

ASS. PEO. BY:

REF:

CS/TP21008147/Avc

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBA7268U Yr Regn: 2007 Nov

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

Truck / Trailer or

Make: Fiat Doblo C.C. 1248

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

Sp. Reading: 141/336 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZFA22300005553602

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/65R15

R: 185/65R15

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. 20/7/21 D.O.I. 02/08/21

Survey held at C.K Rental

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
	<u>TP INC Independent.</u>
	<u>LOE Expiry: 19/11/22.</u>
11/10/21	LS \$2050 (Red 2414, 54%)
	<u>MV: 10K.</u>
	<u>PV: 36K</u>
	<u>Nett: 46K</u>

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 12/10/21-typist

Days Of Repair: 3

Resurvey No. of Trip: 2

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ + PS. \$

Photos

Others

Report Format: TP

Lump Sum / L.P.J. \$ LS \$2050

135

50

50+50

61

80

426

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	26/07/2021 16:26 (SGT)
Date of Accident	20/07/2021 17:30 (SGT)
Exact Location of Accident	Pending Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA7268U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CK VEHICLE RENTAL PTE LTD
Company Reg No	1XXXXX667K
Email Address	ASHIKANE@GMAIL.COM
Mobile Phone No	(Phone) +65-92385317
Alternative Phone No	+65-94501110

VEHICLE PARTICULARS

Manufacturer	Fiat
Model	Doblo
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1248

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMFG20008341
Cover Note Number	-

DRIVER

Name of Driver	MOHAMMED SARUASHIKIN BIN MOHAMMED SALIM
NRIC No	SXXXX425B

Independent
Veron.

GBA72684. 2007 Nov

Fiat Doblo. 1248 cc

ZFA22300005553602

Rear Bumper. Dehd

595 ✓

Rear Bumper Clips. New

30 (SN). ✓

Rear Bumper Side x 02 ^{LH} Dehd

305 x 2 = 610 - 305

Rear Bumper Holder x 02 ^{New}

35 x 2 = 70 ✓

Rear Bumper Reflector x 02 ^{LH} could

42 x 2 = 84 - 42

Rear Bumper Reinforcement Dehd

520 ✓

Rear End Panel. Rejs

855 x

Taillamp lower Cover LH. could

270 ✓

Reverse Sensor Dmgd

~~280 (SN)~~ 220 (SN)

~~600~~ 300

Panel Beating.

~~400~~ 300

Spray Painting.

~~50~~ 30

Wiring.

To remove reverse sensor

~~100~~ 50

4464.00

list: 1802

Labour 680.

less 1621.80

total 2551.80

S/N: 250

A/S: 2050

03 Dmg

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:

GBA 7268U

595.00	30.00	300.00	1621.80
305.00	220.00	300.00	250.00
70.00	250.00	30.00	680.00
42.00		50.00	2551.80
520.00		680.00	0.80
270.00			2041.44
1802.00			
0.90			
1621.80			