

ASS. REQ. BY:

CS/
REF:

C72 / 21004929/KV f3

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OO / TP / WS / TP RES / OO RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured: SKD 2698Y

Policy No. DMPCSNW00049612000

Claims No. SNM21D202215/C02/LEWLC.

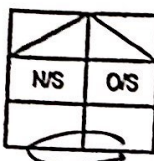
Sum Insured:

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:

3-6 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:

SLJ 6970R Yr Regn: 12, 16

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

Truck / Trailer or

Make:

Mit Outlander cc 2360

Colour

m. Grey

A/C: Insured / Std / NI / NA

Sp. Reading

99543

T/Radio: Insured / Std / NI / NA

Eng/No:

C/Nr:

JMY XTGT-3W 68004213

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD / Rlm or

Tyre Size:

F:

R:

225/55R18

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

TOYO / YOKO or

Front

Rear

R/Bal.

6 mm

R/Bal.

3 mm

L/Bal.

6 mm

L/Bal.

3 mm

D.O.A.

17/4/21

D.O.A.

22/4/2021

Survey held at

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1 / Got BZ

11/5/21

Kenneth confirmed LS \$4900 (Red 7276.30, 59%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2/ 12/5/21-Typist

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S - RS, SI

Fees

Others

TOTAL

Report Format: Merimen

Lump Sum / B.B. (\$ 4900

SERVE YOU MOTOR PTE LTD

Blk 5033 Ang Mo Kio Ind. Pk 2

#01-265 (S) 569536

Tel: 6481 0555 Fax: 6483 1654

E-mail: elainesyms@gmail.com

Not Assembled
 U1 Rep &
 Return After Repair
 5-6 days

INS: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Owner: TEO THIARC-HNG, BASIL

Registration no. SLJ6970R Mitsubishi Outlander 2.4 CVT AWD S/R

Accident Date: 17/04/2021

Date 22/4/2021

Quotation No: 2021-04-0017

S/N	Qty	Particulars	Units Price	Amount
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LIST ITEMS

1	1	Tailgate		1,180.00 ✓
2	1 set	Tailgate Centre Emblem		48.00 —
3	1	Tailgate Outlander Emblem		74.00 —
4	2	Tailgate MIVEC Emblem		55.00 —
5	1	Tailgate Garnish with Chrome Moulding		486.00 X ?
6	2	Tailgate Reflectors	\$389.00	778.00 X
7	1	Tailgate Inner Lock		428.00 ?
8	1	Tailgate Lock Button		28.00 X
9	1	Tailgate Lock Striker		25.00 X
10	1	Tailgate Innes Trimboard		320.00 X
11	1	Tailgate Inner Trimboard Clip (Set)		40.00 X
12	1	Tailgate Weatherstrip		188.00 ?
13	1	Rear Bumper		881.00 ✓
14	2	Rear Bumper side retainer	\$34.00	68.00 ✓
15	2	Rear Bumper Lower Reflector	\$114.00	228.00 ✓
16	1	Rear Bumper Lower Lip		340.00 ✓
17	2	Licence Plate Lamp	\$30.00	60.00 X
18	2	Rear Tail Lamp	\$595.00	1,190.00 X
19	2	Rear Bumper Bracket	\$80.00	160.00 ?
20	1	Rear Bumper Buzzer		85.00 ?
21	1	Rear End Panel		850.00 ?
22	1	Rear Ebd Panel Top Trim		185.00 ?
23	1	Rear Bumper Keyless Antenna		132.00 ?
24	1	Spare Tyre Carrier		355.00 ?
25	1	Spare Tyre Carrier Bracket		45.00 X
26	1	Spare Tyre Carrier Bolt		35.00 X
27	1	Spare Tyre Carrier Holder		18.00 X
28	1	Spare Tyre Carrier Spacer		25.00 X
29	2	Cylinder Head Washer	\$12.00	24.00 X
30	1	Rear Windscreen Moulding		260.00 —
sub-total:				7,411.00 8591.00
Less 10%				-690.70
				6,720.30 7731.90

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LABOUR & MISC CHARGES

1	Check Wiring and Lighting	60.00	201
2	Remove abd Replace Reverse Sensor Assy	80.00	501
3	Remove and Replace Reverse Camera Assy	80.00	401
4	Apply Anti-Rust Prounting on Effected Areas	100.00	7
5	Remove and Refix Rear Windscreen Glass	150.00	1201
6	Transfer Tailgate Part	100.00	601
7	Remove and Refix Rear upholstery ,Trimming	150.00	7
8	Conduct Water Seepage Test	80.00	201
9	Perform Diagnostic check for Fault and Reset to Factory Setting	200.00	7
10	Panel Beat and Replace Damage Parts on Affected Area	1,600.00	8001 7
11	Putty and Spray Painting on Affected Area	1,800.00	8001
TOTAL		5,000.00	4400
Total Parts and Labour Cost of Repair		\$12,176.30	12,131.90

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	19/04/2021 12:56 (SGT)
Date of Accident	17/04/2021 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KALLANG PAYA LEBAR EXPRESSWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ6970R

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO THIARC-HNG, BASIL (ZHANG ZHEXUN, BASIL)
NRIC No	SXXXX951J
Email Address	basilteo89@gmail.com
Mobile Phone No	(Phone) +65-96739789
Alternative Phone No	+65-96739789

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
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
Transmission	Auto
CC	2360

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119661483
Cover Note Number	-

DRIVER

Name of Driver	TEO THIARC-HNG, BASIL (ZHANG ZHEXUN, BASIL)
NRIC No	SXXXX951J

Date Of Birth	22/06/1980
Occupation	Outdoor
Date Of Driving Pass	04/07/2002
Driving experience	18 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96739789
Alt. Phone Number	+65-96739789
Email Address	basilteo89@gmail.com
Address	BLK 795 WOODLANDS DRIVE 72 #12-03
Address complement	-
Postcode	730795
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT ATTACHED T/20210418/2016 PG 1 TO 4

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	SKD2698Y
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HENG FENG ZHOU, EUGENE
NRIC No	SXXXX429J
Contact Number	(Phone) +65-97880956
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJS5350M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WILSON SIAU
NRIC No	SXXXX055F
Contact Number	(Phone) +65-98205481
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TEO THIARC-HNG, BASIL
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SPRAIN
Injured person in which vehicle?	SLJ6970R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

A: SLJ6970R B: SKD 2698 Y C: SJS 5350M	↑	TOWNE? KPE/ECP ↑	
		↑	...
			↑

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report attached
 T/20210418/2016 Pg 1 to 4.

☐ 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 : Serve You Motor Service

Email address : elainesyms@gmail.com

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.

Policyholder's Signature
 Date & Time:

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

Reporting Centre Personnel's Signature
 Name:
 NRIC No: