

ASS. REC. BY:

REF:

PMR/230069961KV

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / 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.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04 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:

SLR 2428A Yr Regn: 08/17

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

Truck / Trailer or

Make:

Kia Cerato c.c. 1591

Colour:

M. Silver A/C: Insured / Std / NI / NA

Sp. Reading:

63782 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KNAFX411MJ5729465

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / SRim / STD A/Rim or

Tyre Size:

F: 205/55R16

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.

6/7/23

D.O.I.

11/7/2023

Survey held at

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

N/S Frt

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair:

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S - RS. SI

: Fuel

: Others

Report Format :

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

TOTAL

SERVE YOU MOTOR PTE LTD

BLOCK 5033 ANG MO KIO INDUSTRIAL PARK 2

#01-265, SINGAPORE 569536

TEL. NO: 64810555 / FAX NO. 64831654

Email: elainesyms@gmail.com

Ins: FIRST CAPITAL INSURANCE LIMITED

Owner: LOH WEISEN

Vehicle No. : SLR 2428 A KIA/CERATO K3 1.6A

Accident Date : 6/7/2023

Quotation No. : 24280607

Date: 10/07/2023

S/N	Qty	Item	Amount
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LIST ITEMS

1	1	Front bumper	Bm \$696.00 ✓
2	1	Front LH bumper side retainer	DIT \$63.00 ✓
3	1	Front LH head lamp assy	Wt \$1,975.32 ✓
4	1	Front (LH) fender	Bt \$385.00 ✓
5	1	Front (LH) fender Garnish	DIT \$118.00 ✓
7	1set	Front bumper clip	M \$55.00 ✓
8	1	Front LH fender Dust Cover	Repair \$283.00 X
			\$3,575.32
Less 10%			\$357.53
			\$3,217.79

SPECIAL NETT ITEMS

1	1	Front (LH) sport rim	Im \$250.00 X
			\$250.00

LABOUR & MISC CHARGES

1	To dismantle / renew the accident damaged portion. To panel beating, reshape, straighten, orientate and align repair / replacement parts.	\$650.00 400
2	Supply spray paint material and necessary items to respray on :- Damage Portion	\$750.00 440
3	Check wiring	\$30.00 20
		\$1,430.00
Total Parts and Labour Cost of Repair		\$4,897.79

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:

Not Withheld
L1 by B
Review After Repair
4 days

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	06/07/2023 17:20 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/07/2023 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EUNOS AVE 3 TWDS EUNOS ROAD 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR2428A

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH WEISEN
NRIC No	S8321916E
Email Address	lohw.sen@gmail.com
Mobile Phone No	(Phone) +65-96166334
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	CERATO 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	Income Insurance Limited
Policy Number / Cover Note Number	5126050301

DRIVER

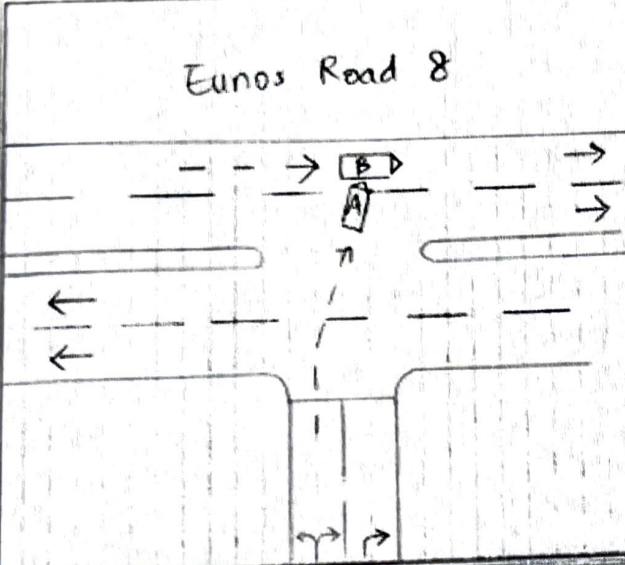
Name of Driver	LOH WEISEN
NRIC No	S8321916E
Date Of Birth	19/07/1983
Occupation	Indoor

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= SLR2428 A (Aline)
B= SHB1733 G
Toh Zhi Wai Raymond
S7805309 G
HP- 9006 84 11

Eunos Ave 3

I have checked main road traffic that it is clear & I exit Eunos Ave 3 and made a right turn into Eunos Road 8. Suddenly the taxi (B) appeared and collided with my car.

After exchanging our particulars, we left the scene. I made a call to the driver of B to propose private settlement (2.46pm). It is only at this moment, I was told that there were 2 passengers in his car during the accident.

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 & Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) (45)