ DUN / ☐ EXNOVA / ☐ GY / ☐ FS / ☐ LIZA / ☐ MIC / ☐ OHTSU / ☐ PIR / ☐ SUMI /
 TOYO / YOKO or
 Front Rear
 R/Bal: **6** mm R/Bal: **6** mm
 L/Bal: **6** mm L/Bal: **6** mm
 D.O.A: _____ D.O.I: **U-21-21**
 Survey held at: **w/s** **11AM**
 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
	CC: 42536
	Confirm lump sum \$1250, 2 working days.
	(Red: 6606.63 - 84%)

Date/Time, File Pass to: ☐ : Preli. Report
 Date/Time, File Return to: ☐ : Final Report
 Days Of Repair: **2**
 Resurvey No. of Trip: _____
 Add Fee: ☐ Site Insp: \$
☐ Interview: \$
☐ Transport: \$
☐ Other: \$
 Survey Fee: ☐ Transportation: ☐ Other: ☐

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	29/12/2020 14:43 (SGT)
Date of Accident	27/12/2020 13:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 111 YISHUN RING ROAD CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR8641Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LI YONG YU
NRIC No	SXXXX093D
Email Address	lyy_@live.com
Mobile Phone No	(Phone) +65-91185584
Alternative Phone No	+65-91185584

VEHICLE PARTICULARS

Manufacturer	BMW
Model	218i
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	5118159608
Cover Note Number	-

DRIVER

Name of Driver	LI YONG YU
NRIC No	SXXXX093D
Date Of Birth	01/02/1982
Occupation	Outdoor

Date Of Driving Pass	15/05/2001
Driving experience	19 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91185584
Alt. Phone Number	+65-91185584
Email Address	lyy_@live.com
Address	BLK 628 HOUGANG AVE 8 #06-120
Address complement	-
Postcode	530628
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	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	ALOYSIUS LI FENG YUAN
Gender	Male

PASSENGER 2

Name	LUCIUS LI FENG ZUO
Gender	Male

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

PLEASE REFER TO ATTACHMENT

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	SJK2544H
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GOH XUE WEN CHRISTYCIA
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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6. The 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.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date
& Time

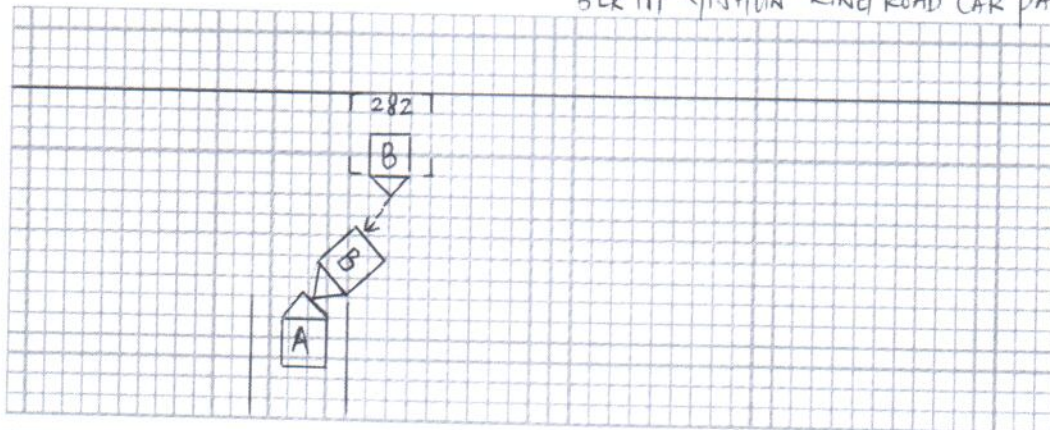


Driver's Signature (If driver is not policyholder) /
Date & Time

Witness by Reporting Centre
Personnel

Sketch Plan

BLK III JISHUN RING ROAD CAR PARK



A : SKR 8641 Y

B : SJK 2544 H

Describe Circumstance of Accident


MY VEHICLE AT PICK UP/DROP OFF POINT WHILE ALIGHTING MY SONS AT BLK 111 YISHUN RING ROAD. MY VEHICLE WAS AT STATIONARY, VEHICLE SJK2544H CAME OUT FROM PARKING LOT NO.282. SHE WAS MAKING RIGHT TURN TO EXIT THE PARKING LOT BUT UNSUCCESSFUL, THEN HIT AND SCATCHED ON MY FRONT RIGHT PORTION.

Declaration

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



Policyholder's Signature /
Date & Time



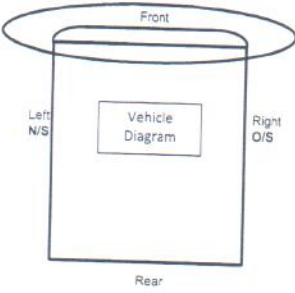
Driver's Signature (If driver is not
policyholder) / Date & Time

Witness by Reporting
Centre Personnel

Yong Sing Estimate Repair

Vehicle Registration Number : SKR 8641 Y
Make / Model : BMW
Chassis No :
Year of Manufacture :
Registration Date :
Type of Repair (TP/OD/WS) : TP
Date/Time of Accident :
Rental Vehicle : Yes ☒ No
Remark :

Case Ref. No. :
The damages on the vehicle are as indicated in the following diagram :



	Yong Sing estimate breakdown cost	Adjusted by Surveyor, if applicable
Total Labour Cost	\$ 1,500.00	\$ -
Total Spray Painting Cost	\$ 480.00	\$ -
Total Spare Parts Cost	\$ 5,616.63	\$ -
Other Charges	\$ 260.00	\$ -
TOTAL	\$ 7,856.63	\$ -
No. of Repair Days	[5] days	[] days
	Lump Sum Repair, if any :	\$ -

SURVEYOR'S Remark

2 Days. Lump Sum Repair / After repair photos
Gao Qiang - 8288 0282
11/1/2021

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:

Part 1 - Labour & Panel Beating Related Works

Job Scope	Yong Sing Estimate	Surveyor Adjustment
TO REMOVE & INSTALL ALL REPLACE ITEM. TO REPAIR FRONT PORTION	\$1,500.00	250 250
Total Labour Cost	\$1,500.00	\$0.00

Part 2 - Spray Painting Related Works

Job Scope	Yong Sing Estimate	Surveyor Adjustment
TO RESPRAY FRONT BUMPER	\$ 300.00	250 250
TO RESPRAY FRONT REINFORCEMENT	\$ 180.00	X NN
Total Spray Painting Cost	\$ 480.00	\$0.00

Part 3 - Other Costs - Accident Repair Related Expenses

Job Scope	Yong Sing Estimate	Surveyor Adjustment
TO CHECK WIRING SYSTEM AND FUNCTION	\$ 100.00	X
TO REMOVE SUNDRY PARTS	\$ 100.00	X
TO WASH AND VACUUM	\$ 60.00	X 5NN
Total Other Costs	\$ 260.00	\$0.00

Part 4 - Spare Parts / Material Usage

Item	Part Name	Part No	Qty	List Price (\$)	Discount (10%)	Final Price (\$)	Repair @ Replace (/) Yang Sng Replace	Repair @ Replace (/) Surveyor	REMARK
1	FRONT BUMPER	BR	1	\$ 1,255.40	10%	\$ 1,129.86	Replace		
2	BUMPER CLIPS	MGL	10	\$ 50.89	10%	\$ 45.80	Replace		
3	FRONT RETAINER BUMPER SIDE, LH	X	1	\$ 107.30	10%	\$ 96.57	Replace		
4	FRONT RETAINER BUMPER SIDE, RH	X	1	\$ 107.30	10%	\$ 96.57	Replace		
5	TOWING COVER FRONT	X	1	\$ 117.80	10%	\$ 106.02	Replace		
6	FRONT GRILLE LH	X	1	\$ 238.44	10%	\$ 214.60	Replace		
7	FRONT GRILLE RH	X	1	\$ 238.44	10%	\$ 214.60	Replace		
8	FOG LAMP COVER RH	X	1	\$ 221.32	10%	\$ 199.19	Replace		
9	FOG LAMP RH	X	1	\$ 289.86	10%	\$ 260.87	Replace		
10	FRONT BUMPER CENTRE LOWER GRILLE	X	1	\$ 329.67	10%	\$ 296.70	Replace		
11	FRONT BUMPER REINFORCEMENT	X	1	\$ 546.12	10%	\$ 491.51	Replace		
12	FRONT BUMPER ABSORBER	X	1	\$ 202.87	10%	\$ 182.58	Replace		
13	FRONT NUMBER PLATE W/ FRAME	X	1	\$ 30.00	0%	\$ 30.00	Replace		
14	FRONT NUMBER PLATE BASE	X	1	\$ 180.13	10%	\$ 162.12	Replace		
15	FRONT EMBLEM "BMW"	MGL	1	\$ 180.13	10%	\$ 162.12	Replace		
16	HEADLAMP FRONT RH	X	1	\$ 2,141.70	10%	\$ 1,927.53	Replace		
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
				TOTAL MATERIALS \$ 5,237.37		\$ 5,616.63			

842
30(SN)

86.05
86.05

40(SN)
83

Surveyor Remark:

Adjusted by Surveyor, if applicable

1097-1
10%: 987.39
SN: 70
Total: 1557.39
20%: 1250