ASS. REC. BY: Kenneth | REF: AXA/ 21005256/kh

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Complete

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: $286

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 01 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SKP 2731X Yr Regn: 08, 14

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: NIS Note c.c 1198

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

Sp.Reading 57015 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JNITBAE12Z 0980046

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : NIl / S/Rim / STD A/Rim or _____

Tyre Size: F: 185/65R15

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	23/4/21	D.O.I.	30/4/2021

Survey held at _____

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

Rt door mirror & s/ass

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) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Parking _____

Others _____

TOTAL _____

Report Format : _____

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

COMPLETE VMS PTE LTD *The Premier One-Stop Vehicle Accident Claims Centre*
176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721
(Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg

Estimate : ES007183

TANG WEE LIP
BLK 141 JALAN BUKIT MERAH #06-1172
160141

Not Authorised
1.B1, 11 Aug 21

Attention : THE OWNER
Contact : 91230484

Date : 28/04/2021
Vehicle Num. : SKP2731X
Make/Model : NISSAN NOTE 1.2 CVT-2014
Chassis/Eng# : JN1TBAE12Z0980046/HR12024012B
Accident Date : 23/04/2021
Claim No. :
Reference :
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S$
		NETT ITEMS :		
1.	1	SIDE MIRROR ASSY R/H	CM 686.50	686.50
		Nett Total S$:		686.50
		10.00% Discount S$:		68.65
				617.85
		LABOUR :		6d
		SPRAY PAINT DAMAGED AREA AFFECTED		150.00
		REMOVE & REINSTALL FRONT R/H SIDE MIRROR ASSY	6d	200.00
		Labour Total S$:		350.00

SingDollars : Nine Hundred Sixty-Seven & Cents Eighty-Five Only

Total S$: 967.85

COMPLETE VMS PTE LTD

This is only an estimate bases on our preliminary inspection and does not cover additional parts and labour time which may be required after the work has begun

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
Sign:
Da

SS17214Q0002 / SIN MING AUTOCARE BFG PTE LTD
ENTRY DATE & TIME: 26/04/2021 13:03 (SGT)
SUBMITTED BY: SMBFG
VERSION: 1 (26/04/2021 13:03 (SGT))

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 witholding 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 13:03 (SGT)
Date of Accident	23/04/2021 18:40 (SGT)
Exact Location of Accident	Swiss Club Rd., Singapore
Additional Location Information	ALONG SWISS CLUB ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP2731X

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TANG WEE LIP
NRIC No	SXXXX381E
Email Address	tys.mymail@gmail.com
Mobile Phone No	(Phone) +65-91230484
Alternative Phone No	+65-91230484

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Note
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	1198

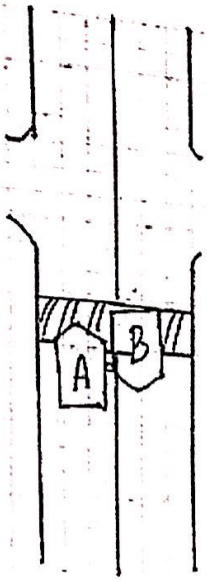
INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119723675
Cover Note Number	-

DRIVER

Name of Driver	TANG WEE LIP
NRIC No	SXXXX381E

SKETCH PLAN



Swiss club Road

(A) SKP 2731X
(B) SHB 2324Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along Swiss Club Road when vehicle B, a taxi went over the hump and over the lane. His Right side hit against my right side.

No one was injured.

My right side mirror glass cracked.

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/FIN No.: