

Kenneth

## ASSIGNMENT

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

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

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_ AT

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: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: CB6682X Yr Regn: 0211

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

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

Make: Toyota Hiace c.c. 2982Colour: Multi Colour A/C: Insured / Std / NI / NASp. Reading: 318539 T/Radio: Insured / Std / NI / NA

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

C/No: JTFST22 P6000 9878

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NI / S/Rim / STD A/Rim orTyre Size: F: 195R15 X 8

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

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

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

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 5 mmL/Bal. 6 mm L/Bal. 5 mmD.O.A. 10/5/21 D.O.I. 11/5/2021

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

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

N/S/R

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

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

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Report Format :

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

# ATA AUTO CONSULTANT

Blk 115 Teck Whye Lane #05-650 Singapore 680113

HP: 8386 8989 Email:atautoconsultant@gmail.com

Co. Reg. No. : 53368526E

Date of Estimate: 10.05.2021

Vehicle No: CB6682X

Owner: SEASON BUS SERVICE CO PTE LTD

Date of Accident: 07.05.2021

Make & Model: TOYOTA HIACE HIROOF AUTO 14 SEATER

Chassis No : JTFST22P600009878

## ESTIMATE FOR ACCIDENT VEHICLE NOS CB6682X

### PARTS

- |   |                           |
|---|---------------------------|
| 1 | 1 Front bumper            |
| 2 | 1 Front bumper bracket LH |
| 3 | 1 Headlamp RH             |
| 4 | 1 Front corner panel LH   |
| 5 | 1 Side mirror LH          |

SUB TOTAL

LESS 25%

DISCOUNTED SUB TOTAL

|                 |                   |   |
|-----------------|-------------------|---|
| <i>Net Item</i> | \$890.00          | ✓ |
| <i>Sm</i>       | \$179.00          | X |
| <i>Gr</i>       | \$950.00          | ✓ |
| <i>Al</i>       | \$267.00          | X |
| <i>Sm</i>       | \$389.00          | X |
|                 | <u>\$2,675.00</u> |   |
|                 | <u>\$668.75</u>   |   |
|                 | <u>\$2,006.25</u> |   |

### S. NETT ITEM

SUB TOTAL

LESS 0 %

DISCOUNTED SUB TOTAL

|  |               |
|--|---------------|
|  | <u>0</u>      |
|  | <u>\$0.00</u> |
|  | <u>\$0.00</u> |
|  | <u>\$0.00</u> |

### LABOUR

- |   |                                                     |
|---|-----------------------------------------------------|
| 1 | Panel beating for replace and repair affected parts |
| 2 | Spray painting on accident areas                    |
| 3 | Wiring charges                                      |
| 4 | Apply undercoating to above affected areas          |

SUB TOTAL (LABOUR)

|          |                   |             |
|----------|-------------------|-------------|
|          | \$500.00          | <i>2501</i> |
|          | \$500.00          | <i>2801</i> |
|          | \$100.00          | <i>201</i>  |
| <i>~</i> | \$150.00          | X           |
|          | <u>\$1,250.00</u> |             |

*Not Withdraw  
11 hrs @  
Presurvey After Paint  
3 days*

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 ..... 10/05/2021 16:36 (SGT)  
Date of Accident ..... 07/05/2021 16:55 (SGT)  
Exact Location of Accident ..... Jurong Town Hall Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... CB6682X

## INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SEASON BUS SERVICES CO PTE LTD  
Company Reg No ..... 2XXXXX721Z  
Email Address ..... JOHN@SEASONBUS.COM  
Mobile Phone No ..... (Phone) +65-91692912  
Alternative Phone No ..... (Home) +65-91692912

## VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 1600

## INSURANCE COMPANY

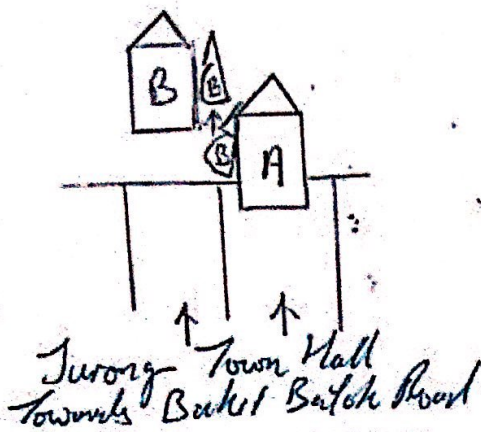
Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5111262308-01  
Cover Note Number ..... -

## DRIVER

Name of Driver ..... HON WEE HUAT  
NRIC No ..... SXXXX571B



SKETCH PLAN



A-CB6682X

B-FBQ7190A

C-SLN6303X

Date 07/05/2021

Time 1655

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

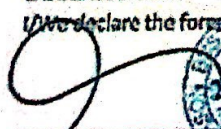
On mentioned date and time, I was along Jurong Town Hall Road towards Bukit Batok Road. When the traffic signal turn green, I started to move off. Suddenly I felt an impact, I immediately stopped my vehicle. It was vehicle B that came to collided onto my front left.

\* Total 3 vehicle involving in the accident.

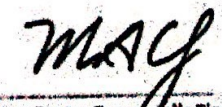
\* Attached video showing vehicle B steered to her right and collided onto my vehicle.

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 Person's Signature  
Name:  
NRIC/ID No.: