

ASS. REC. BY:

REF:

C72/ CS/CTI21006109/Kqc

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.

SNM21D202793/C02

Sum Insured:

Excess:

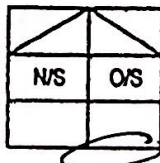
(Client's Record)

Make of Veh:

11.30 am

(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:

2-4 days

Res.: Yes or No

Lum Sum:

1.B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

PMX 75066 Yr Regn: 01.21

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

Truck / Trailer or

Make:

Toy Rize

c.c

996

Colour

h. Beige

A/C:

Insured / Std / NI / NA

Sp. Reading

3825

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

A 200A 0013073

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: M / S/Rlm / STD A/Rlm or

Tyre Size:

F:

195/65R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

13/5/21

D.O.I.

24/5/2021

Survey held at

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

Rear o/s

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

Date / Time

Action / Instruction

25/05/21 @ 3.22pm revised to Irene Tay by email.

Kenneth confirmed final fig \$2494.45, 4 days (Red \$1034.45, 29%)

Date/Time, File Pass to?

☐

: Prell. Report

1) 17/11 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

S - RS. St

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format:

MER-TP

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

2494.45

NO STOCK
NO \$
S2 G2: Appd 1130AM
Jxx Kamun



CO. REG. NO: 199402370D
GST NO: M2-0123250-3

AUTO PTE LTD

金興(龔)汽車私人有限公司

160 Sin Ming Drive, #02-20,
Sin Ming AutoCity, Singapore 575722
Tel: 6452 7018 Fax: 6458 3895
Email: service@kkimhin.com.sg

No. : 31817

Vehicle Insured : SME 4066 D
Accident Date : 13-May-2021

Date : 18-May-2021

Our Ref : 021194 (CHINA) / QUEK

PAGE : 1

HO YENG FANG (MR)
Singapore

NOT Authorized
Pehmy B4paim 3-4 days

ESTIMATED COST OF REPAIR FOR TOYOTA RAIZE 1.0 XS CVT (2021) SMX7506G

- 1 pc rear bumper *CM*
- 1 pc rear bumper lower *not*
- 8 pcs rear bumper lower clips(white) *na*
- 1 pc o/s rear bumper outer garnish *na*
- 1 pc o/s rear bumper parking sensor *CM*
- 1 pc o/s rear bumper side retainer *na*
- 12 pcs rear bumper clips *na*
- 1 pc rear end panel *na*
- 1 pc rear end panel inner air grille ?
- 1 pc o/s rear fender inner shield *na*
- 4 pcs o/s rear fender inner shield clips *na*
- 1 pc o/s rear fender wheel arch garnish ?

Less 25% : 0.00

0.00

To remove, cut out damaged parts,
panel beating, welding, align,
refix and to renew affected parts.

600.00

To remove and refit reverse sensor
assy.

60.00

To putty and respray on affected
portions.

600.00

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:

Con't Page 2 ...



CO. REG. NO: 199402370D
GST NO: M2-0123250-3

AUTO PTE LTD

金興(龔)汽車私人有限公司

160 Sin Ming Drive, #02-20,
Sin Ming AutoCity, Singapore 575722
Tel: 6452 7018 Fax: 6458 3895
Email: service@kkimhin.com.sg

Vehicle Insured : SME 4066 D
Our Ref : 021194

Page : 2
No. : 31817

To apply undersealing

60.00 7

Total : S\$ 1,320.00
=====

Singapore Dollars One Thousand Three Hundred
and Twenty Only

Note: Amount quoted above is subject to prevailing GST at time of tax invoice.

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 14/05/2021 21:03 (SGT)
Date of Accident 13/05/2021 15:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information ANG MO KIO AVENUE 10 (T-JUNCTION WITH ANG MO KIO AVENUE 1)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX7506G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HO YENG FANG
NRIC No SXXXX894B
Email Address DIGITALLYSOLOMON@GMAIL.COM
Mobile Phone No (Phone) +65-97666076
Alternative Phone No (Home) +65-97666076

VEHICLE PARTICULARS

Manufacturer Toyota
Model RAIZE 1.0 XS CVT
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 996

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA564146
Cover Note Number -

DRIVER

Name of Driver HO YENG FANG

IMPORTANT NOTICE

- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

~~Witnessed by Reporting Centre Personnel~~

2: SME 4066D