

ASS. REC. BY:

REF:

AIG/ 21001428/Kp

Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s KGC
 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: 04 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
11/27
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SKA 8289X Yr Regn: 12, 07
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Doi Terios c.c. 1495
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 179583 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JDAJ2106001058746
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: NI / RIm / STD A/Rim or _____
 Tyre Size: F: 225/70R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front R/Bal. 8 mm Rear R/Bal. 8 mm
 L/Bal. 8 mm U/Bal. 8 mm
 D.O.A. 22/1/21 D.O.I. 23/3/2021
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S/FR
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to? : Prell. Report
 : Final Report
 1) _____
 Date/Time, File Return to? _____
 2) _____
 Days Of Repair: _____
 Resurvey No. of Trlp: _____
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech Invs (\$ _____)
 : Weekend (\$ _____)
 Survey Fee: _____
 Transportation: _____
 S - RS. _____

 TOTAL _____

Report Format :
 Lump Sum / I.B.I. (\$ _____)



KGC WORKSHOP PTE LTD

Since 1967

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Yap See Wee Benjamin
14 Ang Mo Kio St 63
Block B
Singapore 569116

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Tel : 6453 6279 / 6456 5410
Email : contact@kgcworkshop.com.sg

TP
Date 9/3/2021
No of Page : 1/1

Registraion No : SKA 8289X
Accident Date : 22-Jan-21
Our Ref : TP

*NOT Authorized
L1 Sm &
Spray After Paint
4 days*

Model : Daihatsu Terios
Chassis No: JDAJ210G001058746
Engine Capacity :

S/No	Qty	Items	Unit Price	Amount
1	1	Front Bumper	\$ 605.00	\$ <i>But</i> 605.00 ✓
2	1	Front Bumper Retainer RHS	\$ 48.50	\$ <i>na</i> 48.50 ✓
3	1	Headlamp RHS	\$ 725.50	\$ <i>na</i> 725.50 ✓
4	1	Front Bumper reinforcement	\$ 388.20	\$ <i>na</i> 388.20 X
5	1	Front Fender RHS	\$ 425.50	\$ <i>na</i> 425.50 ✓
6	1	Front Fender Inner Shield RHS	\$ 155.50	\$ <i>na</i> 155.50 X
7	1	Front Grille	\$ 405.50	\$ <i>na</i> 405.50 X
8	1	Front lower Grille	\$ 285.50	\$ <i>na</i> 285.50 X
9	1	Front Fog Lamp RHS	\$ 350.00	\$ <i>na</i> 350.00 X
10	1	Front Fog Lamp Cover RHS	\$ 85.20	\$ <i>na</i> 85.20 X
				\$ 3,039.20
			-15%	\$ 455.88
Total for spare parts				\$ 2,583.32

Special Nett				
1	1 set	Front Bumper Clips	\$ 50.00	\$ <i>na</i> 50.00 ✓
2	1 set	Front Number plate	\$ 50.00	\$ <i>na</i> 50.00 X
Total for SP			\$	\$ 100.00
Sub-Total for Parts :			\$	\$ 2,683.32

S/No	Qty	Items	Unit Price	Amount
1		To dismantle, replace, cut, weld, knock out dents to straighten accident parts	\$	800.00 <i>400</i>
2		To putty and spray paint on all accident damage parts and other accident	\$	800.00 <i>400</i>
3		Wheel Alignment	\$	<i>na</i> 80.00 X
4		To check wiring system to facilitate repair and refit the same	\$	80.00 <i>200</i>
5		Apply rust proofing on the adjacent panels	\$	50.00 <i>300</i>

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts price to be confirmed
- 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

TOTAL AMOUNT :	1,810.00
OVERALL COST :	4,493.32

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 25/01/2021 09:51 (SGT)
Date of Accident 22/01/2021 11:15 (SGT)
Exact Location of Accident 22 Havelock Rd, Singapore 160022
Additional Location Information OPEN SPACE CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKA8289X
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner YAP SEE WEE BENJAMIN (YE SIHUI)
NRIC No SXXXX501F
Email Address Stoneben89@hotmail.com
Mobile Phone No (Phone) +65-94893947
Alternative Phone No (Home) +65-94893947

VEHICLE PARTICULARS:

Manufacturer Daihatsu
Model Terios
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

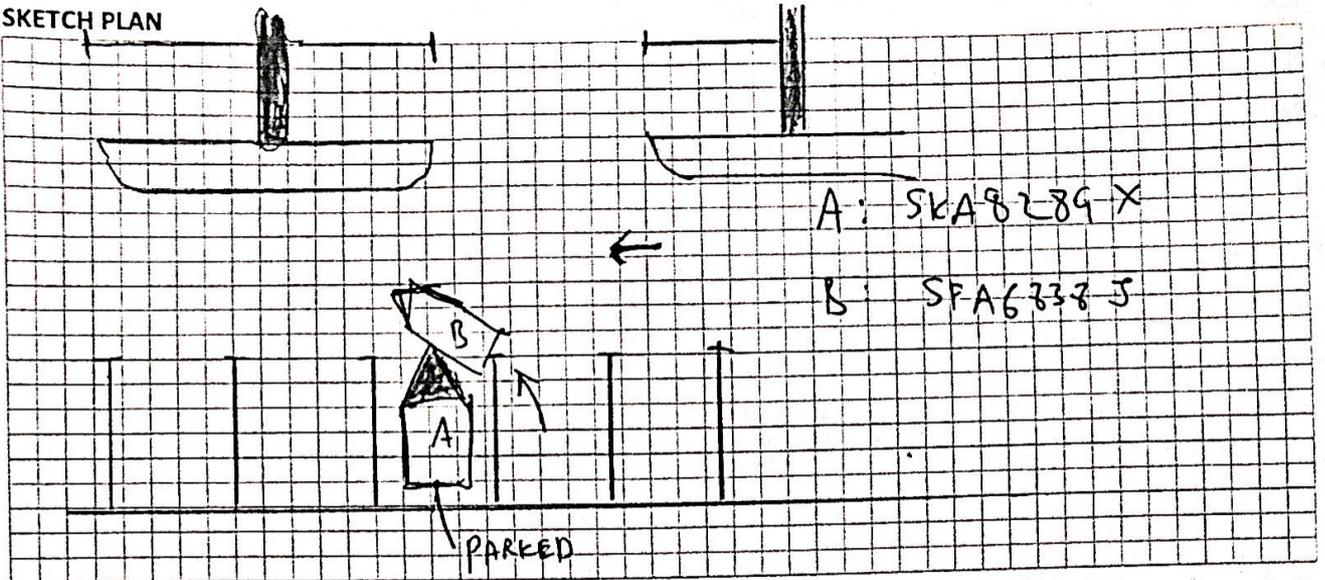
Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5117030471
Cover Note Number -

DRIVER

Name of Driver YAP SEE WEE BENJAMIN (YE SIHUI)
NRIC No SXXXX501F

HIT & RUN

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Blu
Policyholder's Signature
Date & Time: 23/0/21

Blu
Driver's Signature
(if driver is not the policyholder)
Date & Time: 23/0/21

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