ASS. REC. BY: Kenneth

REF: PCZ / 21006134 / kr

ASSIGNMENT

From: ______ Date: ______

Estimated Cost: ______

CO / TP / WS / TP RES / CO RES / EVA / INV / MV

To Inspect Vehicle No: ______

at Workshop m/s: B/I

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

Est. or Market Value: 84SK

IDAC Accident Rport: ______ Consistent? : Yes or No

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

Est. Repairs: 06 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: SGD8717D Yr Regn: 08, 15

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

Make: Mazda 5 cc 1998

Colour: M.D.Blue A/C: Insured / Std / Nil / NA

Sp.Reading: 59960 T/Radio: Insured / Std / Nil / NA

Eng/No: ______

C/No: JM6CW10F1G0122266

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or ______

Brake: Inorder / Jammed / Leaked / Burnt or ______

Modf: Nil / S/Rim / STD A/Rim or ______

Tyre Size: F: ______

R: 225/45R17

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	19/5/21	D.O.I.	27/5/2021

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
27/5	Wksp said maybe I.B.I, as unable to locate 2nd parts for this model.

Date/Time, File Pass to? [ ] : Prell. Report

1) ______ [ ] : Final Report

Date/Time, File Return to?

2) ______

Days Of Repair: ______

Resurvey No. of Trip: ______

Add Fee: [ ] : Site Insp (S$ ______)

[ ] : Interview (S$ ______)

[ ] Tech Invs (S$ ______)

[ ] Weekend (S$ ______)

Survey Fee: ______

Transportation: __S + RS__S) ______

Parking ______

Others ______

TOTAL ______

Report Format :

Lump Sum / I.B.I: (S$ ______)

BH AUTO SERVICES PTE LTD

Blk 1, Sector C , Sin Ming Industrial Estate #01-111 / 113 / 115 / 117 Singapore 575636
Tel: 6559 8944 / Fax: 6269 2404

Not Authorise
L/Sup &
Reserve Atte Paint

MS First Capital Insurance Ltd
6 Raffles Quay
Singapore 048580

ATTN: MOTOR CLAIM DEPARTMENT

DEAR SIR / MADAM :

ACCIDENT REPAIR ON: SDG8717D
MODEL : MAZADA 5
POLICY NO : INCOME
CHASSIS NO : JM6CW1071GO122266

25/5/2021

DATE / TIME OF ACCIDENT: XX/01/20210 Time: XX8:18Hrs at XX Road
THIRD PARTY VEHICLE NO: PC1290S

Appended below are the estimated cost of repair and parts to be replaced for the above vehicle: -

Replacement Of Parts

S/N		Quantity	Unit Price S$	Condition	Amount S$	
1	REAR BUMPER		961.50		961.50	—
2	BUMPER CLIPS	10	5.71		57.10	—
3	REAR BUMPER REFLECTOR LH		53.00		53.00	X
4	REAR BUMPER REFLECTOR RH		53.00		53.00	X
5	TAILGATE		1,637.00		1,637.00	—
6	REAR BUMPER SENSOR		110.00		110.00	X
7	REAR BUMPER BRACKET LH (below rear lamp)		21.60		21.60	?
8	REAR END PANEL		515.70		515.70	?
9	TAILGATE REAR LAMP LH		388.50		388.50	X
10	TAILGATE REAR LAMP RH		388.50		388.50	?
11	BOOTLID LAMP SET		409.40		409.40	?
12	REAR WINDSCREEN		1,225.40		1,225.40	X
13	REAR WINDSCREEN SILICON GEL		40.00		40.00	—
14	REAR WIPER MOTOR		517.00		517.00	?
15	REAR NUMBER PLATE WITH HOUSING		60.00		60.00	45%
16	REAR LEFT FENDER		980.00		980.00	X
17	REAR RIGHT FENDER		980.00		980.00	X
18	STICKERS MAZADA 5, EMBLEM, SKYACTIV		205.70		205.70	—
					Sub-Total:	8,603.40
					Total Parts :	**8,603.40**

20%

Labour Charges For Rear Portion

1	Provide skill labour to remove all damaged parts, panel beat , cut & weld if necessary and align all panel and reinstall all damaged parts. (Rear)	1,800.00
2	Provide skill labour & material to putty all damaged parts & panel & to respray with 2K paint with oven spray booth facilities	900.00
3	Provide skill labour to disconnect and check electrical wiring and reverse sensor	120.00
4	Provide skill labour to replace rear windscreen	200.00

1800
800
50
120

5	Wheel alignment - to check and rectify	NA 120.00 X

Total Labour: 3,140.00

Total Parts & Labour:	**11,743.40**
GST 7%	**822.04**
Grand Total:	**12,565.44**

Estimate Repair Duration **06 days** ✓

ACCIDENT VEHICLE OF : SDG8717D

Remark: **Supplementary estimate will be raised in the event additional damaged parts are found in the course of repair.**

Yours sincerely,

ESTIMATOR:

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 "Witnout 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:

Survey attended by:

Name : Kenneth
Company : LKK
Date : 27/5/21
Time :
Contact No :
Email :

SN07215K0004-01 / NTUC Income Insurance Co-operative Ltd
ENTRY DATE & TIME: 20/05/2021 10:51 (SGT)
SUBMITTED BY: Lee Han Ho Steve
VERSION: 2 (25/05/2021 09:02 (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 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	20/05/2021 10:51 (SGT)
Date of Accident	19/05/2021 07:41 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along Bukit Panjang road towards Bukit Batok before Woodlands road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDG8717D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM YIAN CHYE
NRIC No	S1481889H
Email Address	lim.mingyang@icloud.com
Mobile Phone No	(Phone) +65-81980883
Alternative Phone No	+65-81980883

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	5
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	2000

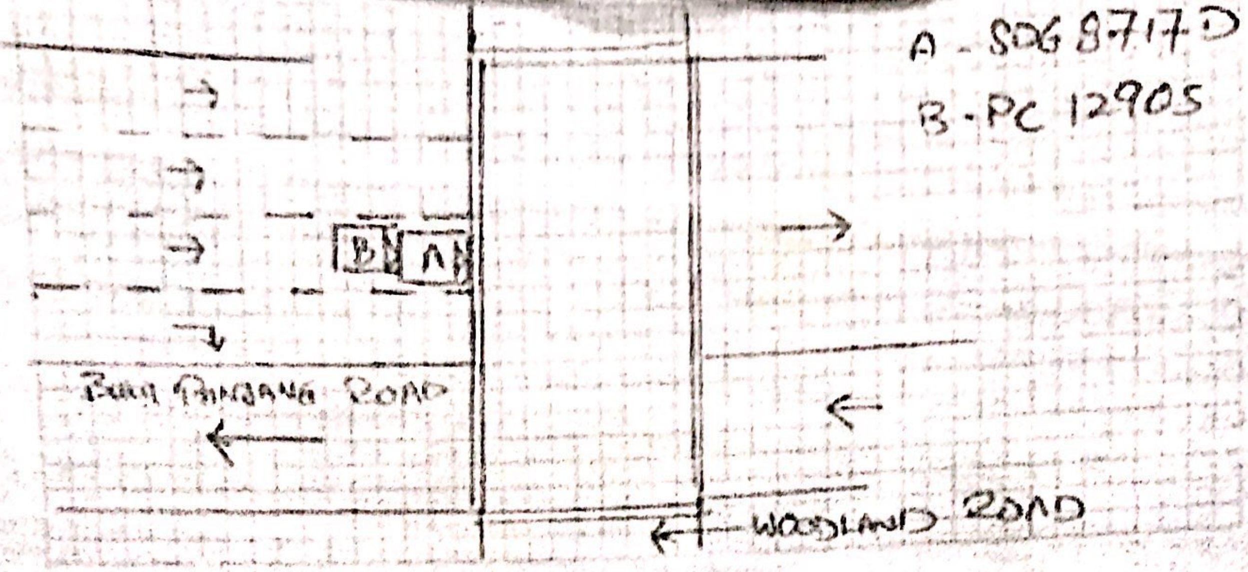
INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5073388070-05
Cover Note Number	-

DRIVER

Name of Driver	LIM MING YANG

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WHEN TRAFFIC LIGHT TURN AMBER I SLOW DOWN AND STOP. VEH B DID NOT REACT IN TIME AND COLLIDED ONTO MY REAR.

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: 20/05/2021

Reporting Centre Personnel's Signature
Name: FOO HAN HG
NRIC/FIN No: S7410077H

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #28-00 Singapore 048580
Tel (65) 6224 0030 Fax (65) 6224 8030
Operating Hours : Monday to Friday, 09:00 - 17:00

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN07215K0004 Vehicle Registration No SOG8717D

Name(as shown on NRIC) : LIM MING YANG NRIC/FIN/Passport No : S8934943E

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : BLOCK 248 BISHAN STREET 22 #18-358 Singapore(570248)

Contact (Tel) : 66807056 Mobile No. : 81980883

Email Address : LIM.MINGYANG@ICLOUD.COM

Date of Accident : 19/05/2021 Time of Accident : 0741 HRS

Place of Accident : ALONG BUKIT PANJANG ROAD TOWARDS BUKIT BATOK BEFORE WOODLANDS ROAD

Insurance Company : NTUC INCOME INSURANCE CO-OPERATIVE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I WOULD LIKE TO AMEND THE CLAIMS FROM REPORTING TO 3RD PARTY CLAIMS

Policyholder / Driver's Signature
Date: 24/05/2021

Reporting Centre Personnel's Signature
Name: NICHOLAS CCU
NRIC/FIN No :
Date: 25/5/21