ASS. REC. BY: Kenneth | REF: CTL / 22003459 / kqy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Pan Siang Leon

of _____

Insured: _____

Policy No. _____

Claims No. SNM22D202558/C02

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: 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: SFD 55A Yr Regn: 10, 12

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

Make: Toy Vell fire c.c 2362

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

Sp.Reading 181906 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ANH20 - 8246519

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: 235/50R18

R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	13/4/22	D.O.I.	14/4/2022

Survey held at _____

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

Frt N/S

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

Date / Time	Action / Instruction
/	Cctv footage
	25/04/22@12.52pm revised to Jenny Lew via Merimen.
	Kenneth finalised LS $3950, 4 days. (Red $4999.40, 56%)

Date/Time, File Pass to? 1) 25/04 Typist

Date/Time, File Return to? 2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee:

Transportation: ___ S + RS. ___ SI

Parking

Others

TOTAL

Report Format : MER-TP

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

方 商 昭 喷 漆
POON SIANG SEOW

Sin Ming Autocity, No. 160 Sin Ming Drive, #05-13, Singapore 575722.
Tel: 6453 7511 Fax: 6453 8046 Email: sitti1@singnet.com.sg Regn. No. 05396600K

Leong Hai Peng Daniel
No 160 sin ming auto city
Sin ming drive
Singapore 575722

Not Authorised
L/Supp &
Resurvey After Paint
4 days

Dear sir
Estimate cost of repair to vehicle no. SFD55A
To supply

1.	Front bumper	CM	861.90	✓
2.	Front bumper reinforcement		419.85	?
3.	Front bumper sponge		102.00	?
4.	Front bumper sensor	SCR	350.00	2 ouch
5.	Front bumper retainer x2	NISSAN	139.80	4
6.	Front head lamp left	CM	2,315.90	✓
7.	Front head lamp moulding		102.00	?
8.	Front grille	ARGCM	885.90	✓
9.	Front fog lamp left	Sn	381.90	X
10.	Front fog lamp cover	Sn	255.90	X
11.	Front fender left	Bu	1,089.65	✓
12.	Front fender inner garish	Sn	214.60	X

25%

Labour charges		
number plate	Sn	50.00 X
Panel beating		800.00 400
Spray painting		880.00 600
Rust proofing		100.00 30
Total		8,949.40

Your faithfully

ALBERT POON

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 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	13/04/2022 19:36 (SGT)
Date of Accident	13/04/2022 13:53 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Signature Park, Jalan Jurong Kechil
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFD55A

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEONG HAI PENG DANIEL
NRIC No	S8502604F
Email Address	hannah.tay@yahoo.com
Mobile Phone No	(Phone) +65-90308098
Alternative Phone No	+65-90308098

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vellfire
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	2400

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5124348424
Cover Note Number	-

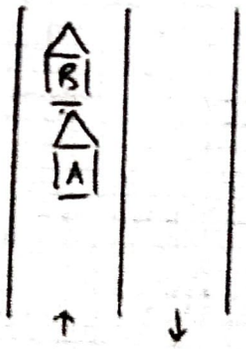
DRIVER

Name of Driver	HANNAH TAY SHU HUI
NRIC No	S8431105G

PLAN #2

SKETCH PLAN

A: SFO55A
B: CB7227X



Signature Park
Jalan Jurong Kechil

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary waiting for vehicle B to clear the guard post. suddenly vehicle B started to reverse and collided onto my vehicle.

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time: 13/04/2022 11:15 hrs	Name: Eugene Lee NRIC/FIN No.: S7918815