

ASS. REC. BY:

REF: C72/21000815/KV

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ S Thru

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 Report: _____ Consistent? : Yes or No

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

Est. Repairs: 5-6 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: SLX 2100M Yr Regn: 03, 18

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

Truck / Trailer or

Make: Toy Alphard Wagon c.c. 2494Colour M.P. White A/C: Insured / Std / NI / NASp. Reading 17267 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JNCF-301+808073901Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NII / S/Rlm / STD A/Rlm or

Tyre Size: F: _____

R: 235/50R18

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

YOYO YOKO or

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 15/1/21D.O.I. 21/1/2021

Survey held at _____

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

Rear N/S

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) 18/2/21-Typist

Days Of Repair: 6Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

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

Report Format : Merimen

Lump Sum / L.B.: (\$ 5500)

Not available
 L1 By 8
 Pending After Repair
 5-6 days

TO :
 ATTN : MOTOR CLAIM DEPT.

T/P VEH. NO. : SMG827R

ESTIMATE REF 1st QUOTATION

JOB NO. : _____

OWNER'S PARTICULAR

NAME : BENNY SUHERMAN

CONTACT : 96662288

ADDRESS :

LICENSE NO. : SLX2100M TRANS. :

CHASSIS NO. :

MAKE / MODEL TOYOTA ALPHARD

ENGINE NO. :

OWNER'S INSU AXA INSURANCE

JOB-COD/TP

S/A : JOEY

ACCIDENT DATE : 15-Jan-21

CLAIM DETAIL

MATERIALS

	QTY	QUO-PRICE	DISC. %	DISC-PRICE	SU R.	EV. PRIC
1 REAR BUMPER	1.00	1776.30	25.00	1332.23	Y	✓
2 REAR BUMPER SIDE RETAINER LH	1.00	90.00	25.00	67.50	Y	✓
3 REAR BUMPER SIDE RETAINER RH	1.00	90.00	25.00	67.50	Y	X
4 REAR BUMPER REINFORCEMENT	1.00	580.00	25.00	435.00	Y	X
5 REAR BUMPER BRACKET LH	1.00	101.00	25.00	75.75	Y	?
6 REAR BUMPER BRACKET RH	1.00	101.00	25.00	75.75	Y	X
7 REAR BUMPER SIDE GARNISH LH	1.00	175.00	25.00	131.25	Y	✓
8 REAR BUMPER SIDE GARNISH RH	1.00	175.00	25.00	131.25	Y	X
9 REAR BUMPER SIDE REFLECTOR LH	1.00	99.00	25.00	74.25	Y	✓
10 REAR BUMPER SIDE REFLECTOR RH	1.00	99.00	25.00	74.25	Y	X
11 REAR BUMPER TOP SIDE RETAINER LH	1.00	100.00	25.00	75.00	Y	✓
12 REAR BUMPER TOP SIDE RETAINER RH	1.00	100.00	25.00	75.00	Y	X
13 REAR BUMPER TOWING COVER	1.00	60.00	25.00	45.00	Y	✓
14 SPARE TYRE HOLDER ASSY	1.00	276.40	25.00	207.30	Y	X
15 REAR END PANEL	1.00	868.90	25.00	651.68	Y	?
16 REAR END PANEL INNER GARNISH	1.00	498.90	25.00	374.18	Y	?
17 REAR END PANEL TOOL COVER	1.00	330.00	25.00	247.50	Y	X
18 REAR END PANEL COVER	1.00	430.00	25.00	322.50	Y	X
19 REAR END INNER PANEL	1.00	798.00	25.00	598.50	Y	?
20 REAR INNER SIDE GARNISH BOARD LH	1.00	252.00	25.00	189.00	Y	X
21 TAILGATE RUBBER	1.00	357.90	25.00	268.43	Y	X
22 TAILGATE	1.00	1956.40	25.00	1467.30	Y	✓
23 TAILGATE GLASS WITH MOULDING	1.00	2380.00	25.00	1785.00	Y	?
24 TAILGATE LAMP RH	1.00	647.90	25.00	485.93	Y	X
25 TAILGATE LAMP LH	1.00	647.90	25.00	485.93	Y	X
26 TAILGATE LAMP CHROME LOWER LH	1.00	899.00	25.00	674.25	Y	X
27 TAILGATE LAMP CHROME LOWER RH	1.00	899.00	25.00	674.25	Y	X
28 TAILGATE CHORME TOP	1.00	655.90	25.00	491.93	Y	X
29 TAILGATE EMBLEM ALPHARD	1.00	69.90	25.00	52.43	Y	✓
30 TAILGATE INNER TRIM BOARD	1.00	898.90	25.00	674.18	Y	✓
31 TAILGATE LOGO	1.00	74.60	25.00	55.95	Y	✓
32 TAILGATE INNER LOCK	1.00	768.90	25.00	576.68	Y	X
33 TAILGATE INNER LOCK CATCH	1.00	69.90	25.00	52.43	Y	X

34	TAILGATE STOPPER LH	1.00	30.00	25.00	22.50	Y	X
35	TAILGATE STOPPER RH	1.00	30.00	25.00	22.50	Y	X
36	TAILLAMP RH	1.00	634.90	25.00	476.18	Y	X
37	TAILLAMP LH	1.00	634.90	25.00	476.18	Y	?
38	TAILGATE DAMPER LH	1.00	320.00	25.00	240.00	Y	X
39	TAILGATE DAMPER RH	1.00	320.00	25.00	240.00	Y	X
40	REAR BUMPER LOWER COVER	1.00	633.54	25.00	475.16	Y	?
41	KEYLESS CONTROL	1.00	380.00	25.00	285.00	Y	X
42	TAILGATE SAFETY SENSOR	1.00	306.00	25.00	229.50	Y	?

TOTAL (PARTS):

20616.04

15462.03

SPECIAL NETT ITEM

1	REAR END PANEL SEALANT	1.00	50.00	0.00	50.00	Y	?
2	TAILGATE REVERSE CAMERA	1.00	80.00	0.00	80.00	Y	X
3	TAILGATE REVERSE SENSOR	1.00	1120.00	0.00	1120.00	Y	X
4	TAILGATE W/S SOLA FLIM	1.00	380.00	0.00	380.00	Y	?
5	TAILGATE INNER TRIM CLIPS	1.00	50.00	0.00	50.00	Y	✓
6	REAR BUMPER CLIPS	1.00	50.00	0.00	50.00	Y	✓
7	REVERSE CAMERA	1.00	680.00	0.00	680.00	Y	X
8	TAILGATE GLASS SEALANT	1.00	50.00	0.00	50.00	Y	4052
9	TAILGATE GLASS INNER SEAL	1.00	50.00	0.00	50.00	Y	3052
10	TAILGATE CLEANER & PRIMER	1.00	50.00	0.00	50.00	Y	X

TOTAL (PARTS):

2560.00

2560.00

LABOUR

1	STRAIGHTEN AND PANEL BEAT ACCIDENT AREA	1.00	1600.00	0.00	1600.00	Y	?
2	SPRAY PAINTING ON ACCIDENT AREA	1.00	1600.00	0.00	1600.00	Y	9001
3	REMOVE AND REFIT TAILGATE COMPARTMENT	1.00	180.00	0.00	180.00	Y	601
4	REMOVE AND REFIT REAR TAILGATE GLASS	1.00	180.00	0.00	180.00	Y	1201
5	REMOVE AND REFIT CARPET, SEAT & INNER TRIM TO ASSIST ACCIDENT REPAIR	1.00	180.00	0.00	180.00	Y	601
6	REMOVE AND REFIT REVERSE SENSOR & RESET SYST	1.00	180.00	0.00	180.00	Y	601
7	RESPRAY TUFF KOTE ON ACCIDENT AREA	1.00	200.00	0.00	200.00	Y	?
8	CHECK & REPAIR WIRING SYSTEM	1.00	80.00	0.00	80.00	Y	201
9	REMOVE & REFIT REVERSE CAMERA & CALIBRATION	1.00	280.00	0.00	280.00	Y	?

TOTAL (LABOUR):

4480.00

4480.00

TOTAL PARTS & LABOUR

27656.04

22502.03

EXCESS : : S\$

NO. OF D.:

RE-SURVEY : BEFORE / AFTER PAINTING

PART BY PART OR LUMP-SUM : S\$

DATE OF SURV: 21 / 1 / 21

SURVEY : Kenneth

CONTACT : 96910663

NOTE : LUMP-SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED.

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:

FAX NO

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 20/01/2021 11:45 (SGT)
Date of Accident 15/01/2021 08:45 (SGT)
Exact Location of Accident 100 North Buona Vista Rd, Buona Vista, Singapore 139349
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLX2100M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner BENNY SUHERMAN
NRIC No SXXXX554D
Email Address BENNY@GMAIL.COM
Mobile Phone No (Phone) +65-96662288
Alternative Phone No +65-96662288

VEHICLE PARTICULARS

Manufacturer Toyota
Model Alphard
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 Axa
Type of Coverage Comprehensive
Fleet Policy No
Policy Number -
Cover Note Number -

DRIVER

Name of Driver SYAFUL HASAN
Passport No/FIN BXXX0871
Date Of Birth 15/01/1991
Occupation Indoor

Date Of Driving Pass	02/01/2018
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-96662288
Alt. Phone Number	-
Email Address	SYAIFUL@GMAIL.COM
Address	28 LI HWAN TERRACE SINGAPORE
Address complement	-
Postcode	556956
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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 - Head to Rear
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	HANS GUNDAI
Gender	Male

PASSENGER 2

Name	OILVER GUNADI
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

SEE ATTACH SKETCH PLAN & STATEMENT

ATTACHMENT(S)

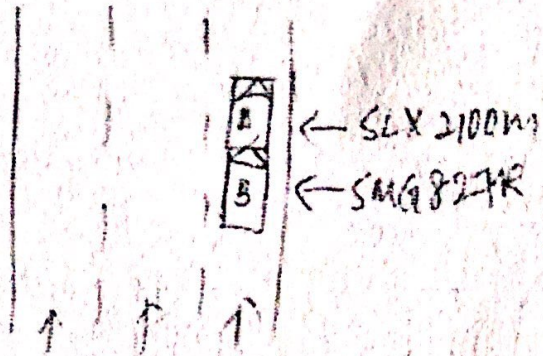
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG827R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

SKETCH PLAN

AGE towards TUGS



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving straight along AGE towards MAS, vehicles in front of me suddenly jammed brake, I brake immediately and did not hit onto the front car. Suddenly vehicle B came from behind and hit the rear portion of my vehicle.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Robert Joseph
 Policyholder's Signature
 Date & Time

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

Reporting Centre Personnel's Signature
 Name:
 SMC No.