

ASS. REQ. BY:

REF:

SMR/ 220018691kg

KENNETH

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:

100m

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

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:

YP 2606J

Yr Regn:

05, 16

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

Truck / Trailer or

(m).

Make:

Mit

Fusu

c.c

2998

Colour

White

A/C: Insured / Std / NI / NA

Sp. Reading

350184

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

FEB 21 E.A 20098

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: M / S/Rim / STD A/Rim or

Tyre Size:

F:

195/85R15

R:

(D)

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

TOYO / YOKO or

Homer

Front

Rear

R/Bal.

9

mm

R/Bal.

6

6

mm

L/Bal.

9

mm

L/Bal.

6

6

mm

D.O.A.

21/2/22

D.O.I.

1/3/2022

Survey held at

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

cls body

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. SI

Furios

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

TOTAL



ISO-INTERGRATED M & E PTE LTD
8, Changi North Street 1,
Singapore 498829

Attention: Owner
Contact:

COMPLETE VMS PTE LTD
176 Sin Ming Drive, #03-14 / 07, Sin Ming Autocare, Singapore 575721
(Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg

The Premier One Stop Vehicle Accident Claims Centre

Not Authorised
L1Pang &
Purnima Ate Palm

Today

ESTIMATE ES 010180
Date 26/2/2022
Vehicle Number YP2606J
Make / Model MITSUBISHI CANTER FEB21ER4SDEB
Engine Number 4P10B97252
Chassis Number FEB21EA20098
Accident Date 21 Feb 2022
Policy Number DHOM110178202100

Description	Qty	Unit Price	Amount
Parts			
List Items			
Front Door R/H	1	\$S2,100.00	\$S1,890.00 ✓
Front Door Hinge	2	\$S167.00	\$S300.60 ✓
Side Step Panel R/H	1	\$S345.00	\$S310.50 ✓
Front Wheel Arch Top Garnish	1	\$S410.00	\$S369.00 X
Front Bumper	1	\$S1,308.00	\$S1,177.20 X
Side Lamp R/H	1	\$S257.00	\$S231.30 ✓
Headlamp R/H	1	\$S555.00	\$S499.50 ✓
Headlamp Bracket R/H	1	\$S210.00	\$S189.00 X
Signal Lamp R/H	1	\$S256.00	\$S230.40 ✓
Front Bumper Bracket	1	\$S205.00	\$S184.50 X
Mudflap R/H	1	\$S350.00	\$S315.00 ✓
Radiator Spare Tank	1	\$S350.00	\$S315.00 ✓
Discount 10% applied			\$6,012.00

Special Nett Items

Company Sticker & Logo	1	\$S380.00	\$S380.00 120%
Canvas R/H	1	\$S550.00	\$S550.00 200%
Front Rim R/H	1	\$S450.00	\$S450.00 ✓
Front Bumper Pad R/H	1	\$S380.00	\$S380.00 ✓

\$1,760.00

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

Pages 1 / 2

COMPLETE VMS PTE LTD

This is only an estimate base on our preliminary inspection and does not cover additional parts and labour time which may be require after the work has begin

Acknowledged by Repairer

Signature:

Date:



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Singapore 498829

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Description

Qty Unit Price Amount

Labour

Nett

To Remove And Refit Damage Parts To Facilitate Repair	1	S\$1,800.00	S\$1,800.00	5001
Spray Paint Damaged Area Affected	1	S\$1,600.00	S\$1,600.00	5001
Computer Wheel Alignment	1	S\$80.00	S\$80.00	X
Check Wiring	1	S\$80.00	S\$80.00	201

Discount applied \$3,560.00

Special Nett Items

Top Up Coolant	1	S\$80.00	S\$80.00	201
			\$80.00	

Total \$11,412.00

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	21/02/2022 17:51 (SGT)
Date of Accident	21/02/2022 09:30 (SGT)
Exact Location of Accident	Serangoon Rd, Singapore
Additional Location Information	Towards PIE (MRT taxi stand)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2606J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ISO-INTEGRATED M & E PTE LTD
Company Reg No	200718390K
Email Address	gc.ting@iso-team.com
Mobile Phone No	(Phone) +65-92717589
Alternative Phone No	+65-92717589

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	3000

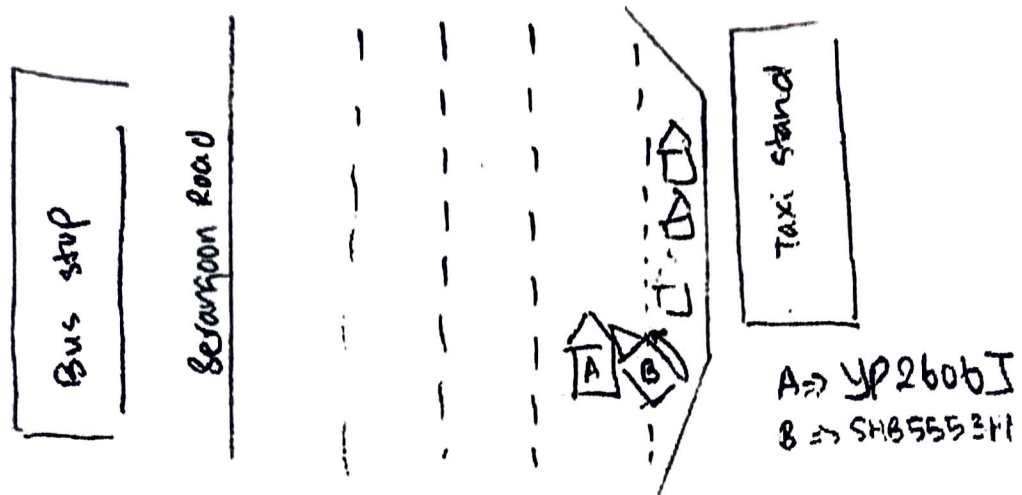
INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM110178202100
Cover Note Number	-

DRIVER

Name of Driver	Balakrishnan Soundarajan
Passport No/FIN	G7283761X

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am travelling Serangoon road toward PTE. As I drove past the taxi stand, Veh B (taxi) which was queuing along the taxi stand suddenly filter out without checking and his LH front portion collided into the RH portion of my veh A. I could not take any photo on the spot as the taxi has shifted his vehicle after the accident. We exchange particulars and I am filling this report for insurance claim purposes.

DECLARATION

I/We declare the above particulars are true in every respect

Policyholder's Signature
Date & Time
21 FEB 2022

Driver's Signature
(If driver is not the policyholder)
Date & Time
21 FEB 2022

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