ASS. REC. BY: Kenneth | REF: LPC/2200785T/kq

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s S Three

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: $97k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 09 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: SMG 1266C Yr Regn: 12/17

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

Make: Mit Eclipse Cross c.c 1499

Colour M. Red A/C: Insured / Std / NI / NA

Sp.Reading 73118 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JMAXTGKIWJZ000106

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: 225/55R18

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.	15/8/22	D.O.I.	17/8/2022

Survey held at _____

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

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 ($ _____)

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Parking: _____

Others: _____

TOTAL: _____

Report Format :

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

Not Authorised
L/Lamp &
Recovery After Paint

TO :
ATTN : **MOTOR CLAIM DEPT.**

T/P VEH. NO. : **XE1706E**

ESTIMATE REPORT 1st QUOTATION
OWNER'S PARTICULAR
NAME : **GOH KWANG CHOW GREGORY**
ADDRESS :

JOB NO :_____

CONTACT : **91179001**

LICENSE NO. : **SMG1266C** TRANS. :
MAKE / MODEL : **MIT ECLIPE**
OWNER'S INSURER : **SOMPO INSURANCE**
JOB-CODE : **TP** S/A : **JOEY**

CHASSIS NO :
ENGINE NO :

ACCDENT DATE : **15-Aug-22**

CLAIM DETAIL

	MATERIALS		QTY	QUO-PRICE	DISC. %	DISC-PRICE	SUR. DISP	REV. PRICE
1	FRONT BUMPER	Sn	1.00	750.00	10.00	675.00	Y	X
2	FRONT BUMPER RETAINER RH	Sn	1.00	35.00	10.00	31.50	Y	X
3	FRONT BUMPER LOWER GARNISH	Sn	1.00	318.00	10.00	286.20	Y	X
4	HEADLAMP RH	Sn	1.00	1986.00	10.00	1787.40	Y	X
5	HEADLAMP BRACKET RH	Sn	1.00	115.00	10.00	103.50	Y	X
6	FRONT FENDER RH	R	1.00	550.00	10.00	495.00	Y	X
7	FRONT FENDER PROTECTOR RH	Cy	1.00	160.00	10.00	144.00	Y	✓
8	FRONT FENDER INNER SHIELD RH	Sn	1.00	155.00	10.00	139.50	Y	✓
9	FRONT 1/4 GLASS GARNISH & MOULDING RH	Cy	1.00	235.00	10.00	211.50	Y	✓
10	FRONT SPORT RIM RH	Sn	1.00	1680.00	10.00	1512.00	Y	X
11	FRONT ABSORBER RH	Sn	1.00	398.00	10.00	358.20	Y	X
12	FRONT LOWER ARM RH	Sn	1.00	350.00	10.00	315.00	Y	X
13	FRONT CONTROL ARM RH	Sn	1.00	551.00	10.00	495.90	Y	X
14	FRONT KNUCKLE ARM RH	Sn	1.00	348.00	10.00	313.20	Y	X
15	WING MIRROR ASSY RH	Bp	1.00	835.00	10.00	751.50	Y	✓
16	WING MIRROR TOP COVER RH	Mi	1.00	220.00	10.00	198.00	Y	✓
17	WING MIRROR LOWER COVER RH	Mi	1.00	105.00	10.00	94.50	Y	✓
18	FRONT DOOR RH	R	1.00	980.00	10.00	882.00	Y	✓ ?
19	FRONT DOOR PROTECTOR RH	Sn	1.00	266.00	10.00	239.40	Y	X
20	FRONT DOOR PROTECTOR CHROME RH	Sn	1.00	109.00	10.00	98.10	Y	X
21	FRONT DOOR OUTER HANDLE RH	Pdl/Cy	1.00	298.00	10.00	268.20	Y	✓
22	FRONT DOOR OUTER HANDLE SIDE COVER RH	Pdl	1.00	35.00	10.00	31.50	Y	✓
23	FRONT DOOR SUN VISOR RH	Cy	1.00	80.00	10.00	72.00	Y	✓

24	FRONT DOOR FRAME GARNISH RH		1.00		95.00	10.00	85.50	Y	X
25	FRONT DOOR FRAME STICKER BLACK RH		1.00		70.00	10.00	63.00	Y	?
26	FRONT DOOR CHROME MOULDING RH		1.00		155.00	10.00	139.50	Y	✓
27	FRONT DOOR 1/4 GARNISH & MOULDING RH		1.00		265.00	10.00	238.50	Y	✓
28	FRONT DOOR GLASS RH		1.00		400.00	10.00	360.00	Y	✓
29	FRONT DOOR GLASS MOULDING RH		1.00		125.00	10.00	112.50	Y	X
30	REAR DOOR RH		1.00		942.00	10.00	847.80	Y	X
31	REAR DOOR PROTECTOR RH		1.00		266.00	10.00	239.40	Y	X
32	REAR DOOR PROTECTOR CHROME RH		1.00		109.00	10.00	98.10	Y	X
33	REAR DOOR OUTER HANDLE RH		1.00		298.00	10.00	268.20	Y	X
34	REAR DOOR OUTER HANDLE SIDE COVER RH		1.00		35.00	10.00	31.50	Y	X
35	REAR DOOR FRAME GARNISH RH		1.00		95.00	10.00	85.50	Y	X
36	REAR DOOR FRAME STICKER BLACK RH		1.00		70.00	10.00	63.00	Y	X
37	REAR DOOR CHROME MOULDING RH		1.00		155.00	10.00	139.50	Y	X
38	REAR DOOR SUN VISOR RH		1.00		80.00	10.00	72.00	Y	X
39	REAR DOOR SIDE GARNISH		1.00		155.00	10.00	139.50	Y	✓
40	REAR FENDER RH		1.00		880.00	10.00	792.00	Y	✓
41	REAR FENDER WHEEL PROTECTOR RH		1.00		160.00	10.00	144.00	Y	✓
42	REAR FENDER INNER SHIELD RH		1.00		126.00	10.00	113.40	Y	X
43	REAR FENDER 1/4 GLASS GARNISH		1.00		165.00	10.00	148.50	Y	?
44	REAR BUMPER		1.00		580.00	10.00	522.00	Y	✓
45	REAR BUMPER LOWER COVER RH		1.00		125.00	10.00	112.50	Y	X
46	REAR BUMPER RETAINER RH		1.00		35.00	10.00	31.50	Y	✓
47	REAR SPORT RIM RH		1.00		1680.00	10.00	1512.00	Y	X
48	REAR WHEEL HUP BEARING RH		1.00		450.00	10.00	405.00	Y	X
49	REAR SHOCK ABSORBER RH		1.00		280.00	10.00	252.00	Y	X
50	REAR LOWER ARM RH		1.00		180.00	10.00	162.00	Y	X
51	REAR UPPER ARM RH		1.00		230.00	10.00	207.00	Y	X
52	REAR CONTROL ARM RH		1.00		380.00	10.00	342.00	Y	X
53	REAR KNUCKLE ARM RH		1.00		520.00	10.00	468.00	Y	X
54	TAILLAMP RH		1.00		750.00	10.00	675.00	Y	X
55	TAILGATE LAMP		1.00		295.00	10.00	265.50	Y	X
	TOTAL (PARTS) :				20710.00		18639.00		

SPECIAL NETT ITEM

1	FRONT DOOR INSULATOR PAD	1.00		280.00	0.00		280.00	Y	X

2	FRONT DOOR PROTECTOR CLIPS	1.00		50.00	0.00	50.00	Y
3	REAR DOOR INSULATOR PAD	1.00		280.00	0.00	280.00	Y
4	REAR DOOR PROTECTOR CLIPS	1.00		50.00	0.00	50.00	Y
5	REAR BUMPER CLIPS	1.00		50.00	0.00	50.00	Y
6	FRONT TYRE RH	1.00		380.00	0.00	380.00	Y
7	REAR TYRE RH	1.00		380.00	0.00	380.00	Y
8	FRONT FENDER INNER SHIELD CLIPS	1.00		50.00	0.00	50.00	Y
9	REAR FENDER INNER SHIELD CLIPS	1.00		50.00	0.00	50.00	Y
10	REAR FENDER INSULATOR PAD	1.00		280.00	0.00	280.00	Y
	TOTAL (PARTS) :			1850.00		1850.00	

LABOUR

1	STRAIGHTEN AND PANEL BEAT ON ACCIDENT AREA	1.00		1400.00	0.00	1400.00	Y
2	SPRAY PAINTING ON ACCIDENT AREA	1.00		1800.00	0.00	1800.00	Y
3	RESPRAY TUFF KOTE ON ACCIDENT AREA	1.00		120.00	0.00	120.00	Y
4	R&R FRONT DOOR COMPARTMENT RH	1.00		120.00	0.00	120.00	Y
5	R&R REAR DOOR COMPARTMENT RH	1.00		120.00	0.00	120.00	Y
6	R&R REAR SUSPENSION RH	1.00		280.00	0.00	280.00	Y
7	R&R FRONT SUSPENSION RH	1.00		280.00	0.00	280.00	Y
8	R&R SEATS, CARPET & INNER TRIM TO ASSIST REPAIR	1.00		120.00	0.00	120.00	Y
9	COMPUTERISED WHEEL ALIGNMENT	1.00		120.00	0.00	120.00	Y
10	CHECK & REPAIR WIRING SYSTEM	1.00		120.00	0.00	120.00	Y
	TOTAL (LABOUR) :			4480.00		4480.00	
	TOTAL PARTS & LABOUR			27040.00		24969.00	

EXCESS : : S$_____

NO. OF DAY : 09day

RE-SURVEY : BEFORE / AFTER PAINTING

PART-BY-PART OR LUMP-SUM : S$_____

DATE OF SURVEY : 17/8/22

SURVEY BY : Kenneth

CONTACT NO : 96910863 FAX NO : _____

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 Actual 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	16/08/2022 12:28 (SGT)
Reported by	Both
Date of Accident	15/08/2022 17:21 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE SLIP RD TOWARDS ECP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG1266C

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GOH KWANG CHOW GREGORY
Company Reg No	SXXXX244F
Email Address	goh.gregory@gmail.com
Mobile Phone No	(Phone) +65-91179001
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Eclipse cross
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 car
Transmission	Auto
CC	1600

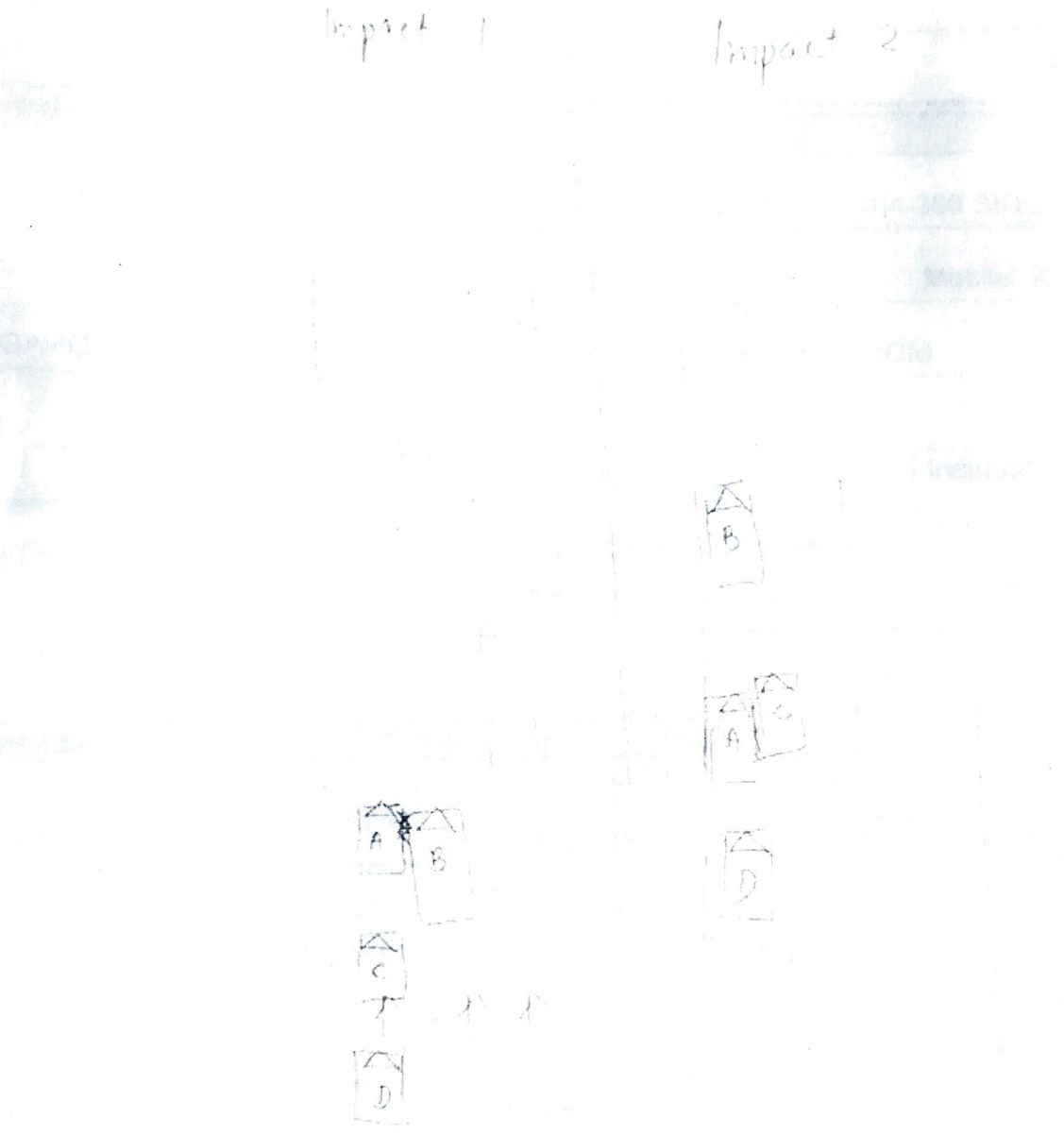
INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTPV01017019

DRIVER

Name of Driver	GOH KWANG CHOW GREGORY
Company Reg No	SXXXX244F
Date Of Birth	24/05/1985
Occupation	Indoor

SKETCH PLAN #3



CONTINUATION OF REPORT

(3)

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
XE1706E	Lorry			Grey	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG1266C	TENET SOMPO INSURANCE PTE. LTD.	D21MTPV01017019	27/12/2021	26/12/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH KWANG CHOW, GREGORY	ID No.	S8516244F
Related Vehicle	SMG1266C (Car)	Contact No.	91179001
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I EXIT TPE AND ENTERED KPE TOWARDS ECP TRAVELING ALONG THE 3RD LANE THROUGHOUT WHEN TRUCK (XE1706E) FILTERED INTO MY LANE FROM LANE 2. XE1706E HIT MY DRIVER SIDE AND THE IMPACT CAUSED ME TO SWIRVED LEFT INTO THE ROAD SHOULDER AND JAM BREAK. BLUE VAN (GBE4106C) WAS BEHIND ME AND GRAZED THE DRIVER SIDE OF MY CAR.