

ASS. REC. BY:

REF:

Smo/21007401/Kt

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

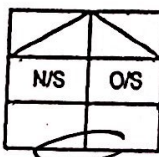
Excess:

(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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04

days

Res.: Yes or No

Lum Sum:

1.3.1

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Sk14 814X

Yr Regn:

11, 12

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

Truck / Trailer or

Make:

Honda Civic

c.c

1598

Colour:

M. Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

37066

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JHMF-B 1630CS-201359

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/55R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

3/7/21

D.O.I.

7/7/2021

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

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 (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Report Format :

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



COMPLETE VMS PTE LTD
176 Sin Ming Drive, #03-14 / 07, Sin Ming Autocare, Singapore 57521
(Tel) 6455 0012 (Fax) 6554 0012 (Web) www.cometevms.com.sg

The Premier One Stop Vehicle Accident Claims Centre

Wong Yuk Ming

Not Authorised
Recovery B6 part
4 days

Attention: Owner
Contact:

ESTIMATE ES 010057
Date 6/7/2021
Vehicle Number SKH814X
Make / Model HONDA CIVIC 1.6 VTIS AT
Engine Number R16B11001859
Chassis Number JHMFB1630CS201359
Accident Date 3 Jul 2021
Policy Number

Qty	Description	Unit Price	Amount
Parts			
List Items			
1	Rear Bumper	<i>Ref / M3 D11</i> S\$896.00	S\$716.80 ✓
1	Rear Bumper Bracket	<i>Ref</i> S\$72.30	S\$57.84 X
2	Rear Bumper Side Retainer	<i>M/S D11</i> S\$47.00	S\$75.20 ✓
1	Rear Bumper Sponge	<i>Ref</i> S\$94.30	S\$75.44 X
1	Rear Bumper Reinforcement	S\$346.23	S\$276.98 ?
1	Rear Tail Lamp L/H	<i>Ref</i> S\$397.90	S\$318.32 X
1	Reverse Sensor Set (4 Sensors)	<i>Ref</i> S\$720.00	S\$576.00 X
1	Rear End Panel	<i>Ref</i> S\$463.20	S\$370.56 X
1	Rear End Top Panel Garnish	<i>Ref</i> S\$97.60	S\$78.08 X
1	Boot Lid	<i>Ref</i> S\$888.00	S\$710.40 X
Discount 20% applied			\$3,255.62

Special Nett Items

6	Rear Bumper Clip	S\$6.50 <i>Ref</i>	S\$39.00 ✓
1	Tail Gate H Logo	S\$38.70 <i>Ref</i>	S\$38.70 ✓
1	Civic Emblem	S\$43.80 <i>Ref</i>	S\$43.80 ✓
1	1.6 I-Vtec Emblem	S\$38.90 <i>Ref</i>	S\$38.90 ✓
1	Rear Number Plate	S\$25.00 <i>Ref</i>	S\$25.00 ✓

\$185.40

Labour

1	Change Tail Lamp And Check Wiring	S\$85.00	S\$85.00 ✓
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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

Accepted by Repairer
Signature:
Date:

Pages

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COMPLETE VMS PTE LTD

This is only an estimate base on our preliminary inspection and does not cover additional parts and labour time which may be require after the work has begin



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Accident Date 3 Jul 2021
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Qty	Description	Unit Price	Amount
1	Spray Paint Damaged Area Affected	S\$600.00	S\$600.00 <i>4001</i>
1	To Knock & Straighten Rear Chassis Frame & Change All Necessary Parts	S\$900.00	S\$900.00 <i>3001</i>
			\$1,585.00
Total			\$5,026.02

Pages

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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	05/07/2021 17:13 (SGT)
Date of Accident	03/07/2021 11:53 (SGT)
Exact Location of Accident	West Coast Rd, Singapore
Additional Location Information	WEST COAST HIGHWAY TWDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH814X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WONG YUK MING
NRIC No	SXXXX059E
Email Address	wongym66@gmail.com
Mobile Phone No	(Phone) +65-98291480
Alternative Phone No	+65-85225760

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1598

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2029-00010144
Cover Note Number	01/11/2020 TO 31/10/2021

DRIVER

Name of Driver	WONG RONG YAO, LEWIS
NRIC No	SXXXX381G

SKETCH PLAN

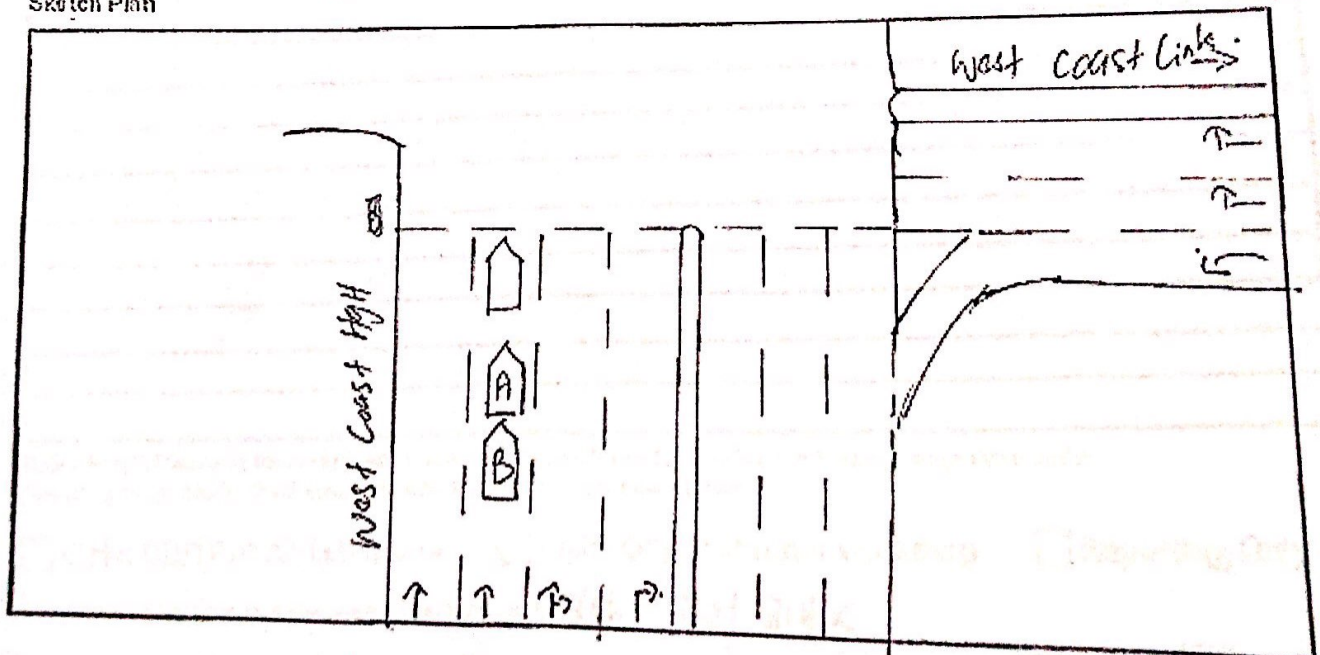
FWD

Vehicle : SKY 814X

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 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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. The 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 and to copies of the report being made available aforesaid.
 8. Consent under the Personal Data Protection Act (PDPA)
- I understand, acknowledge, agree and consent that:
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyer/s law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 (collectively the "Purposes")
 - (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyer/s law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (c) my Personal Information may also be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyer/s law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Sketch Plan



[Signature]
Policyholder's Signature (Date & Time)

[Signature]
Driver's Signature (If driver is not the policyholder) / Date & Time
5/07/2021

[Signature]
Witnessed by Reporting Officer / Personal
5/07/2021