

ASS. REC. BY:

REF:

A.G. / 220084501ke

H. Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Optima

of 4038

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: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 01 days Res.: Yes or No

Lum Sum: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMT 338S Yr Regn: 09, 16

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

Truck / Trailer or Wagon

Make: NIS Elgrand c.c. 2800

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

Sp. Reading: 105075 T/Radio: Insured / Std / NI / NA

Eng/No: _____ C/No: JN1TBAE3220802406

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / R/Rim or

Tyre Size: F: Giti 245/40ZR20

R: Falken

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 7 mm

L/Bal. 8 mm L/Bal. 7 mm

D.O.A. 27/8/22 D.O.I. 1/9/2022

Survey held at _____

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

o/s Rear

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

Date / Time Action / Instruction

220h

Date/Time, File Pass to?

: Prell. Report

Days Of Repair: _____

1) _____
Date/Time, File Return to?

: Final Report

Resurvey No. of Trip: _____

2) _____

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Survey Fee:

Transportation:

\$ - RS. SI

Prints

Others

Report Format :

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

TOTAL

Date: 29.08.2022
Vehicle No: SMT338S
Model: NISSAN ELGRAND HIGHWAY STAR 2.5A
Chassis: QR25291683L
Reg.Year: 2016

Third Party Insurer: AIG
Third Party Veh No: SJQ7570S
Date of Accident: 27.08.2022
Estimator: Victor

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER	1		✓ \$1,850.00 X
2	REAR BUMPER BRACKET RH			✓ \$75.00 X
3	REAR REFLECTOR RH			✓ \$70.00 X
SUB TOTAL				\$1,995.00
LESS 20%				-\$399.00
PARTS TOTAL				\$1,596.00

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER CLIPS	1		~ \$100.00 X
S/N TOTAL				\$100.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX & REPAIR AT ACCIDENT AREA. ~ \$400.00 X

LABOUR CHARGES TO SUPPLY PAINT & FURNISHING MATERIALS AT ACCIDENT AREA. \$400.00 2201

TO TUFF KOTE & UNDERSEAL MATERIALS. ~ \$150.00 X

LABOUR TOTAL \$950.00

TOTAL \$2,646.00

*Not shown
Repair after paint
2201
1 day*

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: _____

Head office

6 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554900
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1003

Date:

Branch (Motor Insurance Claims)

811 To Anson Road, #01-05 Singapore 068047
Tel: (+65) 6481 1622 | Fax: (+65) 6481 1011



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 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 29/08/2022 17:12 (SGT)
Reported by Driver
Date of Accident 27/08/2022 21:17 (SGT)
Exact Location of Accident Singapore
Additional Location Information TRAFFIC JUNCTION OF MIDDLE RD & BEACH RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMT338S
INSURED/POLICYHOLDER
Is company? Yes
Name Of Registered Owner LEGEND BUS PTE LTD
Company Reg No 201435403E
Email Address ws81ukh@gmail.com
Mobile Phone No (Phone) +65-96370081
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Nissan
Model Elgrand
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 2488

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSNW00052442201

DRIVER

Name of Driver LEE SON
NRIC No S7014975C
Date Of Birth 14/05/1970
Occupation Indoor

