

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLG 9539A Yr Regn: 10.16Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy Aqua c.c. 1496Colour: White A/C: Insured / Std / NI / NASp. Reading: 312523 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: N14P10 0532322Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: NI S/Rlm / STD A/Rlm orTyre Size: Hapsen 195/55R16R. Runwide

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

TOYO / YOKO or

Front

R/Bal. 3 mmL/Bal. 3 mmD.O.A. 1/1/21

Rear

R/Bal. 4 mmL/Bal. 4 mmD.O.I. 5/1/2021

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orRear o/s Frt body

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

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: (\$ _____)

Date: 04.01.2021
Vehicle No: SLG9539A
Model: TOYOTA AQUA HYBRID 1.5S
Chassis: NHP106532322-2016
Reg.Year: 2016

Third Party Insurer: MSIG
Third Party Veh No: YP9924S
Date of Accident: 01.01.2021

Not Authorized

*4 days
6/10/21
Pursuing After Repair*

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT FENDER RH	1		<i>Rh</i> \$477.70 ✓
2	FRONT FENDER "HYBRID" EMBLEM RH	1		<i>Rh</i> \$48.30 ✓
3	FRONT FENDER INNER SHIELD RH	1		<i>Rh</i> \$216.90 ✓
4	FRONT SIDE MIRROR ASSY	1	<i>Del / cap</i>	\$857.60 ✓
5	FRONT DOOR RH	1		<i>Rh</i> \$1,241.00 ✓
6	FRONT TYRE RH	1		<i>Rh</i> \$240.00 X
7	FRONT WHEEL RIM RH	1		<i>Rh</i> \$263.70 X
8	FRONT WHEEL CAP RH	1		<i>Rh</i> \$180.60 X
9	FRONT ABSORBER RH	1		<i>Rh</i> \$463.20 X
10	FRONT LOWER ARM RH	1		<i>Rh</i> \$457.80 X
11	FRONT KNUCKLE ARM RH	1		<i>Rh</i> \$594.60 X
12	FRONT WHEEL BEARING RH	1		<i>Rh</i> \$168.90 X
13	FRONT TIE ROD END RH	1		<i>Rh</i> \$186.70 X
14	REAR DOOR RH	1		<i>Rh</i> \$1,045.00 X
15	REAR BUMPER	1	<i>(n.c) Del</i>	\$878.70 X
16	REAR BUMPER SIDE BRACKET RH	1		<i>Rh</i> \$64.40 X
17	FRONT SIDE A-PILLAR RH	1		REPAIR
18	REAR FENDER RH	1		REPAIR
SUB TOTAL				\$7,385.10
LESS 25%				-\$1,846.28
PARTS TOTAL				\$5,538.83

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	FRONT FENDER INNER SHIELD CLIPS RH	1		<i>Rh</i> \$30.00 ✓
2	REAR BUMPER CLIPS	1		<i>Rh</i> \$50.00 X
S/N TOTAL				\$80.00

Head office

6 Kung Chong Road Singapore 150143
Tel: (+65) 6472 1212 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 8010 | Fax: (+65) 6481 1003

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011



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Third Party Veh No: YP9924S
Date of Accident: 01.01.2021

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST FRONT & REAR
ACCIDENT AREAS & ETC.

4001
\$1,200.00

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT
FRONT FENDER RH, FRONT DOOR RH, FRONT SIDE A-PILLAR RH, REAR DOOR RH,
REAR FENDER RH, REAR BUMPER & ETC.

4601
\$1,300.00

LABOUR CHARGES TO REMOVE, REPLACE, REFIX FRONT ABSORBER RH, FRONT LOWER
ARM RH, FRONT KNUCKLE RH & ETC.

~ \$200.00 X

TO WHEEL ALIGNMENT & BALANCING.

~ \$80.00 X

LABOUR CHARGES TO REMOVE & REINSTALLED FRONT & REAR DOOR RH INNER
MECHANISM & ETC. TO EFFECT REPLACE OF FRONT & REAR DOOR RH.

\$240.00 601

TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.

\$80.00 201

LABOUR TOTAL	\$3,100.00
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TingAn

TOTAL**\$8,718.83**

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:

Head office

6 Kung Chong Road Singapore 150143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 6 Singapore 554500
Tel: (+65) 6484 9819 | Fax: (+65) 6481 1953

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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 04/01/2021 19:32 (SGT)
Date of Accident 01/01/2021 01:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information BLK 205A COMPASSVALE LANE (LOADING AND UNLOADING BAY)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG9539A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner OPTIMA WERKZ PTE LTD
Company Reg No 2XXXXX455W
Email Address kaitlyn.chio@ow.sg
Mobile Phone No (Phone) +65-91177568
Alternative Phone No (Office) +65-64811522

VEHICLE PARTICULARS

Manufacturer Toyota
Model Aqua
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 hire

INSURANCE COMPANY

Name of Insurance Company Allianz
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number C01-SPBR0000044-SLG9539A
Cover Note Number EXP 4.8.2021

DRIVER

Name of Driver MOK YI JIAN DARREN
NRIC No SXXXX168H
Date Of Birth 24/05/1997

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

Outdoor
 19/10/2020
 3 MONTHS
 Male
 (Phone) +65-98955250
 -
 myjdarren@gmail.com
 BLK 417A FERNVALE LINK
 19-178
 7914174
 No
 Hirer
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Hit and run / Vandalism / Damaged whilst parked
 Clear
 Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
 Number of vehicles involved in the accident
 Was anybody injured in the Accident?
 Was any injured conveyed to hospital by ambulance?
 Was any other material or property damaged?
 Number of Passengers (Including Driver)
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No
 2
 No
 -
 Yes
 0
 No

DETAILS OF POLICE ACTION

Was the accident reported to the police?
 Was notice of intended Prosecution given?
 If yes, against whom?

No
 No
 -

CIRCUMSTANCES OF ACCIDENT

REFER STATEMENT ATTACH

ATTACHMENT(S)

Are accident photos available for attachment?
 Was there any video captured by Car Camera?
 Was there any audio recorded?

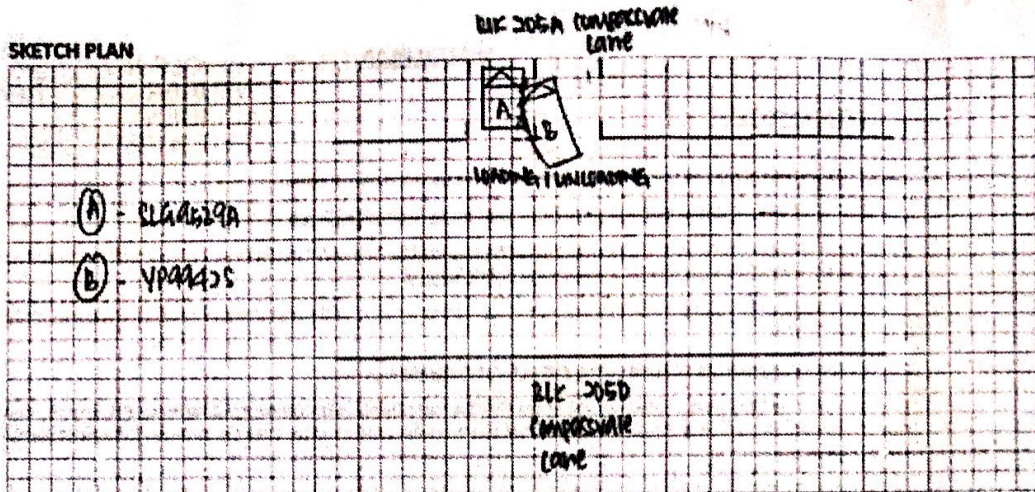
Yes
 No
 No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
 Vehicle Manufacturer
 Vehicle Model
 Vehicle Variant
 Vehicle Colour
 Vehicle Category
 Name of Driver
 Contact Number
 Address
 Address complement
 Postcode

YP9942S
 -
 -
 -
 -
 Commercial vehicle
 -
 -
 -
 -
 -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 01/11/2021 @ AROUND 1126 HOURS, MY VEHICLE A: SLA953AA WAS PARKED AT
 BLK 205A COMPRESSION LANE. VEHICLE B: VP9942S WAS PARKED BESIDE ME. WHEN I
 WENT BACK AND COLLECT MY VEHICLE, I NOTICED THAT MY VEHICLE A: SLA953AA
 FRONT PORTION WAS DAMAGED. VEHICLE B: VP9942S WHO DRIVER NAME:
 WANG SHAO LIN. IC: 42477407 APPROACHED ME AND TOLD ME THAT WHILE HE
 WAS REVERSING OUT FROM THE CARPARK LOT, HIS VEHICLE B: VP9942S HAD
 COLLIDED INTO MY VEHICLE A: SLA953AA. WE BOTH EXCHANGED OUR PARTICULARS.
 NO ONE WAS INJURED.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim
 under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature
 Date & Time:

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 4/11/2021

Reporting Centre Personnel's Signature
 Name: (BANK)
 NRIC/FIN No.:

CLAIM TYPE: ☐ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only
☒ Claim ODP at other workshop (SPRING WORKS PTE LTD)

EMAIL: A COPY TO: KATHLEEN CHOI @ OW-SH