

ASS. REG. BY:

REF:

GRB/ 2100 9104/K

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:

05

days

Res.:

Yes or No

Lump Sum:

20

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKC81U

Yr Regn:

06, 18

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

Truck / Trailer or

(A)

Wagon

Make:

BMW 216D

C.O

1498

Colour

White

AC:

Insured / Std / NI / NA

Sp. Reading

190324

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WBA2E 320205B 48P38

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 / Rlm or

Tyre Size:

F:

215/55 R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

3

mm

R/Bal.

6

mm

L/Bal.

3

mm

L/Bal.

6

mm

D.O.A.

27/10/21

D.O.I.

1/9/2021

Survey held at

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

O/S Frt & U/C

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 30.08.2021
MODEL: BMW 216D
VEHICLE NO.: SKC 81 U

INSURANCE: INDIA

Lfk kenneth
Not Authorised
11/8/21
Resurvey After Painting
5 days

DESCRIPTION	QTY	LIST PRICE	AMOUNT	
FRONT BUMPER	1		\$ 901.75	✓
FRONT BUMPER BRACKET	1		\$ 40.00	✓
FRONT BUMPER SENSOR	2	\$ 251.30	\$ 502.60	?
FRONT BUMPER FOG LAMP	1		\$ 301.80	?
FRONT BUMPER FOG LAMP COVER	1		\$ 95.66	✓
O/S HEAD LAMP	1		\$ 2,363.65	✓
O/S FRONT FENDER	1		\$ 630.25	✓
O/S FRONT FENDER EMBLEM	1		\$ 71.30	✓
O/S FRONT FENDER UNDER SHIELD	1		\$ 135.60	X
O/S FRONT RIM	1		\$ 805.90	✓
O/S FRONT SHOCK ABSORBER	1		\$ 308.45	?
O/S FRONT KNUCKLE BEARING	1		\$ 511.30	?
O/S FRONT KNUCKLE ARM	1		\$ 557.45	?
O/S FRONT LOWER ARM	1		\$ 286.15	?
O/S FRONT LOWER ARM BUSH	1	59	\$ 192.00	?
SUB TOTAL			\$ 7,703.86	
O/S FRONT TYRE	1	S/N	\$ 380.00	X
LABOUR CHARGE				
TO PUTTY & SPRAY PAINTING			\$ 600.00	4500
TO CHECK FRONT WIRING & FOCUS HEADLIGHT			\$ 30.00	200
TO CHECK WHEEL ALIGNMENT			\$ 80.00	600
TO REPLACE FRONT UNDER CARRIAGE			\$ 400.00	?
LABOUR			\$ 500.00	4000
TOTAL LABOUR			\$ 1,610.00	
ESTIMATE TOTAL			\$ 9,693.86	

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:

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the Insurance company.

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	28/08/2021 10:42 (SGT)
Date of Accident	27/08/2021 13:20 (SGT)
Exact Location of Accident	Linden Dr, Singapore
Additional Location Information	ALONG LINDEN DRIVE TURNING TO VANDA AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKC81U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEAH KAH YI
NRIC No	SXXXX831F
Email Address	KAHYI@SUNPEAK.SG
Mobile Phone No	(Phone) +65-96629689
Alternative Phone No	(Home) +65-96629689

VEHICLE PARTICULARS

Manufacturer	BMW
Model	216d
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	1496

INSURANCE COMPANY

Name of Insurance Company	Etika Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MA003358
Cover Note Number	12/12/2020 TO 11/12/2021

DRIVER

Name of Driver	GAN LAI SENG
NRIC No	SXXXX349G



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