

ASS. REC. BY:

CS/III20014806/Kqd3 ASSIGNMENT

Kenneth

Date:

From:

Estimated Cost:

OD/TP/WS/TP RES/OD RES/EVA/INV/MT

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

(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:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

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

Front

R/Bal.

L/Bal.

D.O.A.

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

04/01/20 @ 4.07pm revert to Ill via Merimen.

06/01/21 @ 4.46pm Gabriel informed C/A & ex:\$600 via Merimen.

07/01/21 @ 9.45am Informed Ms Lee C/A & ex:\$600 by email.

Kenneth confirmed LS \$3150, 4 days (Red \$2401.46, 43%)

Date/Time, File Pass to?

☐

: Prel. Report

1/25/01 Typist

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: 4

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

F. M. S.

Others

TOTAL

Add Fee: ☐ Site Insp (\$☐ Interview (\$☐ Tech Invs (\$☐ Weekend (\$

Report Format:

MER-TP

Lump Sum: H.D. (\$

3150

Tiong Chun Motor Service

Blk 1 #01-135, Sin Ming Industrial Estate, Sector C
Singapore 575636. Tel: 6453-0895 HP: 9748 5436
Reg. No: 52827803K

Estimate Cost of repair to Nissan NV 200

To: India International Insurance Pte Ltd, Motor Claims Department

Vehicle No.: GBG 2366 X
Chassis No.: VSKYBAM20Z0145133
Policy No.: D20MCV0003388

Not Authorized
1/1 Sup @
Penalty After 3 days

To Supply:

- 1) 2pc Front Right + Left Hand Hood Lamp Assembly @ \$446.40
- 2) 1pc Front Left Hand Headlamp Lower Garnish
- 3) 1pc Front Bumper
- 4) 1pc Front Bumper Left Hand Fog Lamp
- 5) 1pc Front Bumper Reinforcement
- 6) 1pc Front Bumper Sponge
- 7) 1pc Front Left Hand Bumper Bracket
- 8) 1pc Front Left Hand Bumper Side Retainer
- 9) 1pc Front Left Hand Fender
- 10) 1pc Front Left Hand Fender Bottom Shield
- 11) 1pc Front Left Hand Door Side Mirror
- 12) 1pc Front Radiator Grille
- 13) 20 Pieces Clips (Per piece \$2.50)

<i>mgc m</i>	\$892.80	<i>LT</i>
<i>Bu</i>	\$362.20	<i>—</i>
<i>Tu</i>	\$655.20	<i>—</i>
<i>Bu</i>	\$323.70	<i>—</i>
<i>R</i>	\$614.90	<i>—</i>
<i>CM</i>	\$320.80	<i>2</i>
<i>C</i>	\$102.00	<i>?</i>
<i>Dry</i>	\$28.10	<i>✓</i>
<i>R</i>	\$504.70	<i>✓</i>
<i>CM 1st</i>	\$135.20	<i>✓</i>
<i>Sn</i>	\$351.80	<i>X</i>
	\$338.00	<i>?</i>
<i>me</i>	\$550.00	<i>—</i>

Sub Total: \$4679.40
Less discount 10% \$4211.46

Job description

1pc front bumper bar cover - 65.00 net mit ✓

- 1) Labour to knock & straighten front support panel, etc, remove the damaged parts, replace with new parts.
\$800.00 *500*
- 2) To patty and spray painting.
\$500.00 *400*
- 3) To check wiring and align headlamp.
\$40.00 *20*

Sub Total: \$1340.00

For all affected vehicle parts and labour cost to repair lump sum charge by us estimated:

\$5551.46

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 28/12/2020 15:02 (SGT)
Date of Accident 26/12/2020 14:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information ANG MO KIO AVE 5 AT JUNCTION TOWARDS CTE/SLE
Country/State of Loss FLYOVER
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG2366X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner JA LAN TIONG PTE LTD
Company Reg No 1XXXXX540G
Email Address sales@jalantiong.com
Mobile Phone No (Phone) +65-96192192
Alternative Phone No +65-96192192

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv200
Variant -
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? Employment
Vehicle Category Yes
Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company India International
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D20MCV0003388
Cover Note Number -

DRIVER

Name of Driver LAWRENCE SIOW KOK PHUA
NRIC No SXXXX564J
Date Of Birth 19/02/1954

Accident report SV0M20CS0008

Occupation	Outdoor
Date, Of Driving Pass	15/04/1977
Driving experience	43 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96687992
Alt. Phone Number	-
Email Address	lawrence_siow@yahoo.com.sg
Address	BLK 537 SERANGOON NORTH AVE 4 #04-139
Address complement	-
Postcode	550537
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Cross Junction
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)	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

REFER ATTACHMENT

(ATTENDED BY: JAMES NG)

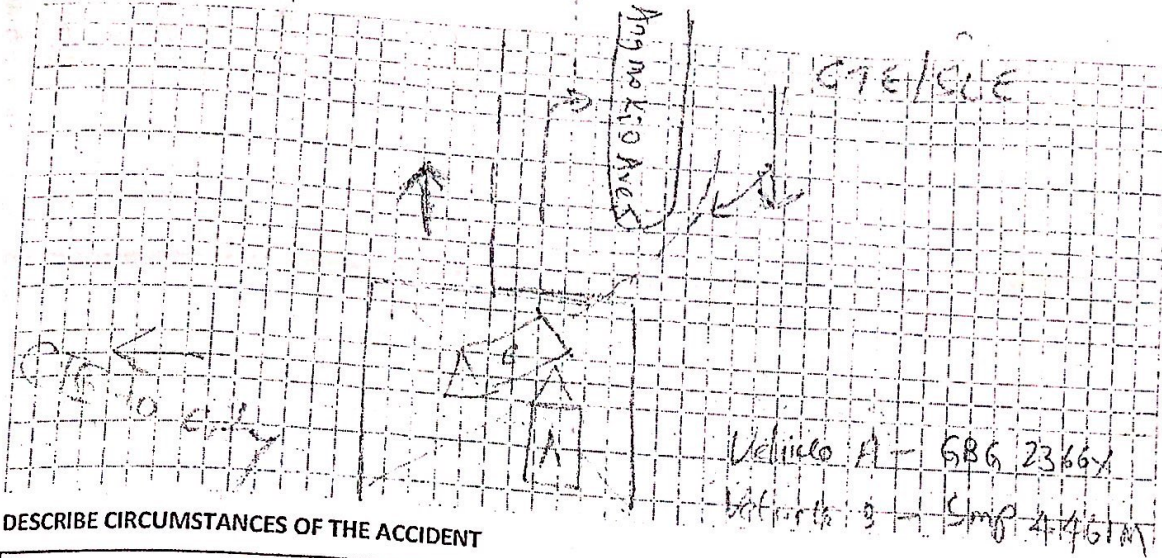
ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMP4461M
Vehicle Manufacturer	Toyota
Vehicle Model	Noah
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	LIM KHNG LEE
NRIC No	SXXXX714E
Contact Number	(Phone) +65-87386052

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer
Attachment.

DECLARATION

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



Policyholder's Signature
Date & Time:

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

28 DEC 2020



Reporting Centre Personnel's Signature
Name: **NG WING KIN JAMES**
NRIC/FIN No: **admin.vac@vicom.com.sg**