ASS. REC. BY: Kenneth

REF: FGL/ 2101070 7/kp

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s AT

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: $ 73K

IDAC Accident Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SFH 6336D Yr Regn: 09, 17

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

Make: Toy CHR c.c 1797

Colour M.P. White A/C: Insured / Std / NI / NA

Sp.Reading 121450 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZYX10 · 2051365

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: Westlake 215/60R17

R: _____

BS / DUN / EXNOVA / GY / FS / LIDA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Firenza

Front		Rear	
R/Bal.	8 mm	R/Bal.	4 mm
L/Bal.	8 mm	L/Bal.	6 mm
D.O.A.	18/10/21	D.O.I.	19/10/2021

Survey held at ✓

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

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:	$ + RS $ SI
Parking	
Others	
TOTAL	

A T AUTO CONSULTANT

Blk 113 Tuck Whye Lane #05-650 Singapore 680113
HP: 8[illegible]9989 Email: atautoconsultant@gmail.com
Co. Reg. No. : 53868526E

Not Authorised
Liftg &
Resurvey After Paint
2days

Date of Estimate: 18.10.2021
Vehicle No: SFH6336D
Owner: SIMPLICITY SLNS PTE LTD
Date of Accident: 18.10.2021
Make & Model: TOYOTA CHR
Chassis No : ZYX10-2051365

ESTIMATE FOR ACCIDENT VEHICLE NOS SFH6336D

PARTS

1	1	Rear bumper	Brl/Gn	$1,239.00 ✓
2	1	Rear bumper low lid	Gn	$450.00 ✓
3	1	Rear bumper reflector	Sn	$180.00 X
4	1	Rear wheel arch garnish RH	Gn	$250.00 ✓
5	1	Tail lamp RH	Sn	$600.00 X
6	1	Tail lamp panel RH	R	$330.00 X
7	1	Rear fender RH (repair)		$0.00
			SUB TOTAL	**$3,049.00**
			LESS 25%	**$762.25**
			DISCOUNTED SUB TOTAL	**$2,286.75**

S. NETT ITEM

1	1set	Front bumper clips	Nm	$50.00 ✓
2	1set	Reverse sensor	Sn	$320.00 X
			SUB TOTAL	**$370.00**
			LESS 0 %	**$0.00**
			DISCOUNTED SUB TOTAL	**$370.00**

LABOUR

1	Panel beating for replace and repair affected parts	$500.00	2 col
2	Spray painting on accdient areas	$600.00	22 cl
3	Wiring charges / reverse sensor	$120.00	5 ol
5	Apply undercoating to above affected areas	Nm $80.00	X
	SUB TOTAL (LABOUR)	**$1,300.00**	

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:

[redacted]

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE
1. Please report promptly 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 to 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	18/10/2021 18:05 (SGT)
Date of Accident	18/10/2021 13:25 (SGT)
Exact Location of Accident	Jurong Town Hall Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFH6336D

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIMPLICITY SLNS PTE LTD
Company Reg No	2XXXXX670H
Email Address	ARIKYEO1996@GMAIL.COM
Mobile Phone No	(Phone) +65-90787272
Alternative Phone No	(Home) +65-90787272

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
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	Commercial vehicle
Transmission	Auto
CC	0

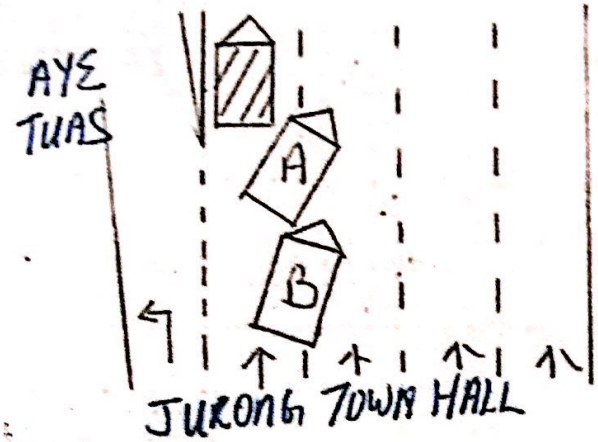
INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119096851-01
Cover Note Number	-

DRIVER

Name of Driver	ARIK YEO WEN QI
NRIC No	SXXXX168I

SKETCH PLAN TEBAN FLYOVER



A-SFH 6336D
B-SBS 3337C
Date 18/10/2021
Time 1325

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time, I was driving along Jurong Town Hall Road towards Jurong East on lane 4. There was a vehicle stationary infront of me. So I check my blindspot, it was clewed and I proceeded for the lane change. As my vehicle was abit close to the stationary vehicle, I slowed to ensure clearance. Suddenly I felt an impact. It was vehicle B that followed the lane change that collided onto my rear right.

DECLARATION
I declare the foregoing particulars are true in every respect.

Driver's Signature
(If driver is not the policyholder)

MAG
Reporting Centre Personnel's Signature
Name:

Date & Time: