

ASS. REC. BY:

REF:

AA / 21007234/K

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:

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

03 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMR 7523M Yr Regn: 01, 20

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

Truck / Trailer or

Make:

Toy North c.c. 1797

Colour

M. Black A/C: Insured / Std / NI / NA

Sp. Reading

158058 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

195/65R15

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.I.

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

S - RS - SI

Fees

Others

TOTAL

Report Format:

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

Massive Trading & Auto

Blk 5038 #01-405 Ang Mo Kio Industrial Pk 2 Singapore 569541
H/p 91082728

Fax : 64816131

Boo Yong Kwang
Blk 258 #13-06
Serangoon Central Drive
Singapore 550258

*Not Authorized
L1 Surp &
Repair After Paint
3 days*

Vehicle No : SMR 7523 M
Make : Toyota Noah Hybrid 1.8X CVT
Year : 2019

Description		Unit Price	Amount
<u>Estimate Cost Of Repair</u>			
1 pc	Front n/s headlamp assy		\$3,400.30 ?
1 pc	Front n/s headlamp garnish	1m	\$155.20 X
1 pc	Front n/s grille garnish		\$105.70 ?
1 pc	Front top grille		\$1,030.60 ?
1 pc	Front top grille cover	1m	\$225.60 X
1 pc	Front top grille cover chrome moulding	1m	\$155.80 X
1 pc	Front grille centre cover	1m	\$225.60 X
1 pc	Front grille centre cover chrome moulding	1m	\$155.80 X
1 pc	Front lower grille	1m	\$276.10 X
1 pc	Front grille lower cover	1m	\$222.80 X
2 pcs	Front grille lower cover chrome moulding	\$105.10 1m	\$210.20 X
1 pc	Front bumper	1m	\$1,537.50 ✓
1 pc	Front n/s bumper side retainer	1m	\$95.20 ✓
1 pc	Front n/s fog lamp garnish	1m	\$165.70 ✓
1 pc	Front n/s fender	1m	\$1,050.70 X
1 pc	Front n/s fender emblem	1m	\$85.70 ✓
			\$9,098.50
		Less 25 %	\$2,274.63
			\$6,823.87

Labour Charges

Remove/renew the above parts including knocking, welding & cutting.

\$800.00 300

To putty & spray paint on accident affected portion.

\$800.00 400

Check/reconnect wiring.

\$40.00 20

To spray anti rust on accident affected portion.

1m \$100.00 X

Total \$8,563.87

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
- Supplemental part(s) must be resurveyed and is subject to 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	30/06/2021 11:44 (SGT)
Date of Accident	29/06/2021 16:40 (SGT)
Exact Location of Accident	Ang Mo Kio, Singapore
Additional Location Information	BLK 524 ANG MO KIO STREET 52 (CARPARK)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR7523M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	BOO YONG KWANG
NRIC No	SXXXX321C
Email Address	S2709321@gmail.com
Mobile Phone No	(Phone) +65-86496049
Alternative Phone No	+65-86496049

VEHICLE PARTICULARS

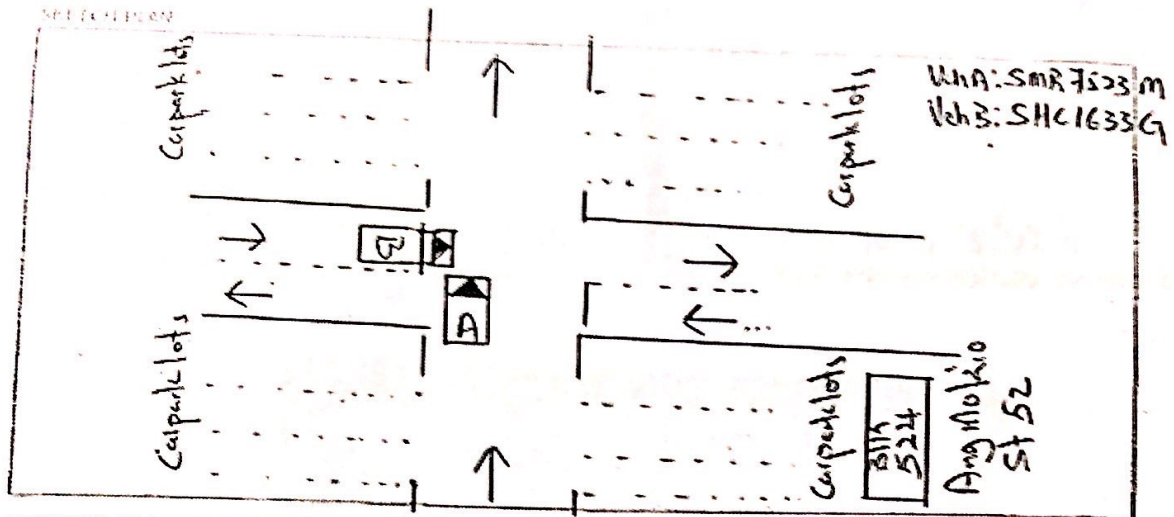
Manufacturer	Toyota
Model	Noah
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5115694815-01
Cover Note Number	5115694815-01

DRIVER

Name of Driver	BOO YONG KWANG
NRIC No	SXXXX321C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/6/2021 @ around 16H0hrs, I was travelling along 3114 524 Ang Mo Kio St 52 going to exit the carpark. I was driving straight in my lane where suddenly there was a comfort taxi (SHC 1633 G) failed to stop at the white line, dashed out from my left side and collided into my vehicle front portion.

☐ Claim OD/IP at Su Brothers ☒ Claim OD/IP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my file accident report to:

My workshop: Massive Trading 3 Ato

Email address: massive3a@gmail.com

& myself: massive3a@gmail.com

Email address:

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

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
Stamp