

ASS. REC. BY:

REF: TP /

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. _____

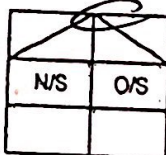
Sum Insured: _____

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: _____

03

days

Res.: Yes or No

Lum Sum: _____

20

%

3 Val.: Yes or No

CA / REV / REP 24 HRS

03/29

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

SOV 88504

Yr Regn: _____

04, 09

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

Truck / Trailer or

Make: _____

MC C200 Komp.c 1796

Colour

D. Blue

A/C: Insured / Std / NI / NA

Sp. Reading

118092

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

WOD 2040412A159138

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: _____

225/45 R17

R: _____

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal. _____

9

mm

R/Bal. _____

4

mm

L/Bal. _____

9

mm

L/Bal. _____

4

mm

D.O.A. _____

1/11/20

D.O.I. _____

6/1/2021

Survey held at _____

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

151 O/S

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

Date / Time

Action / Instruction

1 To Permit repair ASAP

6/1 61 Rm @ 2450h To Permit

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

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: (\$ _____)

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

05, Jan 2020

Mr Han Yee Yen
Blk 104A Ang Mo Kio St 11 #03-67
S 560104

Accident involving vehicle no: SDV8850Y/FZ8298Y/SLZ7003S
DOA: 01/11/2020 AT Yishun Ring Road

Dear Mr Han
Re: Estimate cost of repair for vehicle no: SDV8850Y
To supply--

Description	Qty	Amount
Front bumper <i>1255</i>	1 <i>CRN</i>	1400.00 ✓
Bumper enforcement	1	300.00 X
Bumper sponge	1	200.00 X
Bumper lower grille	1	110.00 ✓
Bumper foglamp	1 <i>myem</i>	300.00 ✓
Foglamp cover	1	50.00 ✓
Lower chrome R n L @110	2	220.00 ✓
Tow cover	1	80.00 X
Engine lower cover	1	300.00 ✓
Clip	1	42.00 ✓
Inter cooler lower bracket, Rh	1 <i>Q/O's</i>	130.00 ✓
Horn, Rh	1 <i>CM</i>	290.00 ✓
Parts		3,422.00
Parts less 10%		342.20
		3,079.80

To remove/reinstall radiator, inter cooler
To remove damaged parts and attachments
Repair all dented areas
Replace/align 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:

180.00 *100%*

750.00 *300%*

400.00 *250%*

4,409.80

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 Report 02/11/2020 14:57
Date Of Accident 01/11/2020 11:30
Exact Location Of Accident BLK 165 EXIT/ENTRANCE TOWARDS YISHUN RING ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDV8850Y
Insured/Policyholder
Name Of Registered Owner HAN YEE YEN
NRIC No SXXXX460Z
Email Address YEEYENHAN1@GMAIL.COM
Mobile Phone No (LOCAL) +65-96205661
Alternative Phone No OTHERS-96205661
Vehicle Particulars
Manufacturer MERCEDES-BENZ
Model C
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
If No, Please state action to be taken THIRD PARTY
Vehicle Category PRIVATE CAR
Insurance Company
Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5108180673-01
Cover Note Number
Driver
Name of Driver HAN YEE YEN
NRIC No SXXXX460Z
Date Of Birth 23/07/1954
Occupation INDOOR
Date Of Driving Pass 01/08/1979
Driving Experience 41 YEARS AND 3 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96205661
Fax Number
Contact Number OTHERS-96205661

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLZ7003S
Vehicle Make/Model/Colour NA
Details Of Properties NA
Vehicle Category PRIVATE CAR
Name of Driver NA
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NA (RIDER)
Approximate Age
Injuries Sustain REFER POLICE REPORT
Injured person in which vehicle? FZ8298Y
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address NA
Postcode NA

APT BLK 104A ANG MO KIO STREET 11
#03-67 SINGAPORE

560104

Is driver an employee of the Insured's Company NO
Relationship of the Driver with the Insured OWNER
Vehicle Registration Number of Driver's Own Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident CHAIN COLLISION
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles (including own vehicle) involved in the accident 3
Was any body injured in the Accident? YES
Was any injured conveyed to hospital by ambulance? YES
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name

Police Station Address

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

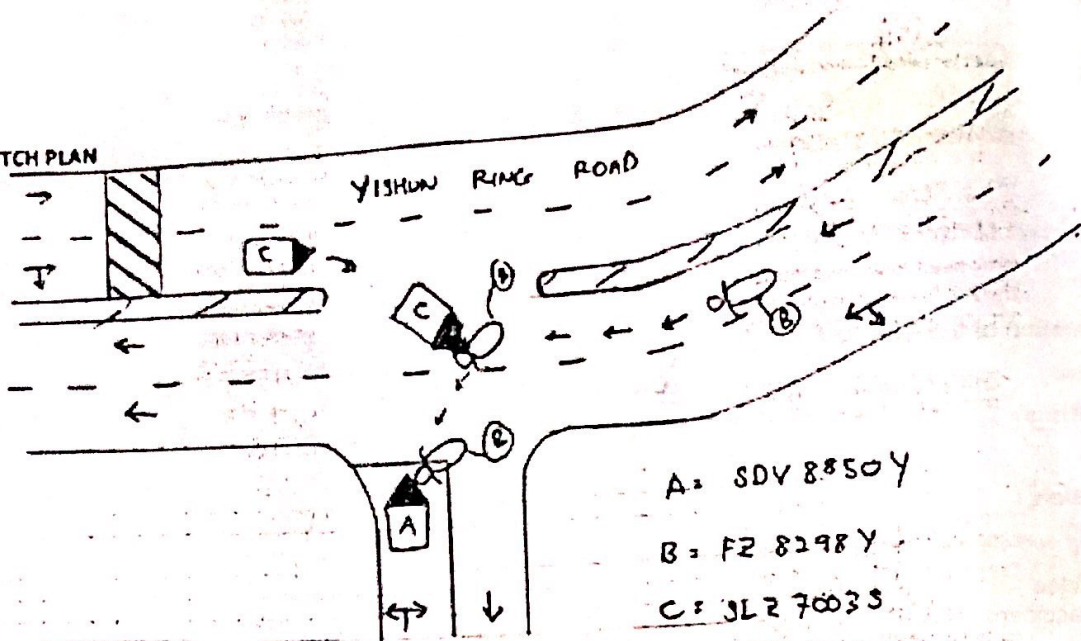
REFER TO ATTACHED. VEHICLE A(SDV8850Y) IS AT TRAFFIC POLICE COMPOUND.

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FZ8298Y	ADD POLICE POST
Vehicle Make/Model/Colour	NA	AVENUE 4, POSTCODE:
Details Of Properties	NA	
Vehicle Category	MOTORCYCLE	01 64574454
Name of Driver	NA	
NRIC/Passport Number		
Contact Number		
Address		UND.
Postcode		



A- SDV 8850Y

B. FZ 8298 Y

C: JLR 7003 S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

1/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 Center: Personnel
Name: _____
NRIC/FIN No: _____

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