

ASS. REC. BY:

REF:

AG2/ 21002647 / kgf3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cavan Motor

of _____

Insured: _____

Policy No. _____

Claims No. C10009104/KY

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 Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 4 02 days Res.: Yes or NoLum Sum: 1.3.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKV 6676P Yr Regn: 09, 15Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or (A)Make: 1416 Fork K3 c.c. 1591Colour M. Red A/C: Insured / Std / NI / NASp. Reading 9939P T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAF 8411MF 5452325Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD A/Rlm or

Tyre Size: F: _____

R: 215/45ZR17

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

TOYO / YOKO or Roadster

Front _____ Rear _____

R/Bal. 4 mm R/Bal. 6 mmL/Bal. 4 mm L/Bal. 6 mmD.O.A. 29/1/21 D.O.I. 26/2/2021

Survey held at _____

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

171 O/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Kenneth confirmed LS \$3350 (Red \$3240.92, 49%)

Date/Time, File Pass to?

☐ : Prell. Report

11/14/05 Typist

☐ : Final Report

Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trlp: _____

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Report Format: TP

Lump Sum H.B. (\$ 3350

源摩哆廠 GUAN MOTOR WORKS

Business Regn. No. 081026001

176 Sin Ming Drive #02-03 Sin Ming Autocare Singapore 575721 Tel: 6453 6111 Fax: 6453 8292 H/P: 9742 6003

*Not Notarised
C/L &
Remy After Paint
4 days*

REPAIR ESTIMATE FOR SKV6676P

No.	Qty	List Items		
1	1	Front bumper	\$	633.60 ?
2	1	Front bumper RH fog lamp	\$	149.83 ✓
3	1	Front bumper RH side retainer	\$	91.40 X
4	1 set	Front bumper clips	\$	50.00 ?
5	1	RH headlamp	\$	2,368.20 ✓
6	1	Front RH fender	\$	341.16 X
7	1	Front RH sports rims	\$	833.50 X
			\$	4,467.69
			Less 10%	\$ 446.77
			Total :	\$ 4,020.92

<u>Special nett Items</u>				
8	1	Front bumper lower skirting	\$	1,200.00 ?

<u>Labour</u>				
1		Labour Charges for remove/refit, panel beating and replace accident damages.	\$	600.00 400
2		To putty and spray Spray Paintings charges.	\$	600.00 550
3		To check wirings and lightings.	\$	40.00 20
4		To conduct computerise wheel alignment test.	\$	80.00 X
5		To supply and apply anti rust treatment	\$	50.00 X
			Total :	\$ 1,370.00

Total Parts and Labour : \$ 6,590.92

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:

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 17:59 (SGT)
Date of Accident	29/01/2021 12:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN STREET 11 CAR PARK LOT 448
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV6676P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN KAR LOCK
NRIC No	SXXXX135G
Email Address	MARK.CHAN1959@GMAIL.COM
Mobile Phone No	(Phone) +65-96683201
Alternative Phone No	+65-96683201

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Forte
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	5083253271-04
Cover Note Number	-

DRIVER

Name of Driver	CHAN KAR LOCK
NRIC No	SXXXX135G
Date Of Birth	25/11/1959
Occupation	Outdoor

Date Of Driving Pass	04/09/1979
Driving experience	41 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96683201
Alt. Phone Number	+65-96683201
Email Address	MARK.CHAN1959@GMAIL.COM
Address	BLK 135 YISHUN STREET 11 #03-145
Address complement	-
Postcode	760135
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

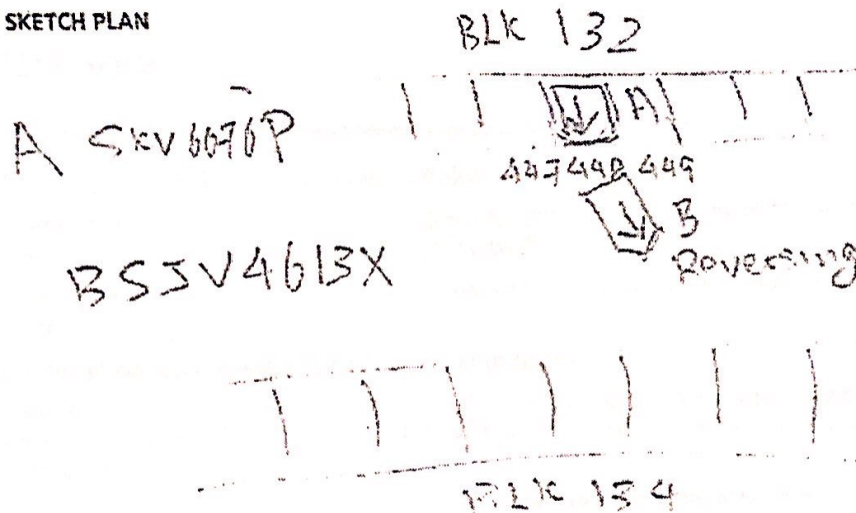
ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV4613X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

1 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Report No. T/20210129/2147

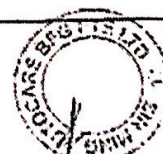
DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:



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