

ASS. REC. BY:

REF: C721Kenneth**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s King's

of _____

Insured: _____

Policy No. _____

Claims No. _____

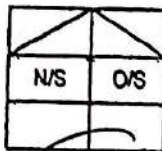
Sum Insured: _____

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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S66 6811G Yr Regn: 03, 17

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

Truck / Trailer or WagonMake: Subaru Forester 1998Colour M. Grey

AC: Insured / Std / NI / NA

Sp. Reading 42751

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: TF19JGK856G087736Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____

R: 225/55R18BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 5/2/21D.O.I. 22/2/2021

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

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. 01

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

King's Auto Spray Paint Pte Ltd

B1K160 sin ming Drive #05-10

Lee KOK choy sin ming Autocity Singapore 575722

Not Asstail
1.41.11.12.8

5days

Re: Estimate cost for SLL 6811 G SUBARU

SUPPLY OF PARTS:

1pc rear bumper		Ad/10m \$ 580.30 ✓
1pc rear bumper beam		310.00 ?
1pc rear bumper sponge		110.00 ?
2pc rear bumper side retainer	@ 16.00	32.00 x
2pc rear bumper reflector	@ 24.00	48.00 x
2pc rear bumper brackets	@ 20.00	40.00 x
8pc rear bumper clips	@ 3.50	28.00 ✓
1pc rear center panel		288.00 ?
2pc rear exhaust	@ 608	1216.00 ✓
6pc rear panel top garnish clips	@ 3.50	21.00 ?
1pc rear boot lid SUBARU emblem		48.00 ✓
1pc rear boot lid DWD emblem		28.00 ✓
1pc rear boot lid FORESTER emblem		48.00 ✓
1pc rear boot lid XT emblem		25.00 ✓
1pc rear tail lamp	\$432	2822.30
		564.46
		2257.84
		320.00 ?
		100.00 x

LABOUR

1set bumper sensor

To dismantle & refix exhaust

Renew the above mentioned parts

Knocking, cutting, welding & straighten rear damaged parts

spray paintings

\$ 880

\$ 750

4307.84

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	08/02/2021 16:12 (SGT)
Date of Accident	05/02/2021 13:30 (SGT)
Exact Location of Accident	Queensway, Singapore
Additional Location Information	Intersection of Queensway (after Farrer Road) and Commonwealth Avenue
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL6811G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Lee Kok Choy
NRIC No	SXXXX393Z
Email Address	leekchoy@singnet.com.sg
Mobile Phone No	(Phone) +65-96467121
Alternative Phone No	+65-96467121

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	Etiqua
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MA010587
Cover Note Number	-

DRIVER

Name of Driver	Lee Kok Choy
NRIC No	SXXXX393Z
Date Of Birth	26/08/1959



Occupation	Outdoor
Date Of Driving Pass	26/03/1981
Driving experience	39 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96467121
Alt. Phone Number	+65-96467121
Email Address	leekchoy@singnet.com.sg
Address	Blk 400 Balestier Road #10-06
Address complement	-
Postcode	329802
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 - Head to Rear
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 sketch plan.

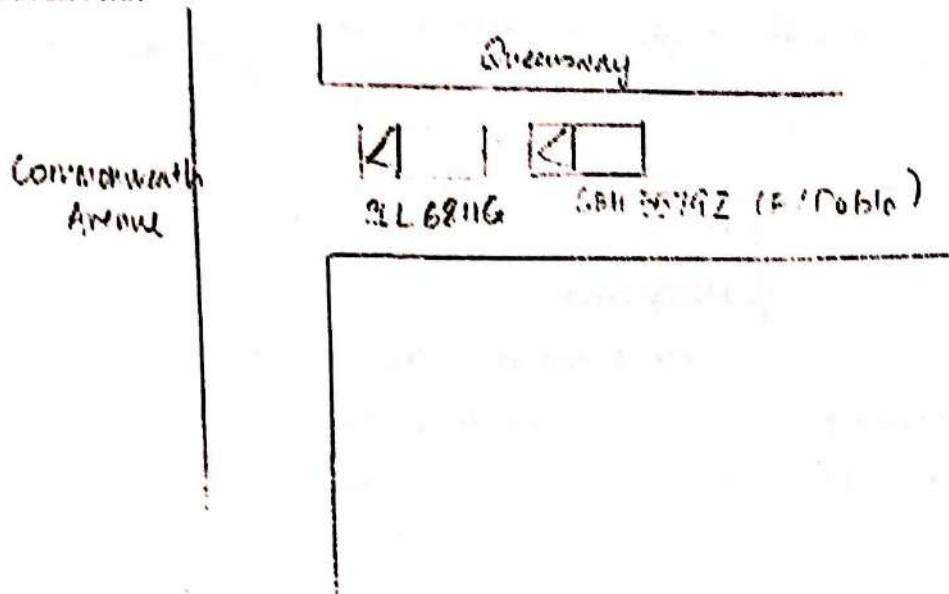
ATTACHMENT(S)

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	GBH5579Z
Vehicle Manufacturer	Fiat
Vehicle Model	Doblo
Vehicle Variant	-
Vehicle Colour	Yellow
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-91918727
Address	-
Address complement	-
Postcode	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The incident happened on Friday (05/02/2021) at about 1.30pm. My vehicle was stationary at the traffic lights along Queensway waiting for the traffic lights to change; I felt an impact from the back and realised that vehicle no. GBH 5579Z had collided into the back of my vehicle.

No one suffered any injuries.

DECLARATION

I/We declare the foregoing particulars are true to the best of my/our knowledge.


 Police Officer's signature
 Date & Time 08 FEB 2021

Driver's Signature
 (If driver is not the Lapsed holder)
 Date & Time


 Reporting Centre Person's signature
 Name
 BRIC/EP/NA