

ASS. REC. BY:

REF: 1702 / 21006134 / Kr

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. _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: 845K

IDAC Accident Rpt: _____

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

Date / Time

Action / Instruction

27/5 Wksp said maybe I.B.I. 95 unable to locate 2nd parts for this model.

10/6 84299.24 Cont

Date/Time, File Pass 107

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return 107

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. (\$

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

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

Page : 1 of 2

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	Condition	Amount
		SS\$		SS\$
1 REAR BUMPER <i>961.50</i>		961.50		<i>Bn</i> 961.50 ✓
2 BUMPER CLIPS	10	5.71		<i>Ln</i> 57.10 ✓
3 REAR BUMPER REFLECTOR LH		53.00		<i>Ln</i> 53.00 X
4 REAR BUMPER REFLECTOR RH		53.00		<i>Ln</i> 53.00 X
5 TAILGATE <i>1637</i>		1,637.00		<i>Bn</i> 1,637.00 ✓
6 REAR BUMPER SENSOR		110.00		<i>Ln</i> 110.00 X
7 REAR BUMPER BRACKET LH (below rear lamp)		21.60		<i>Ln</i> 21.60 X
8 REAR END PANEL		515.70		<i>R</i> 515.70 X
9 TAILGATE REAR LAMP LH		388.50		<i>R</i> 388.50 X
10 TAILGATE REAR LAMP RH		388.50		<i>Ln Ln</i> 388.50 X
11 BOOTLID LAMP SET		409.40		<i>Ln</i> 409.40 X
12 REAR WINDSCREEN		1,225.40		<i>Ln</i> 1,225.40 X
13 REAR WINDSCREEN SILICON GEL		40.00		<i>Ln</i> 40.00 ✓
14 REAR WIPER MOTOR <i>329</i>		517.00		<i>Ln</i> 517.00 ✓
15 REAR NUMBER PLATE WITH HOUSING		60.00		<i>cm</i> 60.00 <i>451</i>
16 REAR LEFT FENDER		980.00		<i>R</i> 980.00 X
17 REAR RIGHT FENDER		980.00		<i>R</i> 980.00 X
18 STICKERS MAZADA 5, EMBLEM, SKYACTIV		205.70		<i>Ln</i> 205.70 ✓

Sub-Total: 8,603.40

Total Parts : 8,603.40

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)	<i>700</i> 1,800.00
2	Provide skill labour & material to putty all damaged parts & panel & to respray with 2K paint with oven spray booth facilities	<i>800</i> 900.00
3	Provide skill labour to disconnect and check electrical wiring and reverse sensor	<i>50</i> 120.00
4	Provide skill labour to replace rear windscreen	<i>120</i> 200.00

5 Wheel alignment - to check and rectify

120.00

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

Page : 2 of 2

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

Yours sincerely,

ESTIMATOR:

Survey attended by:

Name : Kenneth

Company : CLK

Date : 27/5/21

Time :

Contact No :

Email :

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:

ADDENDUM FORM



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 4 Raffles Quay #28-00 Singapore 048580
 Tel: (65) 6224 0000 Fax: (65) 6224 0000
 Operating Hours: Monday to Friday, 09:00 - 17:00
 0076 54000000 / 0076 54000000

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. SGG8717D
 Name (as shown on NRIC) LIM MING YANG NRIC/FIN/Passport No. S8534543E
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address BLOCK 248 BISHAN STREET 22 #18-358 Singapore (570248)
 Contact (Tel) 96807056 Mobile No. 81950883
 Email Address LIM MINGYANG@ICLOUD.COM
 Date of Accident 19/05/2021 Time of Accident 0741 HRS
 Place of Accident ALONG BURIT PANJANG ROAD TOWARDS BURIT 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: 26/05/2021

Reporting Centre Personnel's Signature
 Name: Richard Lee
 NRIC/FIN No.
 Date: 25/5/21

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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
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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
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NRIC No	S8934943E
Date Of Birth	09/10/1989
Occupation	Indoor
Date Of Driving Pass	27/02/2010
Driving experience	11 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81980883
Alt. Phone Number	-
Email Address	lim.mingyang@icloud.com
Address	BLK 249 BISHAN STREET 22 #1B-359
Address complement	-
Postcode	570249
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to sketch plan

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC1290S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	KANG KIN LOK
NRIC No	S0065689E
Contact Number	(Phone) +65-96407698

SKETCH PLAN



A - SDG 8717D
B - PC 12905

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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

DECLARATION

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

Police Officer's Signature
Date & Time

Driver's Signature
(If driver is not the policyholder)
Date & Time
20/02/2021

Reporting Centre Personnel's Signature
Name: LOO HAN PO
NRIC No: S74400974