

ASS. REC. BY:

REF:

Smo/ 21004665/KV

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:

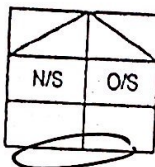
Excess:

(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

Veh No:

SGX1530X

Yr Regn:

08, 07

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

Truck / Traller or

Make:

Toy Wish

c.c

1794

Colour

M. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

188101

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

ENE10 0364297

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:

205/55R17

R:

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

TOYO / YOKO or

Kapsen

Front

R/Bal.

8

mm

Rear

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

9/4/21

D.O.I.

14/4/2021

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

14/4

Shahic said they never do any repair.
Have back to SMO officer-in-charge.

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:

\$ + RS. \$

Fees

Others

TOTAL

Report Format :

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

TTS EUROCARS PTE LTD

383 Sin Ming drive Singapore 575717

Date : 12.04.2021

RE: VEHICLE REPAIR QUOTATION

Insurance Company	:	Sompo Insurance
Vehicle Reg No	:	SGX1530X
Name of Insured	:	Goh Bang Teck
Policy Number	:	
Date of Accident	:	09.04.2021
Tyre of Claim	:	Third Party Claim
Model	:	Toyota Wish
Chassis No	:	ZNE100364297

Not Atchank
1/10/21
Assembly After Paint
5 days

We are please to submit our estimate of repairs to the above mention vehicle.

		Parts	Labour
1	REAR BOOT	B \$ 1,011.90	✓
2	REAR WINDSCREEN	in \$ 1,291.00	X
3	REAR WINDSCREEN MOULDING	in \$ 339.00	✓
4	REAR BOOT CHROME HANDLE	W \$ 279.10	✓
5	REAR BOOT LOGO	in \$ 55.80	✓
6	REAR BOOT LOCK	\$ 381.40	?
7	NUMBER PLATE LAMP	in \$ 67.30	X
8	TAIL LAMP RH	in \$ 584.00	X
9	TAIL LAMP LH	in \$ 584.00	✓
10	REAR BOOT INNER TRIM BOARD	\$ 408.10	?
11	REAR BOOT WEATHERSTRIP	in \$ 277.30	50/12
12	REAR BUMPER	in \$ 398.40	✓
13	REAR BUMPER CENTRE BRACKET	\$ 55.10	?
14	REAR BUMPER SIDE RETAINER	in \$ 67.90	X
15	REAR BUMPER REINFORCEMENT		X
16	REAR BUMPER SPONGE		X
17	REAR END PANEL TOP GARNISH	\$ 197.10	?
18	REAR END PANEL TOP GARNISH	Repair \$ 197.10	X
19	SPARE TYRE PANEL	in \$ 744.80	X
20	REAR EXHAUST TAIL PIPE	in \$ 780.10	X

Sub Total Parts \$ 7,719.40**Less 25% \$ 1,929.85****Total Parts \$ 5,789.55**

1	Sundries	\$	150.00	?
2	Wiring connection and check.	\$	150.00	20/
3	Tuff kote and spray anti rust proofing	\$	150.00	30/
4	Labour charges to dismantle & refix rear bumper rear end panel, rear boot, tail lamp, reflector To repair and adjust affected portion to specific dimension.	\$	1,200.00	500/
5	To spray paint rear bumper, rear end panel			

	rear boot, rear fender rh and lh and all other accident affected portion	\$	1,000.00	600l
6	To remove and refix rear windscreen conduct water leak test	\$	150.00	120l
7	Sealant for rear windscreen	\$	60.00	40sn
8	Inner seal for rear windscreen	\$	50.00	30sn
9	Sealant for body panel	\$	150.00	X
10	To supply and install rear bumper sensor	\$	280.00	?
11	To supply and install rear number plate with holder	\$	55.00	45sn
12	To remove and refix rear exhaust tail pipe check for leaks	\$	150.00	X
13	To conduct ECU programming, check and clear fault codes, restore programme modules	\$	250.00	X
Total (Labour)		\$	3,795.00	
Sub Total :		\$	9,584.55	
GST 7%		\$	670.92	
Grand Total :		\$	10,255.47	

The above estimates are base on visual inspection and it is possible that further materials and labour may be required upon dismantling. Should this occur, we will submit supplementary quotation for further approval.

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	10/04/2021 10:08 (SGT)
Date of Accident	09/04/2021 08:45 (SGT)
Exact Location of Accident	Near Ang Mo Kio Ave 6, Singapore
Additional Location Information	ANG MO KIO AVENUE 6 TOWARDS MARYMOUNT ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX1530X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH BANG TECK
NRIC No	SXXXX771D
Email Address	GOHBBTT@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98312894
Alternative Phone No	(Home) +65-98312894

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1800

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10195571R01
Cover Note Number	-

DRIVER

Name of Driver	GOH BANG TECK
NRIC No	SXXXX771D

Date Of Birth	23/05/1945
Occupation	Indoor
Date Of Driving Pass	05/06/1969
Driving experience	51 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98312894
Alt. Phone Number	(Home) +65-98312894
Email Address	GOHBBTT@YAHOO.COM.SG
Address	23 MILTONIA CLOSE
Address complement	#01-07
Postcode	768059
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	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	FOO YOONG KIM
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

REFER TO ACCIDENT SKETCH

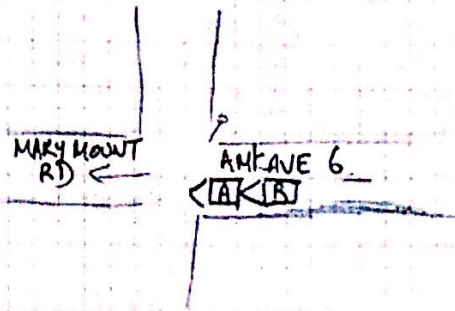
ATTACHMENT(S)

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	GBE4798E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

SKETCH PLAN



A - 59X1530X
B - 6BE4798E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Ang Mo Kio 6 towards Marymount Road, on the 9th of April. When the accident occurred. I had stopped for the traffic light. Suddenly 6BE4798E hit the rear of my car. We exchanged numbers for insurance claim purpose.

DECLARATION

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

Policyholder's Signature
Date & Time: 10/4/21
9.15am

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

Reporting Centre Personnel's Signature
Name: Kavidha
NRIC/FIN No.: S8171135F