

ASS. REG. BY:

REF:

APM/ 210046601kg

## ASSIGNMENT

From:

Date:

Estimated Cost:

OO/TP/LWS/TP RES/OO RES/EVA/INV/LMY

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 Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

2-3 days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SL 5422P

Yr Regn:

OF 16

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

Truck / Trailer or

Make:

Mazda

cc

1988

Colour:

M.P. White

AC:

Insured / Std / NI / NA

Sp. Reading:

132510

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / A/Rlm or

Tyre Size:

F:

205/55R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal:

mm

R/Bal:

L/Bal:

mm

L/Bal:

D.O.A.

9/4/21

D.O.A.

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:

Survey Fee:

Transportation:

S + RS

Fuel

Other

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Insp (\$

☐

: Weekend (\$

Report Format :

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





LYE KOK WEE  
BLK 436A FERNVALE ROAD #12-188  
SINGAPORE 791436

Attention : THE OWNER  
Contact : 91002933

*Not Authorised*  
*1-B1, 11Ln 8?*

Estimate : ES007168

Date : 13/04/2021  
Vehicle Num. : SLE5422P  
Make/Model : MAZDA 5-2016  
Chassis/Eng# : JM6CW1071G0123979/PE10351811  
Accident Date : 09/04/2021  
Claim No. :  
Reference :  
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
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1.	1	LIST ITEMS :		
2.	1	FRONT BUMPER		1,156.00 X
3.	1	FRONT BUMPER BRACKET L/H		70.20 X
4.	8	FRONT BUMPER CLIP	7.60	60.80 X
5.	1	FRONT BUMPER SIDE RETAINER L/H		132.00 X
6.	1	FRONT FENDER L/H		599.70 X
7.	1	FRONT FENDER INNER SHEILD L/H		201.40 X
8.	1	FRONT SHOCK ABSORBER L/H		265.90 ?
9.	1	FRONT WHEEL BEARING L/H		286.00 ?
		FRONT LOWER ARM L/H		411.80 ?
List TotalS\$ :				3,183.80
15.00% Discount S\$ :				477.57
				2,706.23

LABOUR :		
COMPUTER WHEEL ALIGNMENT		120.00
RUST PROOFING TREATMENT		100.00
SPRAY PAINT DAMAGED AREA AFFECTED		900.00
REMOVE & REINSTALL FRONT SUSPENSION L/H		250.00
TO KNOCK & STRAIGHTEN L/H FRONT CHASSIS FRAME AND ALL NECESSARY PARTS		
Labour Total S\$ :		1,100.00
		2,470.00

SingDollars : Five Thousand One Hundred Seventy-Six & Cents Twenty-Three Only

Total S\$ : 5,176.23  
=====

COMPLETE VMS PTE LTD

This is only an estimate bases on our preliminary inspection and does not cover additional repairs and subject to confirmation  
may be required after the work has begun

**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 ..... 09/04/2021 14:19 (SGT)  
Date of Accident ..... 09/04/2021 09:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... UPPER BOON KENG ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLE5422P

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... LYE KOK WEE  
Company Reg No ..... SXXXX071J  
Email Address ..... joann.tan@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-91002933  
Alternative Phone No ..... +65-91002933

### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 5  
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  
Transmission ..... Auto  
CC ..... 1998

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5091893270-03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LYE KOK WEE  
Company Reg No ..... SXXXX071J



.....	27/05/1981
.....	Outdoor
.....	21/05/2001
.....	19 YEARS AND 11 MONTHS
.....	Male
.....	(Phone) +65-91002933
.....	+65-91002933
.....	joann.tan@yahoo.com.sg
.....	BLK 436A #12-188 FERNVALE ROAD SINGAPORE
.....	-
.....	791436
.....	Yes
.....	-
.....	No
.....	-
.....	-

#### 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) .....	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 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 .....	SHB6639M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	GOH TECK NOI
NRIC No .....	SXXXX031Z
Contact Number .....	(Phone) +65-96667815
Address .....	-



My vehicle was stationary on Geylang Lanes 3 while waiting <sup>for</sup> the traffic light to turn green. Upon the traffic turn green I make a left turn and at the same vehicle B also make a left turn, and hit into the front left side of my vehicle.

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

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



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