

ASS. REG. BY:

REF:

AA / 21001284/K+

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.

Bal. or Market Value:

IDAC Accident Report:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / R/Rim / STD A/Rim or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.I.

Survey held at

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

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

Report Format :

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



SJQ 1941 E Chevrolet Aveo

1pc	Rear Bonnet Lid Cover	R \$ 580.10
1pc	Rear Bonnet Lid Lock	R \$ 48.50
1pc	Rear Bonnet Logo	M \$ 68.10
1pc	Rear Bonnet emblem "Aveo"	M \$ 25.20
1pc	Rear Bonnet emblem "LS"	M \$ 15.50
1pc	Rear Bonnet emblem "Chevrolet"	M \$ 48.30
1pc	Rear End panel	R \$ 480.00
1pc	Rear Bumper	R \$ 520.60
1pc	Rear Bumper Reinforcement	\$ 308.10
1set	Rear Bumper Clips	M \$ 30.00
1/2pc	Side Bumper Retainer	old \$ 70.00
1pc	Rear Bumper Lower Lip	CM \$ 360.50
1pc	Rear Boot Weather Strip	CM 50% \$ 90.20
		less 10%
1set	Rear Reverse Sensor	2 each M \$ 300.00

Dismantle & replace damaged parts, panel beat \$50  
where necessary \$ 1000.00

To putty, apply primer & Respraying. \$ 800.00

Rust proofing 30% \$ 150.00

Check Wiring function 15% \$ 50.00

Not Notified  
1 Day &  
Money After Paint

4 days

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:



## 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	26/01/2021 17:19 (SGT)
Date of Accident	24/01/2021 17:24 (SGT)
Exact Location of Accident	Bencoolen St, Singapore
Additional Location Information	Slip Road From Bencoolen Street Into Bras Basah Road
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ7941E
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Er Soon Yeow
NRIC No	SXXXX032Z
Email Address	ersoonyeow@gmail.com
Mobile Phone No	(Phone) +65-90269648
Alternative Phone No	+65-90269648

#### VEHICLE PARTICULARS

Manufacturer	Chevrolet
Model	Aveo
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	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00041712003
Cover Note Number	

#### DRIVER

Name of Driver	Tan Bee Huat
NRIC No	SXXXX558D
Date Of Birth	11/09/1965
Occupation	Outdoor

Driving Pass  
ing experience  
ender  
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

25/04/1997  
23 YEARS AND 9 MONTHS  
Female  
(Phone) +65-92376857  
tanbhuat@gmail.com  
Blk 515 Woodlands Drive 14 #10-139

730515  
No  
Employee  
No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
Weather Conditions  
Road Surface

Collision - Head to Rear  
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  
5  
No

#### PASSENGER 1

Name  
Gender

Ng Siok Cin  
Female

#### PASSENGER 2

Name  
Gender

Tan Wei Zhe  
Male

#### PASSENGER 3

Name  
Gender

Jandi Lau  
Male

#### PASSENGER 4

Name  
Gender

Evilina  
Female

#### 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

Please refer to attached.

#### ATTACHMENT(S)

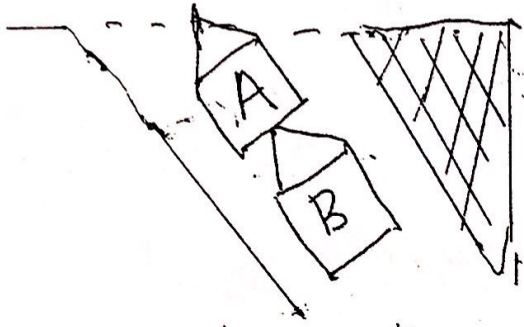
Are accident photos available for attachment?  
Was there any video captured by Car Camera?

Yes  
No

Vehicle Registration Number	SHA3591R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-97473777
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



Bras Basah Rd



Ran cooler Street

A : SJQ 7941 E

B : SHA 3591 R