

ASS. REC. BY:

REF:

CTI/22012739/KC.

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TPRES/ODRES/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:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lump Sum:

1.B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SLR 4088J

Yr Regn:

08, 17

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

Truck / Traller or

Make:

Kia Forte

c.c

1591

Colour

M. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

42103

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KNAFJ411MJ.5739461

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

13/12/22

D.O.I.

26/1/2023

Survey held at

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

O/S Frt

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

OPC

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS, SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

REPAIR DETAILS

SLR 4088J
TP/china

Reference

Part Source: MRM-SG **Version:** 1.0 (Last Synchronised: 26 Jan 2023)
Parts: 143 KIA FORTE K3 1.6 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's (Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SLR4088J)
Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount	
1	1		*1 PC FRT BUMPER	0.00	0.00	*550.00 F	✓
2	1		*1 PC FRT BUMPER RH SIDE RETAINER	0.00	0.00	*6.00 F	✓
3	1		*1 PC FRT BUMPER REINFORCEMENT	0.00	0.00	*190.00 F	X
4	1		*6 PCS FRT BUMPER CLIPS @2/PC	0.00	0.00	*12.00 F	✓
5	1		*1 PC FRT BUMPER LOGO	0.00	0.00	*42.00 F	✓
6	1		*1 PC FRT BUMPER RH AIR DUCT	0.00	0.00	*30.00 F	X
7	1		*1 PC RH HEADLAMP	0.00	0.00	*450.00 F	✓
Total Parts (S\$)						1,280.00	

F=Franchise part.

Report was unsubmitted during this print-out.
Generated using Merimen e-Claims IEAS

Not Withheld
Heavy Repair

2 days

- 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:

Miscellaneous Items
1 1 PC FRT NO.PLATE

35.00 ✓
Sub Total (\$\$) 35.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	REMOVE AND REFIT FRT BUMPER ASSY, FOGLAMPS, GRILLE, HEADLAMP. TO KNOCK, REPAIR FRT RH FENDER AND REALIGN THE SAME.	New	300 400.00
2	PUTTY AND RESPRAY FRT RH FENDER, FRT BUMPER , FRT RH DOOR. ✓	New	400 600.00
3	TO APPLY FOR REMOVE AND REFIT OPC NO PLATE, SEND FOR INSPECTION INCLUDING COUPON.	New	120 150.00 120
Gross Labour Cost (\$\$)			1,150.00

Report was unsubmitted during this print-out.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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 15/12/2022 14:59 (SGT)
Reported by Both
Date of Accident 13/12/2022 20:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information 437 FERNVALE RD (MSCP L5)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR4088J
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner NG JUN JIE
NRIC No SXXXX875I
Email Address kreaver@gmail.com
Mobile Phone No (Phone) +65-83387875
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Kia
Model FORTE K3 1.6A
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 1591

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number 22-MS009176-R03

DRIVER

Name of Driver NG JUN JIE
NRIC No SXXXX875I
Date Of Birth 12/12/1985
Occupation Indoor

NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy (/) Claim Third party () Reporting Only
() Claim OD/ TP at other workshop ()

Sketch Plan

A- SLR4088J

B- PC4233M

Irene 91725912

437 Fernvale Rd (MSCP L5)



DoA: 13/12/22 8:20pm

Upon retrieving my car on 14/12/22 at 7:50pm I saw a note on my front windscreen (refer attached). I contacted the number stated on the note. She admitted her fault & provided her vehicle number to me. Nobody injured.

* My vehicle is a off-peak car I did not use it regularly hence I only realised my damage on 14/12/22 night time.

Declaration

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


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date

(YS) ang 15/12/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)