

ASS. REC. BY:

REF:

C72/21000921/K_{qd3}

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s

AT

of _____

Insured: _____

Policy No. _____

Claims No. _____

SNM21D200309C02

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: _____

SM25265C

Yr Regn: _____

12, 11

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

Truck / Trailer or

Make: _____

Lexus RX 270

c.c. 2672

Colour

n.p. white

A/C: _____

Insured / Std / NI / NA

Sp. Reading

243621

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

JTJ7A11A402418029

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: _____

F: _____

R: _____

235/60R18

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

TOYO / YOKO or

Front

R/Bal. _____

mm

L/Bal. _____

mm

D.O.A. _____

14/1/21

Rear

R/Bal. _____

mm

L/Bal. _____

mm

D.O.I. _____

20/1/2021

Survey held at _____

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

O/S 1st

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

27/01/21@3.16pm revised to Pauline/ Cecilia by email.

Kenneth confirmed LS \$3200, 4 days. (Red \$2258.75, 41%)

Date/Time, File Pass to?

☐

: Prel. Report

1) 05/07 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

4

Resurvey No. of Trip: _____

2

Survey Fee: _____

Transportation: _____

S - RS - SI

F - RS

Others

TOTAL

Report Format :

MER-TP

Lump Sum ~~H.B.~~ (\$

3200

Add Fee: _____

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

A T AUTO CONSULTANT

Blk 113 Teck Whye Lane #05-650 Singapore 680113
HP: 8386 8989 EMAIL: atautoconsultant@gmail.com
Co. Reg. No. : 53368526E

Date of Estimate: 19.01.2021
Vehicle No: SML5265C
Owner: SG CAR FOR RENT PTE LTD
Date of Accident: 14.01.2021
Make & Model: LEXUS RX270
Chassis No : JTJZA11A402418029

Not Whisker
11 Day &
Resurvey After Paint
4 days

ESTIMATE FOR ACCIDENT VEHICLE NOS SML5265C

*Bumper lower lid ✓

PARTS

- | | |
|---|------------------------|
| 1 | 1 Front bumper |
| 2 | 1 Fog lamp |
| 3 | 1 Fender RH |
| 4 | 1 Fender inner garnish |
| 5 | 1 Headlamp RH |

R	\$798.80	✓
	\$339.30	?
Bu	\$1,393.30	✓
R	\$412.60	X-
	\$2,201.00	?
SUB TOTAL		\$5,145.00
LESS 25%		\$1,286.25
DISCOUNTED SUB TOTAL		\$3,858.75

S.NETT

- | | |
|---|----------------------|
| 1 | 1 Front bumper clips |
|---|----------------------|

SUB TOTAL

R	\$60.00	✓
SUB TOTAL		\$60.00

LABOUR

- | | |
|---|---|
| 1 | Panel beating for replace and repair affected parts |
| 2 | Spray painting on accident areas |
| 3 | Wiring charges |
| 4 | Apply undercoating to above affected areas |
| 5 | Wheel alignment |

SUB TOTAL (LABOUR)

	\$500.00	400l
	\$600.00	440l
	\$100.00	20l
	\$220.00	30l
~	\$120.00	X
SUB TOTAL		\$1,540.00

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:

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 15/01/2021 18:10 (SGT)
Date of Accident 14/01/2021 22:30 (SGT)
Exact Location of Accident Foch Rd, Singapore
Additional Location Information FOCH RD ACROSS BEATTY LANE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML5265C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SG CAR FOR RENT PTE LTD
Company Reg No 2XXXXX344N
Email Address KEITHLEE100877@GMAIL.COM
Mobile Phone No (Phone) +65-94569000
Alternative Phone No +65-94569000

VEHICLE PARTICULARS

Manufacturer Lexus
Model Rx270
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 - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdPartyFireTheft
Fleet Policy Yes
Policy Number 5112245543
Cover Note Number -

DRIVER

Name of Driver ONG JOO CHIN
NRIC No SXXXX408D
Date Of Birth 15/06/1973
Occupation Outdoor

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

12/11/2007
13 YEARS AND 2 MONTHS
Male
(Phone) +65-94569000
-
ALVIN9000@HOTMAIL.COM
10 BEATTY ROAD #11-04
-
209955
No
Hirer
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Change/cross lane
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
1
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

I WAS REVERSING MY VEHICLE WHILE SUDDENLY VEHICLE B CAME AND HIT ONTO MY FRONT SIDE FRONT PORTION. AT THAT MOMMENT, TRAFFIC WAS QUITE LOW, THINK HE WAS OVERTAKING ANOTHER VEHICLE AND THUS HIT ONTO MY VEHICLE.

ATTACHMENT(S)

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

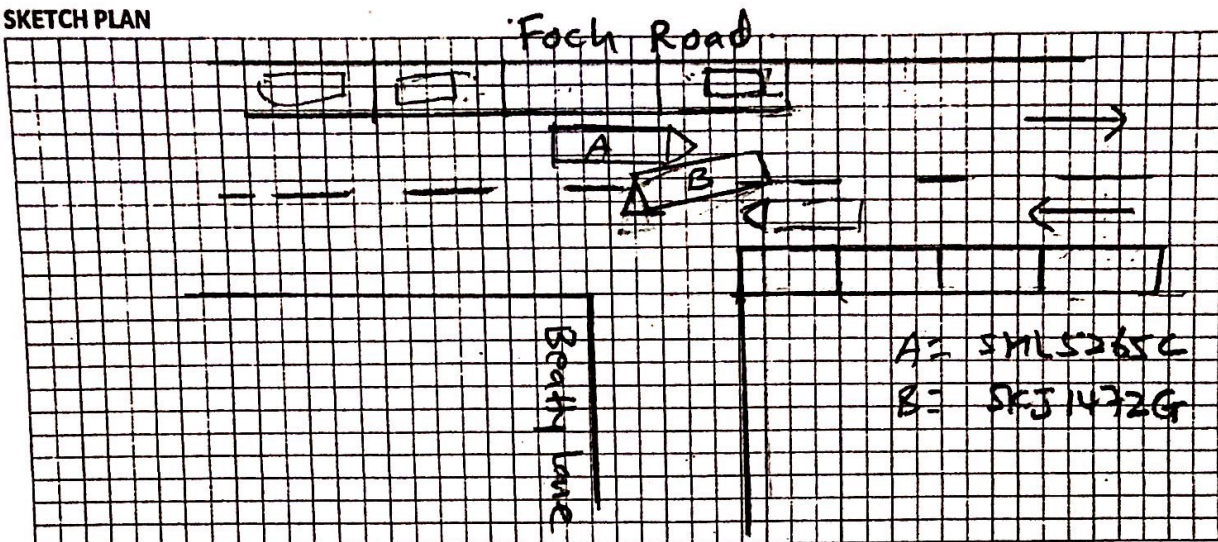
Yes
No
No

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

SKJ1472G
Hyundai
-
-
-
Private car
TAN YANG HAI
(Phone) +65-97524118
-
-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reversing my vehicle while suddenly vehicle 'B' came and hit onto my front side front portion. At that moment, traffic was quite low, think he was overtaking another vehicle and thus hit onto my vehicle.

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: 15/1/2021

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