

ASS. REC. BY:

REF: CTZ/ 23003869/Kw

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Chen Cars

of 4648

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: \$24K

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 02 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: SKN 88340 Yr Regn: 07, 14

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

Truck / Trailer or (A)

Make: Volkswagen Golf cc 1197

Colour: M. Grey A/C: Insured / Std / Nil / NA

Sp. Reading: 180861 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: WVW 788 AU 8 E W 383809

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 / RIM or

Tyre Size: F: _____

R: 205/55R16

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

TOYO / YOKO or Continental

Front 8 mm Rear 8 mm

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

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

D.O.A. 20/3/23 D.O.I. 14/4/2023

Survey held at _____

Des. of Damages: FR / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

18/4/23 11:00 @ 21:50h Contin @ 02 days (Red \$2,118.90/50%)

Date/Time, File Pass to?

20/04/2023

1) Typist

Date/Time, File Return to?

2)

: Prell. Report

: Final Report

Days Of Repair: 02

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

_____ S - RS. _____ SI

_____ Fuel

_____ Others

TOTAL

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Report Format: TP

Lump Sum / I.B.I.: (\$ 45 \$2,150.00)

趙源摩托 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5
 #01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047
 Tel: 6484 1626 (24Hrs) Fax: 6484 0465
 Business Reg. No: 221880/00C GST Reg. No: MX-0486007-A0

To: China Taiping Insurance (S) Pte Ltd

Policy No: _____ Third Party

Date: 13.04.2023

Accident Date : 20.03.2023

承接汽车烧焊喷漆及
代理各种车辆赔偿

Specialised in Car Painting, Welding,
Panel-Beating and Insurance Claim.

ESTIMATE

数量 Quantity	货名 DESCRIPTION	单价 Unit Price	银 Amount 额 \$ cts.
	Estimate Cost of Repair to "Volkswagen Golf" Reg. No. SKN8834D Claiming Against Your Insured Veh. No. SJG3867R		
1pc	Front Bumper	5.00	BT/amt 1,075.00 ✓
12pcs	Front Bumper Clips		amt 60.00 ✓
1pc	Front Bumper Sponge		amt 87.00 ✓
1pc	Front Bumper Reinforcement		X 576.00 X
1pc	Front Bumper Center Air Grille		amt 350.00 X
1pc	Grille 414		amt 446.00 ✓
1pc	Grille Emblem		amt 120.00 X
1pc	Headlamp RH		amt/amt 857.00 ✓
	Less 10%		3,571.00
	Front Number Plate		357.10
	To Conduct Electrical Check, Focus Headlamp		3,213.90
	Labour Charge - Panel Beating, Repairing Of Bonnet, Support Panel & Part Replacement		amt 45.00 SN X
	To Respray Affected Areas		30.00 201
			400.00 201
			580.00 2201
	Total :		<u>4,268.90</u>

NOT WORKED
 11/2/23 @ 2150h
 Recovery After Claim
 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:

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	21/03/2023 12:34 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/03/2023 21:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	U-TURN POINT AT LENTOR AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN8834D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ANG JOO LENG
NRIC No	SXXXX464Z
Email Address	DARREN66.ANG@GMAIL.COM
Mobile Phone No	(Phone) +65-94387649
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
Variant	VOLKSWAGEN / GOLF A7 1.2 TSI AT 5G12DZ
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	1197

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MPC0010096

DRIVER

Name of Driver	ANG JOO LENG
NRIC No	SXXXX464Z
Date Of Birth	06/06/1973
Occupation	Outdoor

Date Of Driving Pass	26/02/1996
Driving experience	27 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-94387649
Alt. Phone Number	-
Email Address	DARREN66.ANG@GMAIL.COM
Address	APT BLK 988B BUANGKOK GREEN
Address complement	#13-69
Postcode	532988
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - U-Turn
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJG3867R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

