

ASS. REC. BY:

REF:

S20/ 21000628/K
667

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

at Workshop m/s

KGL

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 No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S2W 8458Y

Yr Regn:

03, 18

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

Truck / Trailer or

Make:

Honda Civic

c.c

1498

Colour

M.P. White

AC:

Insured / Std / NI / NA

Sp. Reading

37053

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MR14FK 4840H7000031

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / Rlm / STD A/Rlm or

Tyre Size:

F:

R:

235/40R18

BS7 DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

4

mm

L/Bal.

5

mm

L/Bal.

4

mm

D.O.A.

13/1/21

D.O.I.

17/2/2021

Survey held at

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

O/S Rear

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$



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Email : contact@kgcworkshop.com.sg

Not Authorized
11 Rpy @
Phony After Pain
4 days

Zechariah Lin Ya Tian
14 Ang Mo Kio St 63
Block B
Singapore 569116

TP210204
8/2/2021
: 1/1

Registration No : SLW 8458Y
Accident Date : 13-Jan-21
Our Ref : TP 210204

Model : Honda Civic 1.5 Turbo 5DR CV
Chassis No: MRHFK4840HT000031
Engine Capacity 1.5cc

S/No	Qty	Items	Unit Price	Amount
1	1	Rear Quarter Panel RHS	\$ 955.40	\$ 955.40 ✓
2	1	Rear Fender Inner Shield RHS	\$ 225.20	\$ 225.20 X
3	1	Rear Bumper	\$ 866.40	\$ 866.40 ?
4	1	Rear Bumper Retainer RHS	\$ 32.50	\$ 32.50 ?
5	1	Rear Bumper reinforcement	\$ 488.50	\$ 488.50 X
6	1	Rear bumper reinforcement	\$ 625.50	\$ 625.50 X
7	1	Rear end panel	\$ 723.50	\$ 723.50 X
8	1	Taillamp Assy RHS	\$ 405.00	\$ 405.00 X
9	1	Rear Lower Arm RHS	\$ 750.00	\$ 750.00 X
10	1	Rear Shock Absorber Set RHS	\$ 625.00	\$ 625.00 X
11	1	Rear Wheel Kunckle RHS	\$ 518.75	\$ 518.75 X
			\$	6,215.75
			-20%	\$ 1,243.15
		Total for spare parts	\$	4,972.60

Special Nett

1	1 set	Rear RHS Fender Clips	\$ 50.00	\$ 50.00 X
2	1 set	Rear Bumper Clips	\$ 50.00	\$ 50.00 ?
3	1set	Revese Sensor	\$ 380.00	\$ 380.00 X

Total for SP \$ 480.00
Sub-Total for Parts : \$ 5,452.60

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



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S/No	Qty	Items	Unit Price	Amount
1		To dismantle, replace, cut, weld, knock out dents to straighten accident parts		1,000.00 600
2		To putty and spray paint on all accident damage parts and other accident		1,000.00 440
3		To remove and refit Rear Bumper Bodykit		300.00 7
4		To remove and refit Rear Tyre RHS (for replace Quarter Panel)		100.00 X
5		To remove and refit reverse sensor		80.00 ?
6		To check wiring system to facilitate repair and refit the same		80.00 15
7		Apply rust proofing on the adjacent panels		80.00 30

TOTAL AMOUNT : 2,640.00
OVERALL COST : 8,092.60

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 13/01/2021 14:39 (SGT)
Date of Accident 13/01/2021 08:50 (SGT)
Exact Location of Accident Farrer Rd, Singapore
Additional Location Information FARRER RD BEFORE HOLLAND FLYOVER
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLW8458Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ZECHARIAH LIN YA TIAN
NRIC No SXXXX113D
Email Address XEMEGA@YAHOO.COM
Mobile Phone No (Phone) +65-94504123
Alternative Phone No +65-94504123

VEHICLE PARTICULARS

Manufacturer Honda
Model Civic
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

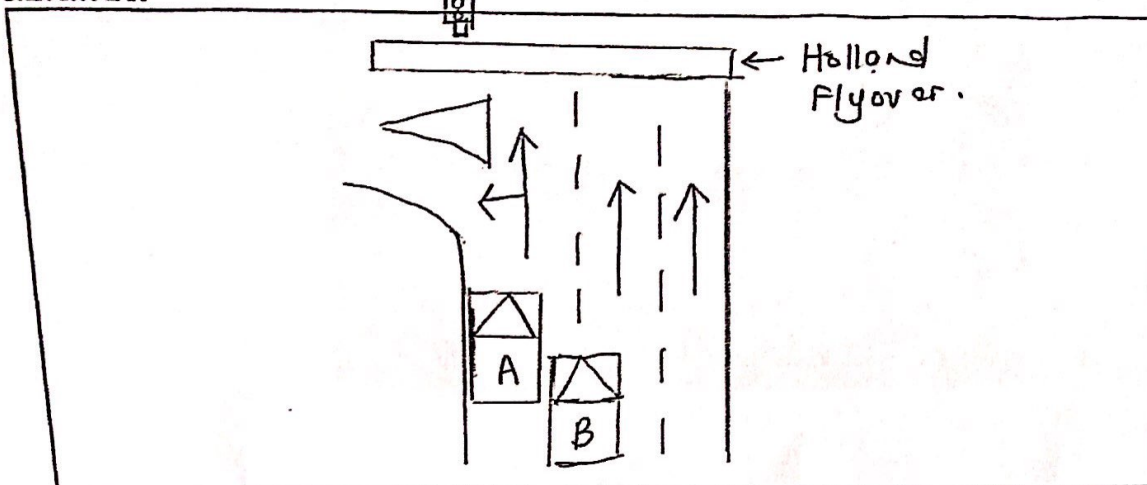
INSURANCE COMPANY

Name of Insurance Company Sompo
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D20MTPV01003569
Cover Note Number 05/03/2020 - 04/03/2021

DRIVER

Name of Driver ZECHARIAH LIN YA TIAN
NRIC No SXXXX113D
Date Of Birth 29/10/1975
Occupation Indoor

Date of accident: 13/1/21 Time: 0850 Location: Farrer Road, before Holland Flyover
 My Vehicle A: SLW 8458 Y Vehicle B: XD 6782 G Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above mentioned date and time, the weather condition is clear and road surface is dry. I was travelling along Farrer Road, filtering out toward Holland Road, just before Holland flyover. My car was stationary, waiting for the traffic light in front. Car B came behind me on my right, and I heard a loud screeching sound on my right fender. Car B then drove in front of me. I followed Car B towards Holland Road instead of filtering out, I tried wanting to stop him but Car B sped off towards Ulu Pandan Road instead of stopping. I then drove off to lead to my destination.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop:

Email address: pohkin@kgcworkshop.com.sg

& myself:

Email address: xemega@yahoo.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

I/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 Centre Personnel's Signature
Name:
Date & Time:

