

ASS. REC. BY:

REF: INC/ 23005749/KNKenneth

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/MY

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

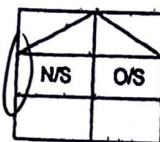
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: 816k

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 03 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 07/24

Person Contacted: _____

Vehicle: IN / OUT

Veh No: G8B 5941SYr Regn: 07. 29

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

Truck / Trailer or

Make: NIS CabstaC.G. 2953Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 353020

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JNIS62F248 800998

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: NI / S/Rim / STD A/Rim orTyre Size: F: Kapsen 195R15X8R: APV 155R12X8(0)

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

TOYO / YOKO or

Front

Rear

R/Bal. 7 mmR/Bal. 9 9 mmL/Bal. 7 mmL/Bal. 9 9 mmD.O.A. 8/4/23D.O.I. 7/6/2023

Survey held at _____

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

NIS body

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

P. 1/25

Others

TOTAL

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

LAWRENCE MOTOR

Blk 5033 Ang Mo Kio Industrial Park 2 AMK #01-277 (off AMK Ave 3)
Singapore 569536 HP 91004390/HP 91254449 Fax 64841482
Email : lawmotoramk@gmail.com

M/s Income Insurance Ltd DATE 07.06.2023
73 Bras Basah Road, #05-01 CAR NO GBB 5941 S
NTUC Trade Union House S189556 MAKE Nissan Cabstar

ESTIMATE COST OF REPAIR FOR THE ABOVE MENTIONED VEHICLE.
YOUR INSURED : SMP 1640 H

Pc	Pcs	JNISC2F24Z0800998	UNIT PRICE	AMOUNT
1	DC	Left hand side guard panel	Nett	\$2,915.10
1	DC	Left hand side rear fender arch	Nett	\$356.00
		Labour for dismantle and replace left hand side guard panel & left side rear fender arch.		\$800.00
		To respray left hand side guard panel and Left hand side rear fender arch.		\$600.00
<p><i>Not work with 11kg & heavy after painting 3 days</i></p>				
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 				
<p>Acknowledged by Repairer Signature: _____ Date: _____</p>				
<p>Page 1 of 1 Total</p>				\$4,671.10

Susan Lim
LAWRENCE MOTOR

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	10/04/2023 21:47 (SGT)
Reported by	Actual Driver
Date of Accident	08/04/2023 18:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AIRPORT RD TWDS JALAN EUNOS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB5941S

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NATIONAL AUTOMOBILE SERVICE
Company Reg No	06238900M
Email Address	contactus@banhonglee.com.sg
Mobile Phone No	(Phone) +65-64825577
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	0

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00005942300

DRIVER

Name of Driver	NG YIAM KEE
NRIC No	S1505268F
Date Of Birth	29/06/1961
Occupation	Outdoor

Describe Circumstance of the Accident

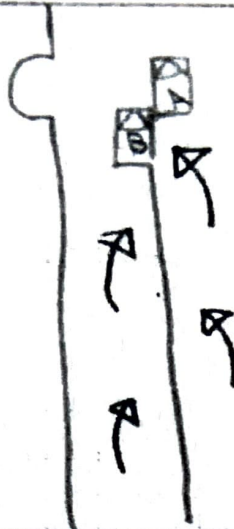
NOTE: PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME for you to submit OWN DAMAGE

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: 6BB 59415

B: JMP1640H

I WAS driving towards Jalan Eunos whereby i felt an impact and realised my car JMP1640H that RH portion had collided onto the rear LH portion of my lorry.

Vehicle No: 6BB 59415 (hina)

Declaration

I/We declare the above particulars are true in every respect



Policyholder's Signature, Date & Time

Driver's Signature of driver at the time of the accident, Date & Time

Witnessed by, Insuring Clerk & Receiver
Name as in Policy ID Card