

ASS. REQ. BY:

REF: EGI/21005239/KKenneth

## ASSIGNMENT

SMT 9922X08.06

From: \_\_\_\_\_

Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD/TP/LWS/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: \_\_\_\_\_

11/02

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_

Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_

Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_

03 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: \_\_\_\_\_

Yr Regn: \_\_\_\_\_

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

Truck / Trailer or \_\_\_\_\_

Make: \_\_\_\_\_

Toy A/Tis

c.c

1598

Colour \_\_\_\_\_

M. Black

A/C:

Insured / Std / NI / NA

Sp. Reading \_\_\_\_\_

267331

T/Radio:

Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: \_\_\_\_\_

MRO538EC107 129863

Gen. Cond: \_\_\_\_\_

Good / Fair / Poor / Burnt

Steering: \_\_\_\_\_

In order / Jammed / Leaked / Burnt or

Brake: \_\_\_\_\_

In order / Jammed / Leaked / Burnt or

Modl: \_\_\_\_\_

NII / S/Rlm / STO A/Rlm or

Tyre Size: \_\_\_\_\_

F:

Westlake 185/70R14

R: \_\_\_\_\_

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

TOYO / YOKO or \_\_\_\_\_

Front

Rear

R/Bal. \_\_\_\_\_

7 mm

R/Bal. \_\_\_\_\_

5 mm

L/Bal. \_\_\_\_\_

7 mm

L/Bal. \_\_\_\_\_

5 mm

D.O.A. \_\_\_\_\_

24/4/21

D.O.I. \_\_\_\_\_

29/4/2021

Survey held at: \_\_\_\_\_

Des. of Damages: \_\_\_\_\_

Front / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

lump sum \$950, 3days

red: 805.65, 45%

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐

: Site Insp (\$ \_\_\_\_\_)

☐

: Interview (\$ \_\_\_\_\_)

☐

: Tech Invs (\$ \_\_\_\_\_)

☐

: Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + P.S. \$ \_\_\_\_\_

Fees \_\_\_\_\_

Others \_\_\_\_\_

TOTAL

Report Format :

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



# 威利摩哆 WEI LEE MOTOR WORKS

BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32,  
SINGAPORE 575644.

TEL: 6456 9830 • FAX: 6458 0128 • EMAIL: weileemotorworks@gmail.com  
Business Regn No: 269436/00J

*Not Authorized*  
*1/Rep &*  
*Repair After Pain*  
*3days*

27, APR 2021

ERGO Insurance Pte Ltd  
5 Temasek Boulevard  
#04-01 Suntec Tower Five

Attn: Motor claim dept-3<sup>rd</sup> party claim  
Claiming against your insured vehicle no: SML7771U  
Accident involving vehicle no: SMT9922X/SML7771U  
DOA: 24/04/2021 AT Cross Junction of Alexandra Road n Tanglin

Dear officer incharge  
Estimate cost of repair to SMT9922X  
To supply--

Description	Qty	Amount
Front fender,Lh	1	179.00 X
Front bumper	1	344.40
Bumper foglamp cover	1	38.20 X
Headlamp,Lh	1	226.00
Bumper retainer	1	46.60
Parts		834.20
Parts less 25%		208.55
Claiming against your insured		625.65
Accident involving vehicle		

DOA: 24/04/2021 AT Cross

To remove damaged parts and attachments

550.00 350

Repair/reshape dented areas

Replace/align all parts into position

To spray/paint

600.00 400

Description	Amount
Front fender,Lh	1,775.65
Front bumper	344.40
Bumper foglamp cover	38.20
Headlamp,Lh	
Bumper retainer	
Parts	
Parts less 25%	

AT THE MOTOR CLAIM DEPT-3<sup>rd</sup> PARTY

Claiming against your insured

Accident involving vehicle

DOA: 24/04/2021 AT Cross

To remove damaged parts and

Repair/reshape dented areas

Replace/align all parts into position

To spray/paint

To remove damaged parts and

Repair/reshape dented areas

Replace/align all parts into position

To spray/paint

- 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 550.00

Signature:

Date:

600.00

1,775.65



# 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 26/04/2021 14:24 (SGT)  
Date of Accident 24/04/2021 18:30 (SGT)  
Exact Location of Accident Singapore  
Additional Location Information CROSS JUNCTION OF ALEXANDRA ROAD AND TANGLIN ROAD  
Country/State of Loss Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SMT9922X  
INSURED/POLICYHOLDER  
Is company? Yes  
Name Of Registered Owner KH LEASING PTE. LTD  
Company Reg No 201611813C  
Email Address Kahupleasing@gmail.com  
Mobile Phone No (Phone) +65-85182081  
Alternative Phone No +65-85192081

### VEHICLE PARTICULARS

Manufacturer Toyota  
Model Corolla  
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 1600

### INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd  
Type of Coverage ThirdParty  
Fleet Policy No  
Policy Number 5118450146  
Cover Note Number -

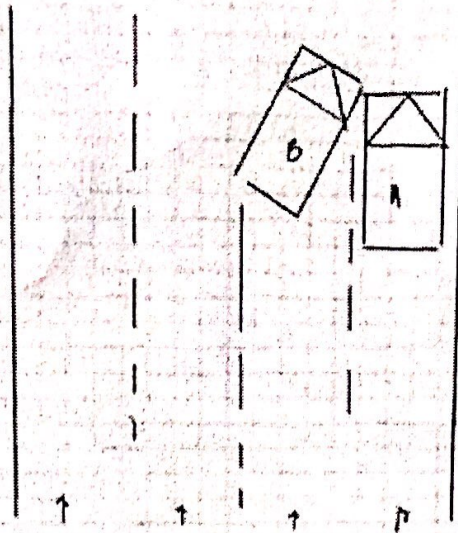
### DRIVER

Name of Driver MAU YEOW FEI

Accident report SN07214Q000N



# SKETCH PLAN



A - SM79977X  
B - SML7771U

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/04/2021 At around 1830hrs, while I was moving forward towards the traffic light, SML7771U suddenly cut into my lane.

## DECLARATION

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



Policyholder's Signature

Date & Time: 24/04/2021  
1415

Driver's Signature

(If driver is not the policyholder)

Date & Time: 24/04/2021  
1415

Reporting Centre Personnel's Signature

Name: HAZIM SHAH

NRIC/FIN No.: 872217352