

ASS. REC. BY:

REF:

ASM / 21008188/K

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:

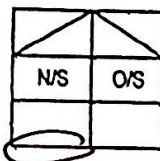
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value: 863k

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

03/19

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMJ 40514

Yr Regn:

04, 09

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

Truck / Trailer or

Make:

Lexus RX350

c.c.

3456

Colour

M-Black

A/C:

Insured / Std / NI / NA

Sp. Reading

189958

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTJBK11A502404591

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

255/458R20

R:

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

TOYO / YOKO or

Kunho

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

31/7/21

D.O.I.

11/8/2021

Survey held at

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

Rear N/S

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:

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

# A T AUTO CONSULTANT

Blk 113 Teck Whye Lane #05-650 Singapore 680113  
HP: 8386 8989 EMAIL: atautoconsultant@gmail.com  
Co. Reg. No. : 53368526E

Date of Estimate: 03.08.2021  
Vehicle No: SMJ4051U  
Owner: MOHAMED BORHAN BIN MOHAMED JAAFAR  
Date of Accident: 31.07.2021  
Make & Model: LEXUS RX350  
Chassis No : JTJBK11A502404591

*Not Authorised*  
*2/1 Day &*  
*Resurvey After Repair*  
*2 day*

## ESTIMATE FOR ACCIDENT VEHICLE NOS SMJ4051U

### PARTS

- |   |   |                           |             |
|---|---|---------------------------|-------------|
| 1 | 1 | Rear bumper               |             |
| 2 | 1 | Rear bumper reflector     | <i>part</i> |
| 3 | 1 | Rear bumper retainer LH   |             |
| 4 | 1 | Rear Reinforcement        |             |
| 5 | 1 | Rear Reinforcement sponge |             |
| 6 | 1 | Rear fender (repair)      |             |

SUB TOTAL  
LESS 25%  
DISCOUNTED SUB TOTAL

<i>Del/Bu</i>	\$1,208.00	✓
<i>Sub/cm</i>	\$539.00	✓
<i>na</i>	\$128.00	✓
	\$659.00	?
	\$198.00	?
	\$0.00	
	<u>\$2,732.00</u>	
	<u>\$683.00</u>	
	<u>\$2,049.00</u>	

### S.NETT

- |   |   |                   |
|---|---|-------------------|
| 1 | 1 | Rear bumper clips |
|---|---|-------------------|

SUB TOTAL

<i>na</i>	\$60.00	✓
	<u>\$60.00</u>	

### LABOUR

- |   |   |
|---|---|
| 1 | Panel beating for replace and repair affected parts |
| 2 | Spray painting on accident areas                    |
| 3 | Wiring charges                                      |
| 4 | Apply undercoating to above affected areas          |
| 5 | Wheel alignment                                     |

SUB TOTAL (LABOUR)

	\$500.00	<i>2000</i>
	\$600.00	<i>2200</i>
<i>na</i>	\$100.00	<i>100</i>
<i>na</i>	\$220.00	X
<i>na</i>	\$120.00	X
	<u>\$1,540.00</u>	

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:



## 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 ..... 02/08/2021 16:24 (SGT)  
Date of Accident ..... 31/07/2021 16:50 (SGT)  
Exact Location of Accident ..... Geylang Rd, Singapore  
Additional Location Information ..... ALONG GEYLANG ROAD NEAR LORONG 16  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMJ4051U

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MOHAMED BORHAN BIN MOHAMED JAAFAR  
NRIC No ..... SXXXX118Z  
Email Address ..... BORHAN@HOMEOFSEAFOOD.COM  
Mobile Phone No ..... (Phone) +65-91816811  
Alternative Phone No ..... (Home) +65-91816811

### VEHICLE PARTICULARS

Manufacturer ..... Lexus  
Model ..... Rx350  
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 ..... 0

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5118316327  
Cover Note Number ..... -

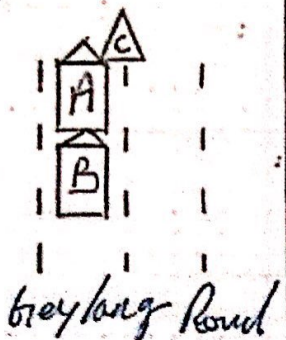
### DRIVER

Name of Driver ..... MOHAMED BORHAN BIN MOHAMED JAAFAR  
NRIC No ..... SXXXX118Z



SKETCH PLAN

Greyling  
for 16



A-SMJ4051U  
B-SHCS170D  
C-PMA  
(Personal Mobility Aids)  
Date 31/07/2021  
Time 1650

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report.

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)

Reporting Centre Person's Signature  
Name: