

ASS. REC. BY:

REF:

AG2 / 21001601/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

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:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03 days

Res.: Yes or No

Lum Sum:

1.121 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Smn 440K

Yr Regn:

07, 19

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

Truck / Trailer or

Make:

Toy Voz

c.c

1797

Colour

In Black

AC:

Insured / Std / NI / NA

Sp. Reading

133776

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

ZWR80

0386459

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

195/65R15

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

TOYO / YOKO or

Wentake

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

30/1/21

D.O.I.

3/2/2021

Survey held at

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

N/S / R

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 Trlp:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL

Report Format :

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

Date: 02.02.2021
Vehicle No: SMN440K
Model: TOYOTA VOXY HYBRID 1.8X
Chassis: ZWR800386459-2019
Reg. Year: 2019

Third Party Insurer: AGI
Third Party Veh No: SMF9897J
Date of Accident: 30.01.2021

Not Authorised
Meaning Bypassing
3 days

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT BUMPER	1	<i>Brc/Car</i>	\$1,393.20
2	FRONT BUMPER SIDE BRACKET LH	1	<i>Ln</i>	\$75.30
3	FRONT BUMPER REINFORCEMENT	1	<i>Ln</i>	\$419.70
4	FRONT BUMPER ABSORBER FOAM	1	<i>Ln</i>	\$125.20
5	FRONT FENDER LH	1	<i>Ln</i>	\$850.30
6	FRONT FENDER INNER LINER LH	1	<i>Ln</i>	\$188.60
SUB TOTAL				\$3,052.30
LESS 25%				-\$763.08
PARTS TOTAL				\$2,289.23

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	FRONT BUMPER CLIPS	1	<i>Ln</i>	\$50.00
2	FRONT FENDER INNER LINER CLIPS LH	1	<i>Ln</i>	\$40.00
S/N TOTAL				\$90.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX & READJUST FRONT ACCIDENT AREAS & ETC.

200
\$500.00

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT BUMPER, FRONT FENDER LH & ETC.

400
\$500.00

TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.

\$100.00 *100*

LABOUR TOTAL \$1,100.00

TingAn TOTAL \$3,479.23

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:

Branch

Head office

6 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

9A Serangoon North Ave 5 Singapore 550099
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1093

Branch (Motor Insurance Claims)

10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011



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 01/02/2021 15:35 (SGT)
Date of Accident 30/01/2021 11:00 (SGT)
Exact Location of Accident 163 Bukit Batok Street 11, Block 163, Singapore 650163
Additional Location Information BLK 163 BUKIT BATOK STREET 11 CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN440K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner 1NSPIRED AUTO LEASING PTE LTD
Company Reg No 2XXXXX227K
Email Address winnieinspired2@gmail.com
Mobile Phone No (Phone) +65-93403154
Alternative Phone No (Office) +65-93403154

VEHICLE PARTICULARS

Manufacturer Toyota
Model Voxy
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5110146618-01
Cover Note Number -

DRIVER

Name of Driver AHMAD MURTADZA BIN MOHAMAD HASHIM
NRIC No SXXXXX993I
Date Of Birth 12/02/1963
Occupation Outdoor

Date Of Driving Pass	28/05/2002
Driving experience	18 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93659783
Alt. Phone Number	-
Email Address	ahmadmurtadza55@gmail.com
Address	BLK 448B BUKIT BATOK WEST AVENUE 9 #04-30
Address complement	-
Postcode	652448
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
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)	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

PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED.

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	SMF9897J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YEO CHEE KENG
NRIC No	SXXXX013D
Contact Number	(Phone) +65-97779980
Address	-
Address complement	-
Postcode	-

BLK 164 BUKIT BATOK ST 11

(A) - SMN440K
(B) - SMF9877J

BLK 163 BUKIT BATOK ST 11

REFER TO STATEMENT.

CIARMC SketchPlatform_V3

Reporting Centre Personnel's Signature
Name: Joelle Tan
NRIC/FIN No.: 9001 811 7000

NRIC/FIN No.: AMK AUTOPONT PTE YD
01.02.2021