ASS. REC. BY: Kenneth

REF: CTZ/2101078IK4

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Car Time

of _____

Insured: 4771

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: 05 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: GBG 6899Z Yr Regn: 09, 17

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

Make: NIS NV200 c.c 1461

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

Sp.Reading 34241 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VSKYBAM20F0145668

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: _____

R: 175/70R14

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	21/10/21	D.O.I.	29/10/2021

Survey held at _____

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

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: _____

Survey Fee: _____

Transportation: _____ $ - RS. _____ SI

Parking _____

Others _____

TOTAL _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

Not Authorised
4/Ly &
Painting After Parts
5days

AUTOSOLUTION
CARTIMES
CarTimes Autolution Pte Ltd
160 Sin Ming Drive AutoCity
#02-04 Singapore 575793
Tel : 6471 5111
Email : claims@cartimes.com.sg

VEHICLE NO: GBG6899Z
CHASSIS NO: VSKYBAM20Z0145668

MODEL: NISSAN NV200

DESCRIPTION		REPAIRER'S ESTIMATE(S$)		
PARTS (LIST ITEMS)				
REAR FENDER LHS			$ 1,640.00	
REAR FENDER INNER SHIELD LHS			$ 200.00	
REAR FENDER MOULDING LHS			$ 200.00	
REAR BUMPER			$ 490.00	
REAR BUMPER RETAINER LHS			$ 40.00	
REAR BUMPER SPONGE			$ 100.00	
TAIL LAMP LHS			$ 250.00	
TAILGATE DOOR LHS			$ 1,220.00	
TAILGATE DOOR UPPER HINGE			$ 108.00	
TAIILGATE DOOR LOWER HINGE			$ 108.00	
END PANEL OUTER			$ 260.00	
NV200 EMBLEM			$ 150.00	
NISSAN EMBLEM			$ 160.00	
			$ 4,926.00	
		10%	$ 492.60	
			$ 4,433.40	
SPECIAL NETT ITEMS				
70KM/HR STICKER			$ 20.00	12Sa
REAR BUMPER CLIPS 1 SET			$ 60.00	
	Total		$ 80.00	
	TOTAL PARTS		$ 4,513.40	

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:

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S$)	
	LABOUR		
1	To remove the affected parts & fittings to commence repairs; replace damaged parts and components	$ 1,200.00	700
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	$ 1,200.00	500
3	To remove and re-fix wiring and check all electrical components at damaged areas for proper functions	$ 100.00	20
4	To provide anti-rust treatment on affected areas	$ 100.00	30
5	Alignment Check	$ ~~na~~ 100.00	X
	Labour Total :	$ 2,700.00	
	TOTAL (PARTS & LABOUR):	**$ 7,213.40**	

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	21/10/2021 11:42 (SGT)
Date of Accident	21/10/2021 10:15 (SGT)
Exact Location of Accident	Pandan Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6899Z

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	C & P RENT-A-CAR PTE LTD
Company Reg No	1XXXXX477H
Email Address	claims@cartimes.com.sg
Mobile Phone No	(Phone) +65-91444660
Alternative Phone No	+65-91444660

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1597

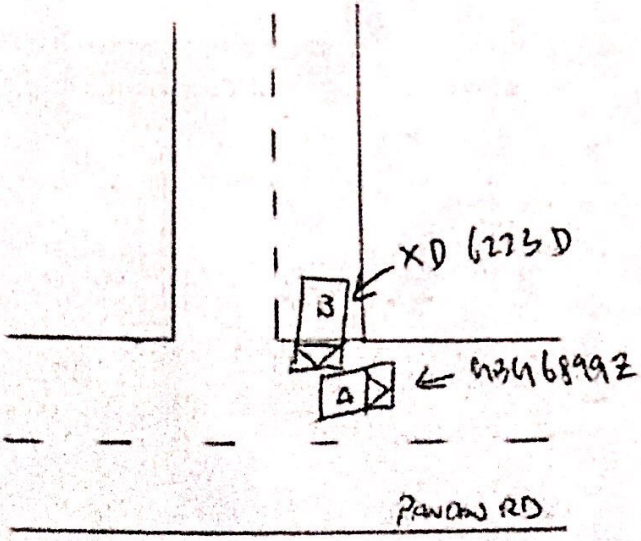
INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	SD21V02131/VCZ/R08
Cover Note Number	-

DRIVER

Name of Driver	HO CHI HO
NRIC No	SXXXX847E

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WHEN I'M DRIVING ON PANDAN RD, SUDDENLY THIS LORRY (CAR B) (CAR A)

COME OUT FROM THE JUNCTION & HIT MY VAN (CAR A)

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)
Date & Time: 21/10/21

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: