Make/Model: SDG54K PV01013471

ASS. REC. BY: Kenneth

REF: TU / 22000925/kg

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Kien Cheong

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: 84k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 04 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: SKX 5835T Yr Regn: 12 15

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

Make: Toy Atio c.c 1496

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

Sp.Reading 85276 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NRE161-0009267

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 185/60R 15

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	3 mm
L/Bal.	7 mm	L/Bal.	3 mm
D.O.A.	7/1/22	D.O.I.	27/1/2022

Survey held at _____ 10.15am

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

O/S 1/4 & U/C

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 _____

KIEN CHEONG AUTOMOTIVE

BLK 9 SIN MING INDUSTRIAL ESTATE SECTOR C
#01-26 SINGAPORE 575644
H/P : 8125 9406 FAX : 64550902

The Motor Claims Dept.
India International Insurance
(LKK)

DATE : 26/1/2022
VEHICLE NO : SKX 5835T
MAKE/MODEL : Toyota Axio
ACC DATE : 8/1/2022

ESTIMATE

Page . 1 .

S/N	PC	List Items	AMOUNT S$
1	1	Front bumper	515.60
2	1	Front bumper retainer	177.10
3	1	Front RH head lamp	582.30
4	1	Front RH fender	731.35
5	1	Front RH fender inner shield	371.25
6	1	Front RH kunkle	561.60
7	1	Front RH lower arm	371.25
8	1	Front RH wheel bearing	230.10
9	1	Front RH shock absorber	571.45
10	1	Front RH shock absorber mounting	271.50
			3,867.90
		Less 25%	966.97
			2,900.93

Special Items

1	1	Front bumper clip	30.00
2	1	Front head lamp clip	20.00
3	1	Front RH fender clip	20.00
4	1	Front RH fender inner shield clips	30.00
5	1	Front RH tyre rim	280.00
6	1	Fromt RH trye	180.00
			560.00

Labour Charges

1	Wheel alignment	150.00
2	To check up electrical wiring	80.00
3	Anti rust	100.00
4	To remove and fix under carriage	450.00
5	To respray painting & etc	600.00
6	Panel beat, remove and replacing above parts	1,000.00
		2,230.00

Total Repair Cost **5,690.93**

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/DLS : Five Thousand Six hundred ninety and cents Ninety-three only.)

SC1R22180007 / City Auto Pte Ltd
ENTRY DATE & TIME: 08/01/2022 16:35 (SGT)
SUBMITTED BY: Jason Quak
VERSION: 1 (08/01/2022 16:35 (SGT))

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	08/01/2022 16:35 (SGT)
Date of Accident	07/01/2022 23:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SIMEI STREET 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX5835T

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ASIA CARZ AUTO
Company Reg No	5XXXX402E
Email Address	philipkoh888@gmail.com
Mobile Phone No	(Phone) +65-98581286
Alternative Phone No	+65-98581286

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
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	Private hire
Transmission	Auto
CC	1500

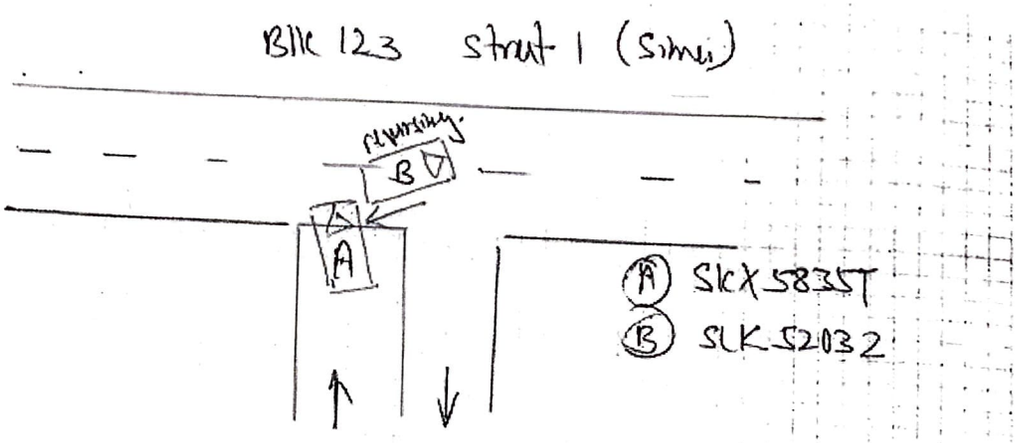
INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5115406146-01-000004
Cover Note Number	DRIVO CLASSIC

DRIVER

Name of Driver	PHILIP KOH CHEE BOON
NRIC No	SXXXX861D

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the attach police report no: T/2022016 6/2033

DECLARATION

I/We declare the foregoing particulars are true in every respect.

ASIA CARZ AUTO ROC: 53310402E

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

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