

ASS. REC. BY:

REF:

AXA/21002821/K

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 Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

05

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

GBK 42824 Regn: 07 20

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

Truck / Trailer or

Make:

Sang Yang Actyon Sport 2157

Colour

Black

AC:

Insured / Std / NI / NA

Sp. Reading

17205

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KPADA/EE5-JP-329646

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: M / S/Rlm / STD A/Rlm or

Tyre Size:

F:

R:

225/75R16

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

TOYO / YOKO or

Nexen

Front

Rear

R/Bal.

9

mm

R/Bal.

8

mm

L/Bal.

9

mm

L/Bal.

8

mm

D.O.A.

1/3/21

D.O.I.

8/3/2021

Survey held at

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

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

Date/Time, File Pass to?

☐

Prell. Report

☐

Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS, SI

Fees

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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



S THREE AUTOMOTIVE RECOVERY PTE LTD

Not Authorised
11/10/20
Murray Allen Paine

TO :
ATTN : MOTOR CLAIM DEPT. T/P VEH. NO. : XD2226Y

ESTIMATE REPORT 1st QUOTATION

JOB NO. : _____

OWNER'S PARTICULAR

NAME : SURPASS AUTO PARTS SUPPLIES PTE LTD
ADDRESS :

CONTACT :

LICENSE NO GBK4282U

TRANS. :

CHASSIS NO : KPADA1EESJP329646

MAKE / MODEL : SSANGYONG ACTYON

ENGINE NO :

OWNER'S INSURER LIBERTY INSURANCE

JOB-CODE : TP

S/A : MICHELLE

ACCIDENT DATE : 01-Mar-21

CLAIM DETAIL

MATERIALS

	QTY	QUO-PRICE	DISC. %	DISC-PRICE	SUR. DISP	REV. PRICE
1 REAR TAIL GATE	1.00	10.00			Y	✓
2 REAR TAIL GATE LOCK RH	1.00	10.00			Y	X
3 REAR TAIL GATE LOCK LH	1.00	10.00			Y	X
4 REAR TAIL GATE HINGE LH	1.00	10.00			Y	?
5 REAR TAIL GATE HINGE RH	1.00	10.00			Y	?
6 REAR TAIL GATE EMBLEM SSANGYONG	1.00	10.00			Y	✓
7 REAR TAIL GATE EMBLEM ACTYON SPORTS	1.00	10.00			Y	✓
8 REAR TAIL GATE LOGO	1.00	10.00			Y	✓
9 REAR TAIL GATE INNER TRIM	1.00	10.00			Y	?
10 REAR END PANEL	1.00	10.00			Y	X
11 REAR DOOR LH	1.00	10.00			Y	✓
12 REAR FENDER LH	1.00	10.00			Y	X
13 REAR BUMPER	1.00	10.00			Y	✓
14 REAR BUMPER REFLECTOR LH	1.00	10.00			Y	✓
15 REAR BUMPER REFLECTOR RH	1.00	10.00			Y	✓
16 REAR BUMPER BRACKET LH	1.00	10.00			Y	X
17 REAR BUMPER BRACKET RH	1.00	10.00			Y	X
18 REAR BUMPER REINFORCEMENT	1.00	10.00			Y	X
19 REAR NO. PLATE LAMP LH	1.00	10.00			Y	X
20 REAR NO. PLATE LAMP RH	1.00	10.00			Y	X
21 TAIL LAMP LH	1.00	10.00			Y	✓
22 TAIL LAMP RH	1.00	10.00			Y	X

TOTAL (PARTS) :

\$ - \$ -

SPECIAL NETT ITEM

1 REAR BUMPER CLIPS -1SET	1.00	1280.00	0.00	1280.00	Y	✓
2 REAR BUMPER PROTECTOR -1SET	1.00	20.00	0.00	20.00	Y	X
3 REAR NUMBER PLATE	1.00	20.00	0.00	20.00	Y	X
4 REAR END PANEL SEALANT	1.00	120.00	0.00	120.00	Y	X
5 REAR TAIL GATE STICKER 70KM	1.00	50.00	0.00	50.00	Y	1250

REAR FENDER INNER TRIMBOARD CLIPS

1.00 80.00 0.00 80.00 Y 7

1570.00 1570.00

TOTAL (PARTS):

LABOUR

1	STRAIGHTEN & PANEL BEAT ON ACCIDENT AREA	1.00	1600.00	0.00	1600.00	Y	<u>600</u>
2	SPRAY PAINT ON ACCIDENT AREA	1.00	1600.00	0.00	1600.00	Y	<u>800</u>
3	CHECK & REPAIR WIRING SYSTEM	1.00	120.00	0.00	120.00	Y	<u>200</u>
4	R&R TAILGATE SYSTEM	1.00	150.00	0.00	150.00	Y	<u>500</u>
5	R&R CABIN TO ASSIST REPAIR	1.00	<i>na</i> 380.00	0.00	380.00	Y	<u>X</u>
6	RESPRAY TUFF KOTE ON AFFECTED AREA	1.00	150.00	0.00	150.00	Y	<u>600</u>
7	CONDUCT CHASSIS ALIGNMENT	1.00	<i>na</i> 380.00	0.00	380.00	Y	<u>X</u>

4380.00 4380.00

TOTAL (LABOUR):

5950.00 5950.00

TOTAL PARTS & LABOUR

EXCESS:

: S\$

NO. OF DAY

: 05 days

RE-SURVEY: ~~BEFORE~~ / AFTER PAINTING

PART ~~BY~~ PART OR LUMP-SUM

DATE OF SURVEY

: 8 / 3 / 21

SURVEY BY

: Kennerth

CONTACT NO

: _____

FAX NO

NOTE: LUMP-SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED.

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:

INSURANCE INSPECTION (THE LIAISON) (SGT)
01/03/2021 17:20 (SGT)
Mohamed Farid Bin Jall
01/03/2021 17:20 (SGT)

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 Accurate 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 01/03/2021 17:20 (SGT)
Date of Accident 01/03/2021 13:20 (SGT)
Exact Location of Accident Sin Ming Ave, Singapore
Additional Location Information ALONG SIN MING AVENUE TOWARDS BISHAN
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK4282U

INSURED/POLYHOLDERS

Is company? Yes
Name Of Registered Owner SURPASS AUTO PARTS SUPPLIES PTD. LTD.
Company Reg No 1XXXXX808E
Email Address surpasslim@gmail.com
Mobile Phone No (Phone) +65-67476016
Alternative Phone No (Office) +65-67476016

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SD20V08789 / VGV / R00
Cover Note Number -

DRIVER

Name of Driver LIM KOK SING
NRIC No SXXXX374J
Date Of Birth 16/02/1961
Occupation Outdoor

Accident report SS212131000A

Page 1 of 15

Driving Pass
Experience
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

24/01/1980
41 YEARS AND 2 MONTHS
Male
(Phone) +65-93899619
-
surpasslim@gmail.com
APT BLOCK 833 HOUGANG CENTRAL #03-612
-
530833
No
Employee
No

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

REFER TO ATTACHED ; REMARKS : TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND ATTACHED STATEMENT

ATTACHMENT(S)

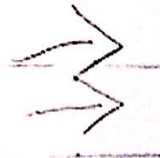
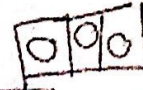
Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No
Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

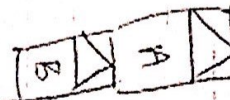
Vehicle Registration Number XD2226Y
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -

SKETCH PLAN

along sin ming ave towards bishan



traffic light



Vehicle A: ABK4383H
Vehicle B: XD3336Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

my vehicle was stationary along sin ming ave towards
bishan. waiting for traffic to turn green. suddenly
vehicle B hit and collided onto the rear portion of
my vehicle.

DECLARATION

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

SHAW WAH AUTO INSURANCE CO. LTD

Policyholder's Signature
Date & Time:

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

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