

ASS. REC. BY:

REF:

A/G/ 21005047/Kp

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:

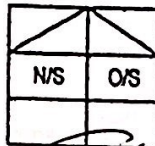
Excess:

(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:

STN 36495 Yr Regn: 02, 09

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

Truck / Trailer or

Make:

Toy Wish C.C. 1794

Colour

M. Black A/C: Insured / Std / NI / NA

Sp. Reading

147328 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTD ER12W303001791

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / SRim / STD A/Rim or

Tyre Size:

F: Dun

R: Falken

195/65R15

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

Front

R/Bal.

6

mm

Rear

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

20/4/21

D.O.I.

26/4/2021

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?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Papers

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

Cheng Hoe Motor Pte Ltd

Blk 1019, Yishun Industrial Park A #01-374/382, Singapore 768761
TEL: 67556142 (YIS) FAX: 67557719 (YIS) Email: chmotor@singnet.com.sg
GST:201001158E RCB NO:201001158E

M/S : AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY
#07-16 AIG BUILDING
SINGAPORE 079120

TEL: 64193000

FAX: 64153727

ATTN: Motor Claim Department

WS Ref: TP/AIG/AMK

Claim Type: Third Party

Accident Date: 20/04/2021

TP Veh Reg No: SKJ5070G

Estimate No: ES2190389/AMK

Date: 26 Apr 2021

Policy No: 5058053281-08

Veh Reg No: SJN3649S

Make/Model: TOYOTA WISH 1.8 A

Chassis No: JTDER12W303001791

Engine No: 1ZZ3226141

Reg. Date: 12/02/2009

Estimate Repair Cost to Vehicle No :SJN3649S

Description	U/Price	Quantity	List Price	Amount
			SS	SS
List Price				
1 REAR BUMPER	627.20	1 PC	627.20	✓
2 REAR BUMPER RH REFLECTOR	57.90	1 PC	57.90	7
3 REAR BUMPER RH REINFORCEMENT BRACKET	53.80	1 PC	53.80	7
4 REAR BUMPER RH SIDE RETAINER	69.40	1 PC	69.40	✓
5 REAR BUMPER CLIP	4.20	5 PC	21.00	✓
6 TAILLAMP	596.70	2 PC	1,193.40	4x ✓
7 REAR TAILGATE	1,620.70	1 PC	1,620.70	✓
8 TAILGATE INNER LOCK	539.90	1 PC	539.90	✓
9 TAILGATE INNER RUBBER	369.90	1 PC	369.90	508.50
10 TAILGATE INNER TRIM BOARD	373.80	1 PC	373.80	✓
11 TAILGATE WINDSCREEN GLASS MOULDING	70.20	1 PC	70.20	✓
12 TAILGATE LOGO	49.27	1 PC	49.27	✓
13 REAR END PANEL	590.60	1 PC	590.60	✓
14 REAR END PANEL INNER TOP GARNISH	283.70	1 PC	283.70	✓
			5,920.77	
		Less 25%	1,480.19	4,440.58
Special Net				
15 REVERSE SENSOR	200.00	1 PC	200.00	7
16 REAR NUMBER PLATE	35.00	1 PC	35.00	✓
17 REAR BUMPER STEP GARNISH	80.00	1 PC	80.00	40.50
18 REAR WINDSCREEN GLASS SEALANT	40.00	1 PC	40.00	✓
19 REAR END PANEL SEALANT	40.00	1 PC	40.00	30.50
			395.00	395.00
Labour				
20 REMOVE & REFIX REAR BUMPER & ATTACHMENTS, TAILGATE & ATTACHMENTS, TAILLAMPS; TO CUT, WELD & RENEW REAR END PANEL; KNOCKING & REPAIR REAR LUGGAGE PANEL, REAR FENDERS & REALIGN THE SAME	900.00	1 LA	900.00	600
21 PUTTY & RESPRAY REAR BUMPER & PARKING SENSORS, TAILGATE BOTH FENDERS, REAR END PANEL, REAR LUGGAGE PANEL & ALL AFFECTED AREAS	900.00	1 LA	900.00	720
22 REMOVE AND REFIX REAR WINDSCREEN GLASS	120.00	1 LA	120.00	✓
23 RUSTPROOFING	90.00	1 LA	90.00	60
			2,010.00	2,010.00

Acknowledged by Repairer

Signature:

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 20/04/2021 19:07 (SGT)
Date of Accident 20/04/2021 08:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG YIO CHU KANG ROAD BEFORE ANG MO KIO STREET
Country/State of Loss 66
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJN3649S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE KING POK
NRIC No S1417615B
Email Address LEEKINGPOK@GMAIL.COM
Mobile Phone No (Phone) +65-97801079
Alternative Phone No +65-97801079

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

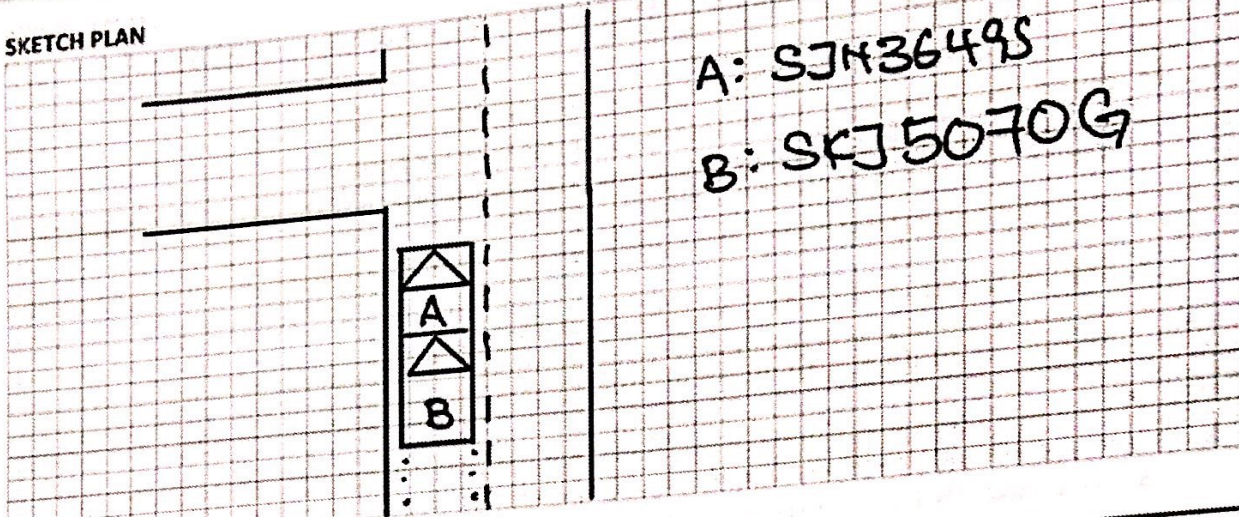
INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5058053281-08
Cover Note Number -

DRIVER

Name of Driver LEE KING POK

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 20/04/2021, I was driving my vehicle on the way to work. I was travelling along Yio Chu Kang road and I came to a complete stop before the Ang Mo Kio Street 66 as the traffic light was red. While waiting for the traffic light to turn green again, I experienced a collision from the rear of my vehicle. The accident occurred at around 8am.

DECLARATION

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

Policyholder's Signature

Date & Time: 20/04/2021, 1630

GLAPAC SketchPlanForm_V1

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Ignatius Lim

NRIC/FIN No.: S8834652A