ASS. REC. BY: Kenneth | REF: CTZ/2100804511CV

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Optima

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

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 4-5 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: SLK 5659S Yr Regn: 01,17

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

Make: Mazda 3 c.c 1496

Colour h. Grey A/C: Insured / Std / NI / NA

Sp.Reading 127537 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6BN22A81C137981

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: Kapsen 205/55R16

R: Sunwide

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	27/7/21	D.O.I.	29/7/2021

Survey held at _____

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

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($ _____)

Survey Fee: _____

Transportation: _____ S + RS _____ SI

Parking _____

Others _____

TOTAL _____

OPTIMA WERKZ™ SINGAPORE

OPTIMA WERKZ PTE LTD
Co. Reg. No. 201212455W
www.ow.sg /OptimaWerkz /OptimaWerkz

Not Accident

Date: 28.07.2021
Vehicle No: SLK5659S
Model: MAZDA 3 4-DOOR SEDAN 1.5L
Chassis: JM6BN22A8H0137961
Reg.Year: 2017

C/Strip & Resurvey after Paint

4-5days

Third Party Insurer: CHN TAIPING
Third Party Veh No: SLK9853X
Date of Accident: 27.07.2021
Estimator: VICTOR
Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S$	AMOUNT S$	
1	FRONT BUMPER	1		Rp $896.80	✓
2	FRONT FENDER RH	1		Rp $380.60	✓
3	HEADLAMP RH	1		CM $1,090.50	✓
4	FRONT GRILLE	1		Sp $155.50	✗
5	FRONT GRILLE CHROME RH	1		$191.70	?
6	FRONT GRILLE TOP GARNISH	1		Sp $379.40	✗
7	FRONT LOWER GRILLE COVER RH	1		Rel $46.60	✓
8	FOG LAMP (TURN LIGHT) RH	1		$85.00	?
9	FOG LAMP COVER RH	1		$32.00	?
10	FRONT REINFORCEMENT	1		R $522.80	✗
11	SPARE WATER TANK	1		Rel $89.10	✓
12	FRONT INNER SHIELD RH	1		CM $111.90	✓
13	FRONT SIDE RETAINER RH	1		CM $29.70	✓
14	FRONT RIM RH	1		Sp $899.35	✗
15	FRONT ABSORBER RH	1		Sp $377.35	✗
16	FRONT KNUCKLE ARM RH	1		$495.25	?
17	FRONT LOWER ARM RH	1		$401.75	?
18	FRONT WHEEL BEARING RH	1		$252.30	?
19	FRONT STABIBILIZER LINK RH	1		Rp $133.20	✗
			SUB TOTAL	$6,570.80	
			LESS 20%	-$1,314.16	
			PARTS TOTAL	$5,256.64	

NO.	SPECIAL NETT	QTY	UNIT S$	AMOUNT S$	
1	FRONT BUMPER CLIPS	1		Rp $80.00	✓
2	FRONT GRILLE CLIPS	1		Rp $60.00	✗
3	FRONT LOWER GRILLE CLIPS	1		Rp $50.00	✗
4	FRONT INNER SHIELD CLIPS			Rp $50.00	✓
			S/N TOTAL	$240.00	

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST ACCIDENT AREA. $1,000.00 400

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 by Insurance Company

Acknowledged by Repairer
Signature:
Date:

Head office
8 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch
9A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

Branch (Motor Insurance Claims)
Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011

OPTIMA WERKZ SINGAPORE

OPTIMA WERKZ PTE LTD
Co. Reg. No. 201212455W
www.ow.sg /OptimaWerkz /OptimaWerkz

Date: 28.07.2021
Vehicle No: SLK5659S
Model: MAZDA 3 4-DOOR SEDAN 1.5L
Chassis: JM6BN22A8H0137961
Reg.Year: 2017

Third Party Insurer: CHN TAIPING
Third Party Veh No: SLK9853X
Date of Accident: 27.07.2021
Estimator: VICTOR
Surveyor:

LABOUR CHARGES TO SUPPLY PAINT & FURNISHING MATERIALS AT ACCIDENT AREA.	$1,000.00	4.0
LABOUR CHARGES TO DISMANTLE AND RE-INSTALL UNDERCARRIAGE.	$200.00	1
TO CONDUCT WHEEL ALIGNMENT	$100.00	0.5
TO CHECK WIRING & ELECTRICAL SYSTEM.	$150.00	2.0
TO DAIGNOSIS FAULT CODE & RESET MEMORY.	$150.00	1
TO TUFF KOTE & UNDERSEAL MATERIALS.	$120.00	3.0
LABOUR TOTAL	$2,720.00	
TOTAL	**$8,216.64**	

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 witholding 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	28/07/2021 17:38 (SGT)
Date of Accident	27/07/2021 23:00 (SGT)
Exact Location of Accident	Strathmore Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK5659S

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Craft Leasing Pte Ltd
Company Reg No	2XXXXX381N
Email Address	kh@craftleasing.com
Mobile Phone No	(Phone) +65-93833162
Alternative Phone No	(Office) +65-64844115

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1496

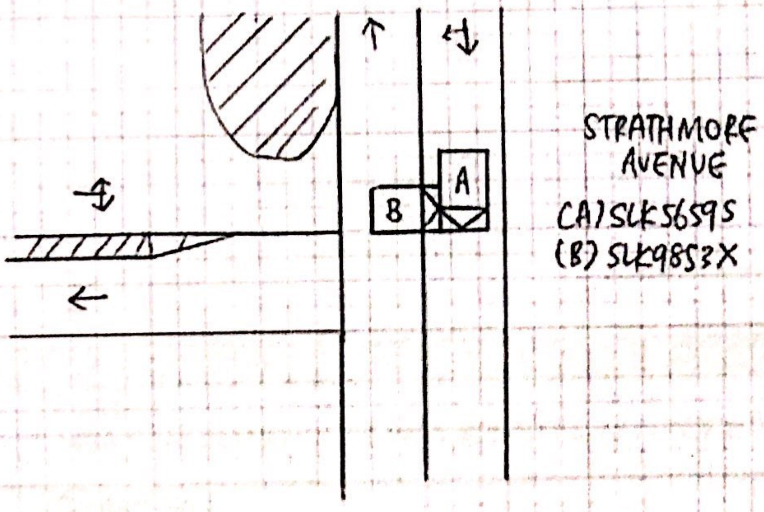
INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D21MFL0005172
Cover Note Number	-

DRIVER

Name of Driver	Cheng Kheng Thong
NRIC No	SXXXX116H

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT : T/20210728/7024

DECLARATION

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

CRAFT LEASING PTE LTD

Policyholder's Signature	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature
Date & Time: 28/07/2021	Date & Time: 28/07/2021	Name: Eve
		NRIC/FIN No.: