

ASS. REC. BY:

REF:

072 / 21004421 / 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. _____

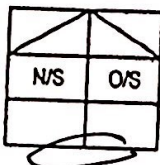
Sum Insured: _____

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: _____

03 days

Res.: Yes or No

Lum Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

SKN1158T

Yr Regn: 05, 14

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

Truck / Trailer or _____

Make: _____

Toy Estima

c.c. 2362

Colour _____

M. Silver

AC: Insured / Std / NI / NA

Sp. Reading _____

144287

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

ACR 50 - 7120881

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: _____

F: _____

235/50R18

R: _____

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

TOYO / XOKO or

Front

Rear

R/Bal. _____

8 mm

R/Bal. _____

6 mm

L/Bal. _____

8 mm

L/Bal. _____

6 mm

D.O.A. _____

6/4/21

D.O.I. _____

12/4/2021

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

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: _____

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee: _____

Transportation: _____

S - RS. \$

Fees

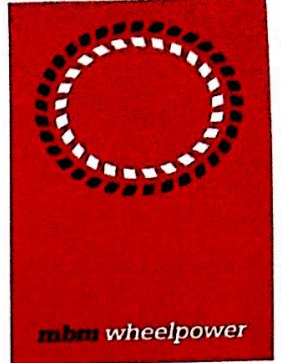
Others

TOTAL

Report Format :

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

MBM WHEELPOWER PTE. LTD.



YOUR REF.: QX1543R
OUR REF.: SKN1158T

TO: CHINA TAIPING
CC: MOTOR CLAIMS DEPARTMENT

FAX:

Not Authorized
1/1mp &
Re survey After Paint
3 days

DATE: 9/4/2021
FROM: Lee Shirley
FAX: 64525333
CONTACT: 86865188
MAKE & MODEL: TOYOTA ESTIMA
CHASSIS NO.: ACR507120881
ENGINE NO.: 2AZJ029338
YEAR MADE: 2013/2014
ACCIDENT DATE: 6 April 2021

ESTIMATE FOR VEHICLE NO.: SKN1158T

NO.	DESCRIPTION	PART NO.	QTY.	LIST PRICE
1	TAILGATE WINDOW GLASS		1	\$ <i>Sm</i> X 1,000.00
2	TAILGATE WINDOW GLASS MOULDING		1	\$ <i>NA</i> X 150.00
3	TAILGATE		1	\$ <i>NA</i> X 1,700.00
4	TAILGATE WEATHERSTRIP		1	\$ <i>Sm</i> X 300.00
5	TAILGATE LAMP LH		1	\$ <i>Sm</i> X 400.00
6	TAILGATE CENTER LAMP		1	\$ <i>Sm</i> X 300.00
7	TAILGATE LAMP RH		1	\$ <i>Sm</i> X 400.00
8	TAILGATE HINGE LH		1	\$ <i>NA</i> X 60.00
9	TAILGATE HINGE RH		1	\$ <i>NA</i> X 60.00
10	TAILGATE LOCK		1	\$ <i>NA</i> X 400.00
11	TAILGATE TOYOTA LOGO		1	\$ <i>NA</i> ✓ 70.00
12	TAILGATE EMBLEM "ESTIMA"		10 1	\$ <i>NA</i> ✓ 60.00
13	TAILGATE EMBLEM "AERAS"		1	\$ <i>NA</i> ✓ 70.00
14	TAIL LAMP LH		1	\$ <i>Sm</i> X 400.00
15	TAIL LAMP RH		1	\$ <i>Sm</i> X 400.00
16	REAR BUMPER		1	\$ <i>NA</i> ✓ 570.00
17	REAR BUMPER SPONGE		2	\$ <i>Sm</i> X 190.00
19	REAR BUMPER RETAINER LH		1	\$ <i>Sm</i> X 170.00
20	REAR BUMPER RETAINER RH		1	\$ <i>Sm</i> X 170.00
21	REAR BUMPER CLIP		10	\$ <i>NA</i> ✓ 50.00
22	REAR BUMPER SENSOR		4	\$? 1,000.00
23	REAR BUMPER REFLECTOR LH		1	\$ <i>Sm</i> X 60.00
24	REAR BUMPER REFLECTOR RH		1	\$ <i>Sm</i> X 60.00

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:

TOTAL: \$ 8,040.00
LESS 25%: \$ (2,010.00)
PARTS TOTAL: \$ 6,030.00

MBM WHEELPOWER PTE. LTD.
160 SIN MING DRIVE, #06-02
SIN MING AUTOCITY
t 6262 8888 f 6452 5333
COMPANY REG. NO.: 200204110W

SPECIAL NETT

REAR NUMBER PLATE & HOLDER
WINDSCREEN SEALANT
BODY SEALANT

1	\$	<i>12</i> X	50.00
1	\$	<i>nn</i> X	80.00
1	\$	<i>nn</i> X	50.00

LABOUR

TO REMOVE, REFIT & REPAIR AFFECTED DAMAGED PARTS, INCLUDING TO KNOCK-OUT, WELD & STRAIGHTEN ON THE AFFECTED PARTS

\$ *3001* 1,800.00

TO REMOVE & REFIT TAILGATE GLASS

\$ *nn* X 100.00

TO CHECK & RECONNECT ALL NECESSARY WIRING

\$ *151* 80.00

TO REMOVE & REFIT ALL SENSOR

\$ *501* 150.00

TO RESET ENGINE WARNING LIGHT (ABS, SRS, ECU MEMORY & ETC)

\$ *nn* X 150.00

TO REPAIR END PANEL

\$ *nn* X 150.00

TO APPLY ANTI RUST COATING

\$ *nn* X 80.00

TO SPRAY PAINT ON THE AFFECTED AREAS

\$ *4001* 1,600.00

TOTAL: \$ 10,320.00

7% GST: \$ 722.40

GRAND TOTAL: \$ 11,042.40

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 06/04/2021 16:52 (SGT)
Date of Accident 06/04/2021 10:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information TRAFFIC JUNCTION AT DOVER RISE TOWARDS
COMMONWEALTH AVE WEST
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKN1158T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WONG LINCOLN TENG
NRIC No SXXXX674A
Email Address 6662014@ICLOUD.COM
Mobile Phone No (Phone) +65-94555522
Alternative Phone No +65-94555522

VEHICLE PARTICULARS

Manufacturer Toyota
Model Estima
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
Transmission Auto
CC 2362

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SI20V04860/VPC/R05/E00
Cover Note Number -

DRIVER

Name of Driver HEW TIEN-SI IONA

NRIC No	SXXXX6041
Date Of Birth	26/12/1969
Occupation	Indoor
Date Of Driving Pass	06/10/1995
Driving experience	25 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94555522
Alt. Phone Number	-
Email Address	6662014@ICLOUD.COM
Address	176 LAUREL WOOD AVENUE
Address complement	-
Postcode	275871
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER 1
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Timah Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004689999
Alt. Police Station Phone No	(Fax) +65-64623782
Police Station Address	Blk 1 Toh Yi Drive #01-139 Singapore 591501
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	file too big, video footage with insured.
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

A: SKR1158T
B: DX1542P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- AS PER POLICE REPORT -

DECLARATION

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

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.: