

ASS. REC. BY:

REF:

Smo/ 21003148/Kv

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TP RES/OD RES/EVA/INV/MY

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

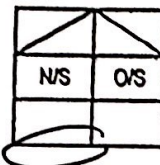
Excess:

(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:

4-5 days

Res.: Yes or No

Lump Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN/OUT

Veh No:

STB 62285

Yr Regn:

06, 17

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

Truck / Trailer or

Make:

Honda Civic

c.c

1597

Colour:

Red

A/C: Insured / Std / NI / NA

Sp. Reading

68116

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MR11FC 5650M 7000131

Gen. 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:

215/55R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A:

8/21/3/21 6/3/21

D.O.I.

11/3/2021

Survey held at

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

Rear N/S

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?

Days Of Repair:

5

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL

a 24/3/21-Typist

Report Format: TP

Lump Sum / t.B.t: (\$ 3000)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

9-3-21

King's Auto Spray Paint Pte Ltd
 Blk 160 Sln ming Drive #05-10
 Sln ming Auto city singapore 575722

Not Ashish

Penny B.

Re: Estimate cost for SJB6228S HONDA CIVIC

SUPPLY OF PARTS:

1pc rear boot lid	R \$ 580.20 ✓
1pc rear boot lid center garnish	110.80 ?
1pc rear center garnish logo	14.90 ?
1pc rear center garnish civic emblem	14.50 ?
1pc rear center garnish iVTEC emblem	15.50 ?
1pc rear boot lid lock	R 82.00 X
1pc rear boot lid rubber	111 70.00 ✓
1pc rear boot lid inner trim	R 68.00 X
10p rear inner trim clips @ 4.50	N 45.00 X
2pc rear tail lamp @ 350.50	111 701.00 ✓
1pc rear tail lamp lower retainer	N 18.00 ✓
1pc rear bumper	R 650.50 ✓
4pc rear bumper sensor @ 140.40	561.60 ?
1pc rear bumper lower spoiler	N 200.00 ✓
1pc rear spoiler cover	R 20.00 X
6pc rear spoiler clips @ 3.50	R 21.00 ✓
1pc rear bumper beam	160.00 ?
2pc rear bumper side retainer @ 15.00	111 30.00 ✓
8pc rear bumper clips @ 3.50	R 28.00 ✓
1pc rear bumper side reflector	R 10.50 X
1pc rear side reflector grille	N 19.30 ✓
1pc rear center panel	265.00 ?
1pc rear center panel top trim	80.30 ?
6pc rear top trim clips @ 4.50	27.00 ?
1pc rear camera	R \$ 550.00 X
	\$ 4343.10
	868.62
	\$ 3474.48

Less 20%

9-3-21

Balance b/f

3474.48

ipc rear number plate

in \$ 40 x

LABOUR:

Renew the above mentioned parts
knocking, cutting, welding & straighten
rear damaged parts

\$ 900 ?

spray paintings

\$ 900 per

5314.48

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 (work) 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	-
Date of Accident	06/03/2021 18:28 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE towards town
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB6228S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Soh Ai Lin (Su Ailin)
NRIC No	SXXXX572E
Email Address	sohailin2511@gmail.com
Mobile Phone No	(Phone) +65-97642191
Alternative Phone No	+65-97642191

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	SD19V07440/VPC2/R01
Cover Note Number	-

DRIVER

Name of Driver	Soh Ai Lin (Su Ailin)
NRIC No	SXXXX572E
Date Of Birth	25/11/1967
Occupation	Outdoor

(Draft)
 30/10/1990
 30 YEARS AND 5 MONTHS
 Female
 (Phone) +65-97642191
 +65-97642191
 sohailin2511@gmail.com
 Blk 53 Hillview Avenue #07-01
 -
 669566
 Yes
 -
 No
 -
 -
 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

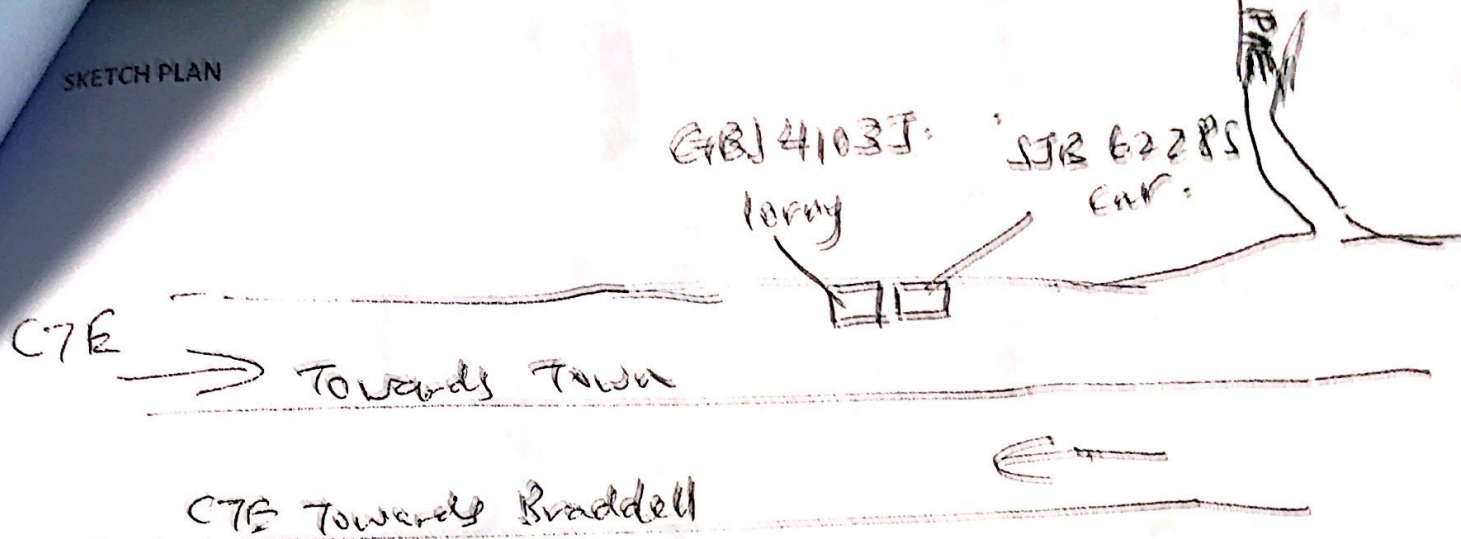
Please refer to the sketch plan.

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 GBJ4103J
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver -
 Contact Number (Phone) +65-900944150
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 6th of March at 6:28 pm I was driving towards town along CTE near PE Slip Rd. The traffic in front was slow moving & I came to a stop. Suddenly a lorry ~~behind~~ with no GBJ 4103J hit onto my then SJB 6228S on my rear car. I came out to exchange HP no. & I took some photo of the accident.

DECLARATION

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

 8/3/21
Policyholder's Signature
Date & Time 3:50 pm

 8/3/21
Driver's Signature
(If driver is not the policyholder)
Date & Time 3:50 pm


Reporting Centre Personnel's Signature
Name: Jenny Lim
NRK/AVN/NA