

ASS. REC. BY:

REF: C72/21001934/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 Optima

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: 7.30pm

(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: 4-5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 09/27 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SKG 5030M Yr Regn: 09, 07

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

Truck / Trailer or AI

Make: Bmw 320i x2 c.c. 1995

Colour: M. L. Blue A/C: Insured / Std / NI / NA

Sp. Reading: 182270 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAVA77A ⁶⁰⁹ ONL 34627

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NI / S/Rlm / STD / Rlm or

Tyre Size: F: 235/35R19

R: 285/30R19

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

TOYO / YOKO or _____

Front 7 mm Rear 7 mm

R/Bal. 7 mm L/Bal. 7 mm

L/Bal. 7 mm D.O.A. 28/1/21 D.O.I. 2/2/2021

Survey held at _____

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

N/S RA

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:	
TOTAL	

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Report Format :

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

Date: 29.01.2021
Vehicle No: SKG5030M
Model: BMW 320I
Chassis: WBAVA76090NL34627
Reg.Year: 2007

Third Party Insurer: C.TAIPING
Third Party Veh No: GBJ6072B
Date of Accident: 28.01.2021

ESTIMATE

4-5 days

*Not work on it
L1 Rmp &
Resurvey After Paint*

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT BUMPER	1	<i>Per</i>	\$1,100.50 ✓
2	FRONT FENDER LH	1		<i>By</i> \$770.85 ✓
3	FRONT FENDER INNER SHIELD LH	1		\$124.30 ?
4	HEADLAMP LH	1		\$2,223.80 ?
5	FRONT RIM LH	1	<i>Per</i>	\$1,039.30 ✓
6	FRONT ABSORBER LH	1		\$584.20 ?
7	FRONT LOWER ARM LH	1		\$299.60 ?
8	FRONT UPPER ARM LH	1		\$299.60 ?
9	FRONT KNUCKLE ARM LH	1		\$478.50 ?
10	FRONT WHEEL BEARING LH	1		\$462.65 ?
11	FRONT STABILIZER BAR	1	<i>Per</i>	\$472.45 X
12	FRONT STABILIZER LINK LH	1	<i>Per</i>	\$107.10 X
SUB TOTAL				\$7,962.85
LESS 5%				-\$398.14
PARTS TOTAL				\$7,564.71

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	FRONT BUMPER CLIPS	1		<i>Per</i> \$75.00 ✓
2	FRONT INNER SHILED CLIPS	1		<i>Per</i> \$35.00 ✓
S/N TOTAL				\$110.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REFIX, REPLACE, REPAIR & READJUST ACCIDENT AREA	\$1,000.00	<i>4000</i>
LABOUR CHARGES TO SUPPLY PAINT & FURNISHING MATERIALS AT ACCIDENT AREA	\$800.00	<i>5000</i>
LABOUR CHARGES TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.	\$100.00	<i>200</i>
LABOUR CHARGES TO DISMANTLED & INSTALL UNDERCARRIAGE.	\$250.00	<i>?</i>
TO CONDUCT WHEEL ALIGNMENT.	\$120.00	<i>600</i>
TO APPLY ANTI-RUST.	\$120.00	<i>300</i>
TOTAL	\$10,064.71	

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

Head office
6 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1213 | Fax: (+65) 6472 2112

Branch
9A Serangoon North Ave 6 Singapore 554500
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1011

Branch
551 Upper Thomson Road Singapore 574415
Tel: (+65) 6452 6868 | Fax: (+65) 6452 9223



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 29/01/2021 12:26 (SGT)
Date of Accident 28/01/2021 16:20 (SGT)
Exact Location of Accident 38 Kim Chuan Rd, Singapore 537055
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKG5030M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LING YANG TONG
NRIC No SXXXX402D
Email Address alex.ling@hotmail.com
Mobile Phone No (Phone) +65-97374660
Alternative Phone No (Home) +65-97374660

VEHICLE PARTICULARS

Manufacturer BMW
Model 320i
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 Liberty Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SI20V10866/VPE/R08
Cover Note Number -

DRIVER

Name of Driver LING YANG TONG
NRIC No SXXXX402D
Date Of Birth 16/09/1976
Occupation Indoor

Date Of Driving Pass 05/11/1999
 Driving experience 21 YEARS AND 2 MONTHS
 Gender Male
 Mobile Number (Phone) +65-97374660
 Alt. Phone Number (Home) +65-97374660
 Email Address alex.ling@hotmail.com
 Address 100 Victoria Park Grove
 Address complement -
 Postcode 266183
 Is the driver the policyholder? Yes
 If No, Relationship of the Driver with the Insured -
 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 - Change/cross lane
 Weather Conditions Clear
 Road Surface Wet

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? Yes
 Was any injured conveyed to hospital by ambulance? No
 Was any other material or property damaged? Yes
 Number of Passengers (Including Driver) 1
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

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

ON 28/01/2021 @ AROUND 16:20 HOURS, I WAS TRAVELLING ALONG KIM CHUAN ROAD. SUDDENLY VEHICLE B: GBJ6072B WHICH WAS AT MY LEFT SIDE LANE, SUDDENLY MAKE A QUICK RIGHT TURN AND COLLIDED INT MY VEHICLE A: SKG5030M LEFT FRONT PORTION CAUSING DAMAGE. WE BOTH EXCHANGED OUR PARTICULARS.

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 GBJ6072B
 Vehicle Manufacturer Nissan
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver Koh Seng Hee (Xu ChengXi)
 NRIC No SXXXX238E
 Contact Number (Phone) +65-96879574
 Address -

