ASS. REC. BY: Kenneth | REF: PCI/2100475/KT

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s S Three

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.

N/S	O/S

Bal. or Market Value: $ 114k

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 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: SMN 2753U Yr Regn: 07/19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (4) Wagon

Make: Toy Noah c.c 1797

Colour M. Grey A/C: Insured / Std / NI / NA

Sp.Reading 99006 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZWR80 · 0393085

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 225/45R17

R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	13/4/21	D.O.I.	16/4/2021

Survey held at ✓

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

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($ _____)

Survey Fee: _____

Transportation: _____ $ • RS _____ SI

Parking _____

Others _____

TOTAL _____

S THREE AUTOMOTIVE RECOVERY PTE LTD
Blk 8 Sin Ming Industrial Estate
#01-64/66 Singapore 575643
Tel : 6284 1542 / 6284 1575
Fax : 6487 5315
sthreeautomotive@gmail.com

TO :
ATT : MOTOR CLAIM DEPT. T/P VEH. NO. : SBS3389K

ESTIMATE REPORT 1st QUOTATION JOB NO :

OWNER'S PARTICULAR

NAME : NG AH SOON CONTACT :
ADDRESS :
LICENSE NO. SMN2753U TRANS. : CHASSIS NO :
MAKE / MODEL : TOYOTA NOAH ENGINE NO :
OWNER'S INSURER : FWD INSURANCE
JOB-CODE : TP S/A : MICHELLE ACCDENT DATE : 13-Apr-21

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without prejudice" basis
- No illegal modifications is allowed
- Supplementary item(s) must be surveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

CLAIM DETAIL

MATERIALS

		QTY		QUO-PRICE	DISC %		DISC-PRICE	SUR. DISP	REV. PRICE
1	REAR BUMPER	1.00	$	1,677.10	25.00	$	1,257.83	Y	✓
2	REAR BUMPER INNER SHIELD RH	1.00	$	105.00	25.00	$	78.75	Y	X
3	REAR BUMPER RETAINER LH	1.00	$	45.00	25.00	$	33.75	Y	X
4	REAR BUMPER RETAINER RH	1.00	$	45.00	25.00	$	33.75	Y	✓
5	REAR BUMPER BRACKET LH	1.00	$	58.50	25.00	$	43.88	Y	X
6	REAR BUMPER BRACKET RH	1.00	$	58.50	25.00	$	43.88	Y	X
7	REAR BUMPER SPONGE	1.00	$	210.00	25.00	$	157.50	Y	7
8	REAR BUMPER REFLECTOR RH	1.00	$	105.00	25.00	$	78.75	Y	✓
9	REAR BUMPER EMBLEM 'HYBRID SYNERGY DRIVE'	1.00	$	88.00	25.00	$	66.00	Y	—
10	REAR TAIL LAMP RH	1.00	$	898.60	25.00	$	673.95	Y	7
11	REAR TAIL LAMP LOWER COVER RH	1.00	$	259.00	25.00	$	194.25	Y	✓
12	REAR TAIL LAMP LOWER RETAINER RH	1.00	$	108.40	25.00	$	81.30	Y	✓
13	REAR REVERSE SENSOR 1SET	1.00	$	1,120.00	25.00	$	840.00	Y	7
14	ROCKER PANEL GARNISH RH	1.00	$	985.00	25.00	$	738.75	Y	X
	TOTAL (PARTS) :		$	5,763.10		$	2,743.58		

SPECIAL NETT ITEM

		QTY		QUO-PRICE	DISC %		DISC-PRICE	SUR. DISP	REV. PRICE
1	REAR BUMPER CLIPS	1.00	$	80.00	0.00	$	80.00	Y	[illegible]
2	REAR NUMBER PLATE	1.00	$	80.00	0.00	$	80.00	Y	X
3	ROCKER PANEL GARNISH CLIPS	1.00	$	80.00	0.00	$	80.00	Y	X
	TOTAL (PARTS) :		$	160.00		$	160.00		

LABOUR

		QTY		QUO-PRICE	DISC %		DISC-PRICE	SUR. DISP	REV. PRICE
1	STRAIGHTEN & PANEL BEAT ACCIDENT AREA	1.00	$	1,000.00	0.00	$	1,000.00	Y	400
2	SPRAY PAINTING ON AFFECTED AREA	1.00	$	1,000.00	0.00	$	1,000.00	Y	700
3	RESPRAY TUFF KOTE ON ACCDENT AREA	1.00	$	180.00	0.00	$	180.00	Y	X
4	CHECK WIRING SYSTEM	1.00	$	120.00	0.00	$	120.00	Y	20
5	R&R REVERSE SENSOR	1.00	$	180.00	0.00	$	180.00	Y	50
6	COMPUTERISED WHEEL ALIGNMENT	1.00	$	120.00	0.00	$	120.00	Y	X
	TOTAL (LABOUR) :		$	2,600.00		$	2,600.00		

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 accusation 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	14/04/2021 16:28 (SGT)
Date of Accident	13/04/2021 14:40 (SGT)
Exact Location of Accident	67 Grange Rd, Singapore 249572
Additional Location Information	Grange Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN2753U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Ng Ah Soon
NRIC No	SXXXX048E
Email Address	ahsoonng@gmail.com
Mobile Phone No	(Phone) +65-98584230
Alternative Phone No	+65-98584230

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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 hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNCV2019-00000995-01
Cover Note Number	-

DRIVER

Name of Driver	Ng Ah Soon
NRIC No	SXXXX048E

	22/04/1961
	Outdoor
	13/12/1983
	37 YEARS AND 4 MONTHS
	Male
umber	(Phone) +65-98584230
hone Number	+65-98584230
mail Address	ahsoonng@gmail.com
Address	BLK 109 Rivervale Walk #06-26
Address complement	-
Postcode	540109
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	1
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)	0
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 the sketch plan

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	With the owner
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS3389K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-

IMPORTANT NOTICE

accurately

completed by the Policyholder and/or the Authorised Driver

truthful and accurate as possible

applicable motor liability

Any false reporting may be referred to the Police for investigation

Consent under the Personal Data Protection Act (PDPA)

Personal Information

Insurers

Purposes

Sketch Plan

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Officer / Rank