

ASS. REC. BY:

REF:

INC/ 22002403/kv y3

Gigabit
Ethernet

Kennerth

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: SJE 1113G

Policy No.

Claims No. MT/1164828-002

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:

853k

IDAC Accident Report:

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:

07/30

Person Contacted:

Vehicle: IN / OUT

Veh No:

STX 9750P

Yr Regn:

07, 10

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

Truck / Trailer or

Make:

Toy Vios

c.c.

1497

Colour:

White

A/C:

Insured / Std / NI / NA

Sp. Reading:

229556

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

NR05314Y9305167290

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / SRim / STD A/Rim or

Tyre Size:

F:

R:

195/50R16

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

TOYO / YOKO or

Turador

Front

R/Bal.

8

mm

Rear

R/Bal.

8

mm

L/Bal.

P

mm

L/Bal.

P

mm

D.O.A.

11/3/22

D.O.I.

16/3/2022

Survey held at

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

N/S 157

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

Date / Time

Action / Instruction

23/3/22

11 Pm @ 1250 confirmed (Red 2152.80, 63%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

4

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

2) 24/3/22-typist

Report Format : TP

Lump Sum / L.B.I: (\$ 1250)

TSR AUTOMOTIVE PTE LTD

H.P 90030857

Not Authorised
U1 Rep @ 1250/hr
Priming After Paint
4 days

Date : 16/03/2022

QUOTATION -THIRD PARTY CLAIM

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Attn: Motor Claim Department . Officer In Charge

Accident on : 11/03/2022

Claim : Third Party Claim
Veh. No : SJX 9750 P
Model : TOYOTA VIOS
Insured Ins: ERGO INSURANCE

QTY	PARTICULARS	AMOUNT	SURVEYOR
	Your Insurer Vehicle No : SJE 1113 G		
1	FRONT BUMPER	\$ 480.00	X
1	FRONT BUMPER RETAINER LH	\$ 220.00	X
1	FRONT FENDER LH	\$ 385.00	✓
1	FRONT FENDER UNDERSHIELD LH	\$ 282.00	X
1	HEADLAMP LH <i>4PS.70</i>	\$ 524.00	✓
		\$ 1,891.00	
	Less 25%	\$ 378.20	
		\$ 1,512.80	
	S/NETT		
10	FRONT BUMPER CLIPS	\$ 35.00	✓
10	FRONT FENDER UNDERSHIELD CLIPS	\$ 35.00	X
1	FRONT RIM LH	\$ (Red) 500.00	<i>2200ms X</i>
	TOTAL S/N	\$ 570.00	
	TOTAL PARTS :	\$ 1,512.80	
QTY	LABOUR	AMOUNT	SURVEYOR
	Balance b/f	\$ 1,512.80	
	LABOUR CHARGE :		
	Labour charges	\$ 800.00	<i>3800</i>
	To do spray painting on accident affected area .	\$ 800.00	<i>4000</i>
	To do computer wheel alignment	\$ 80.00	<i>600</i>
	To do anti rust	\$ 90.00	<i>300</i>
	Check wiring ssystem, replace forcs headlamps	\$ 120.00	<i>200</i>
	Total Labour :	\$ 1,890.00	
	Total Parts & Labour :	\$ 3,402.80	

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:

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	14/03/2022 09:47 (SGT)
Date of Accident	11/03/2022 15:20 (SGT)
Exact Location of Accident	Orchard Rd, Singapore 238897
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX9750P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAY JIMMY
NRIC No	SXXXX987D
Email Address	jimmytay62@gmail.com
Mobile Phone No	(Phone) +65-91117883
Alternative Phone No	+65-91117883

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1500

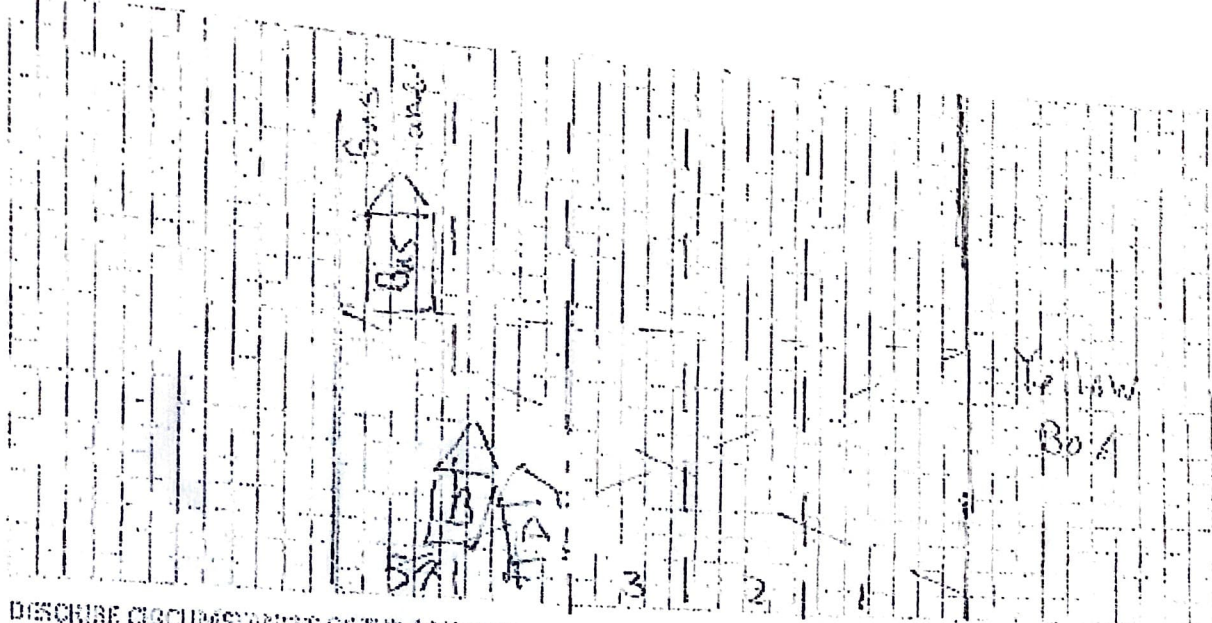
INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPG21009132
Cover Note Number	-

DRIVER

Name of Driver	HUANG YU HAN CANDY
NRIC No	SXXXX158F

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A-SJX 9750P
B-SJE 1113 G

I from lane 3 going to lane 4.
Vehicle B from lane 5 Bus lane switch to
lane 4 without signal.

My vehicle more than half into lane 4 before
the accident happen.

Attach short video before impact.

I am Claiming Third Party Insurance

DECLARATION

(We declare the foregoing contents are true in every respect)

Deponent's Name
Date & Time

Deponent's Signature
(Printed name of the deponent)
Date & Time

Reporting Officer's Signature
Name
Designation