

ASS. REC. BY:

REF: C72/21003157/K4Kenneth

## 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: \_\_\_\_\_

GIA / PR Seen: \_\_\_\_\_

Est. Repairs: \_\_\_\_\_

Lum Sum: \_\_\_\_\_

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No: SGP 9992MYr Regn: 06.18

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

Truck / Trailer or \_\_\_\_\_

Make: Mazda 3c.c. 1496Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading: 202132

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JM 6BN 22A 8J0209851Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / STD A/Rim or

Tyre Size: F: 225/45R17

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Falken

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 9/3/21D.O.I. 16/3/2021

Survey held at \_\_\_\_\_

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

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

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 - SI

F. Photos

Others

TOTAL

Add Fee: ☐

: Site Insp (\$ \_\_\_\_\_)

☐

: Interview (\$ \_\_\_\_\_)

☐

Tech Invs (\$ \_\_\_\_\_)

☐

Weekend (\$ \_\_\_\_\_)

Report Format :

Lump Sum / I.B.I. (\$ \_\_\_\_\_)

# Massive Trading & Auto

Blk 5038 #01-405 Ang Mo Kio Industrial Pk 2 Singapore 569541  
H/P 91082728

Fax : 64816131

Yeo Choon Kiong  
Blk 359 Yishun Ring Road  
#03-1700  
Singapore 760359

Vehicle No : SGF 9992 M  
Make : Mazda 3  
Year : 2018

*NOT Notarized*  
*21 Ring &*  
*Permy After Paint*  
*5 days*

Qty	Description	Unit Price	Amount
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## Estimate Cost Of Repair

1 pc	Front n/s door	<i>n</i>	\$1,200.40 X
1 pc	Front n/s door inner lock	<i>n</i>	\$285.70 X
1 pc	Front n/s door rubber	<i>in</i>	\$205.10 ✓
1 set	Front n/s door frame black sticker	<i>nn</i>	\$105.60 X
1 pc	Rear n/s door	<i>B/W way</i>	\$1,130.70 ✓
1 set	Rear n/s door frame black sticker	<i>nn</i>	\$105.60 ✓
2 pcs	Rear n/s door hinge	\$105.10 <i>n</i>	\$210.20 X
1 pc	Rear n/s door inner lock	<i>n</i>	\$275.10 X
1 pc	Rear n/s door rubber	<i>in</i>	\$195.70 X
1 pc	Rear n/s door inner trim board	<i>in</i>	\$550.70 X
1 pc	Rear n/s fender	<i>n</i>	\$1,233.30 X
1 pc	N/S rocker panel garnish	<i>nd 1/2</i>	\$624.30 ✓
1 pc	Rear bumper		\$996.80 ?
1 pc	Rear n/s bumper side retainer	<i>in</i>	\$75.60 X
			\$7,194.80
Less 20 %			\$1,438.96
			\$5,755.84

## Labour Charges

Remove/renew the above part including knocking, welding & cutting.	\$1,000.00	<i>600</i>
To putty and spray paint on rear portion.	\$1,000.00	<i>900</i>
To respray anti-rust proofing	\$60.00	<i>300</i>
Check & reconnect wiring	\$30.00	<i>200</i>
Remove/renew rear exhaust silencer	<i>nn</i>	\$120.00 X
Remove/refit front & rear n/s door mechanism, door glass to new door		\$180.00 <i>600</i>

Total \$8,145.84

LKK Auto Consultants hence notify the Repairer of the following:

- 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	09/03/2021 13:54 (SGT)
Date of Accident	09/03/2021 09:10 (SGT)
Exact Location of Accident	Upper Paya Lebar Rd, Singapore
Additional Location Information	UPPER PAYA LEBAR ROAD TOWARDS BARTLEY RD EAST
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF9992M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YEO CHOON KIONG
NRIC No	SXXXX481D
Email Address	denisckyeo@gmail.com
Mobile Phone No	(Phone) +65-97889711
Alternative Phone No	+65-97889711

## VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	No
Policy Number	5117983717
Cover Note Number	5117983717

## DRIVER

Name of Driver	YEO CHOON KIONG
NRIC No	SXXXX481D
Date Of Birth	24/05/1964
Occupation	Outdoor



Accident report SS1Q21390002

Date Of Driving Pass	09/11/1990
Driving experience	30 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97889711
Alt. Phone Number	+65-97889711
Email Address	denisckyeo@gmail.com
Address	APT BLK 359 YISHUN RING ROAD
Address complement	#03-1700
Postcode	760359
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	UNKNOWN
Gender	Female

#### 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

ON 09/03/2021@ ARD 0910HRS , I WAS TRAVELLING ALONG UPPER PAYA LEBAR ROAD TOWARDS BARTLEY ROAD EAST . I WAS DRIVING IN LANE 3 WHEN SUDDENLY VEH B ( GV 5477 B ) SWERVED RIGHT FROM MY RIGHT LEFT SIDE AND COLLIDED INTO MY VEHICLE LEFT SIDE PORTION.

#### 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	GV5477B
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car



Upper Paya Lebar rd towards Bartley Rd East

Veh A: SGF9992M

Veh B: GV5477B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09/3/2021 @ 0910hrs, I was travelling along Upper Paya Lebar Rd towards Bartley Rd East. I was driving in lane 3 when suddenly, veh B (GV5477B) swerved right from my left side and collided into my vehicle left side portion.

☐ Claim OD/TP at Su Brothers ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: Massive Trading S A S O

Email address:

& myself:

Email address:

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

CLG

CLG

Witness Signature  
Date & Time:

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

Reporting Centre Representative Signature  
Date & Time: