

ASS. REC. BY:

Tajir

REF:

CS/00124090095/Tnp3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

Bal. or Market Value:

842K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

G864911J

Yr Regn:

2017 / 08

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

Truck / Trailer or

Make:

Toyota Dyna

c.c

2982

Colour:

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

350187

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

STFAT353XOK208751

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/R15

R:

155/R12

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6/6

mm

L/Bal.

6

mm

L/Bal.

6/6

mm

D.O.A.

D.O.I.

5/9/24

Survey held at

KFS

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

N/S, 4/C

The U/C / 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:

\$ + RS. \$

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Rep. Format:

Lump Sum / L.B.R. (\$



簡福星摩多工廠

KAN FOOK SING MOTOR WORKSHOP

Headquarter: Blk 8 JTC Defu Industrial City #04-29 Defu South Street 1, S533758

Tel: (65) 6747 9560, 6743 5344 • Fax: (65) 6748 1006

E-mail: ryan@kanfs.net / patricia@kanfs.net

Branch: 1 Kaki Bukit Avenue 6 #01-13, Singapore 417883

Tel: (65) 6481 5150 • Fax: (65) 6481 8683

UNITED OVERSEAS INSURANCE LTD

146 ROBINSON ROAD
#02-01 UOI BUILDING
SINGAPORE 068909
VEHICLE NO. : GBG4911J

ACCIDENT DATE : 02-09-2024 17:40

THIRD PARTY REF. : PROPERTY-POLE

DATE : 04-09-2024

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEHICLE GBG4911J TOYOTA DYNA

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
1	1	FRONT WINDSCREEN GLASS	650.00 <i>car</i>
2	1	FRONT WINDSCREEN RUBBER	115.00 <i>ult</i>
3	1	FRONT WINDSCREEN PILLAR LH	395.00 ?
4	1	FRONT CORNER PANEL LH	135.00 <i>mix</i>
5	1	FRONT CORNER PANEL BRACKET LH	55.00 <i>bt</i>
6	1	FRONT GRILLE	230.00 <i>Rx</i>
7	1	FRONT GRILLE EMBLEM	35.00 X
8	8	FRONT GRILLE CLIP@\$3.50	28.00 X
9	1	FRONT HEADLAMP LH	385.00 <i>car</i>
10	1	FRONT BUMPER	290.00 <i>de</i>
11	1	FRONT BUMPER FOGLAMP COVER LH	55.00 <i>de</i>
12	1	FRONT BUMPER BRACKET@\$125.00	250.00 ?
13	1	FRONT STEP GARNISH LH	105.00 <i>cul</i>
14	1	FRONT SIDE MIRROR BRACKET LH	275.00 <i>bt</i>
15	1	FRONT SIDE MIRROR MOTOR LH	340.00 <i>dis</i>
16	1	FRONT SIDE MIRROR ROUND LH	95.00 <i>mis</i>
17	1	FRONT SIDE MIRROR SQUARE LH	105.00 <i>car</i>
18	1	FRONT SIDE MIRROR TOP ROUND COVER LH	25.00 <i>mis</i>
19	1	FRONT DOOR LH	680.00 <i>bt</i>
20	1	FRONT DOOR HINGE TOP LH	55.00 ?
21	1	FRONT DOOR HINGE LOWER LH	55.00 ?
22	1	FRONT DOOR CHECKER LH	75.00 ?
23	1	FRONT DOOR RUBBER FRT LH	95.00 ?
24	1	FRONT DOOR RUBBER LH	115.00 ?
25	1	FRONT DOOR LOCK LH	165.00 ?



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VEHICLE NO. : GBG4911J

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#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
26	1	AIR CON CONDENSER	550.00 <i>bf</i>
27	1	AIR CON FAN ASSY	480.00 ?
28	1	AIR CON FAN BRACKET	100.00 ?
29	1	FRONT SHOCK ABSORBER LH	85.00 X
30	1	FRONT TOP ARM LH	530.00 X
31	1	FRONT LOWER ARM LH	350.00 X
32	1	FRONT KNUCKLE ARM LH	420.00 ?
33	1	FRONT KNUCKLE BEARING INNER LH	40.00 ?
34	1	FRONT KNUCKLE BEARING OUTER LH	30.00 ?
35	1	FRONT STABILIZER LINK LH	30.00 X
36	1	TIE ROD LH	115.00 X
37	1	TIE ROD END LH	140.00 X
38	1	STEERING RACK AND PINION	1600.00 X
39	1	REAR LAMP LH	125.00 <i>aw</i>
40	1	FRONT RIM LH	300.00 <i>bf</i>
41	1	REAR RIM LH	300.00 <i>dd</i>
42	1	REAR SHOCK ABSORBER LH	85.00 X
43	1	REAR BEARING OUTER LH	30.00 ?
44	1	REAR BEARING SMALL LH	40.00 ?
45	1	REAR SHAFT LH	540.00 X
			<hr/>
			10,698.00
ADD 10 %			<hr/>
			1,069.80
TOTAL (A)			<hr/>
			11,767.80

SPECIAL NETT ITEMS

1	1	FRONT DOOR COMPANY PROFILE LH	20.00 <i>re</i>
2	1	ERP STICKER	20.00 <i>re</i>
3	1	FRONT NUMBER PLATE	40.00 X
4	1	TO FABRICATE AND REPLACE REAR CABIN BOX	10000.00 <i>bf</i>



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VEHICLE NO. : GBG4911J
ACCIDENT DATE : 02-09-2024 17:40
THIRD PARTY REF. : PROPERTY-POLE

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
TOTAL (C)			10,080.00
LABOUR CHARGES			
1	1	TO CHECK WIRING SYSTEM	50.00 ✓
2	1	TO CHECK ALIGNMENT	100.00 80 ✓
3	1	TO REMOVE/REFIT FRONT WINDSCREEN GLASS	100.00 ✓
4	1	TO REMOVE/REFIT FRONT UNDERCARRIAGE LH	250.00 150 plus ✓
5	1	TO TRANSFER DOOR MECHANISM TO NEW DOOR	80.00 60 ✓
6	1	TO REMOVE/REFIT DASHBOARD	240.00 200 plus ✓
7	1	TO REMOVE/REFIT/REFILL AIR CON GAS	100.00 ✓
8	1	TO REMOVE ALL NECESSARY AFFECTED PARTS WELD CUT PANEL BEAT AND FITTING NEW PARTS	980.00 800 ✓
9	1	SPRAYPAINTING CHARGES	880.00 800 ✓
TOTAL (D)			2,780.00
ESTIMATE TOTAL			24,627.80

Tan Jhi 97495749 / 62563561
not authorise, Renew Ex 8600
Tan Jhi @ lkk auto.com 5/9/24 @ 445pm
L/S RRR Resurvey after repair
8 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

Sd/-

C

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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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 First Submission 03/09/2024 16:07 (SGT)
Reported by Actual Driver
Date of Accident 02/09/2024 17:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information MANDAI ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG4911J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KIAN HO PTE LTD
Company Reg No 2XXXXX805D
Email Address MICHELLE@KIANHO.COM.SG
Mobile Phone No (Phone) +65-97362701
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982
Vehicle Fuel -
First Registration Date -
Chassis no -
Effective Date/Time of Ownership -

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Policy Number / Cover Note Number DHOM110158271707

DRIVER

Name of Driver
 NRIC No
 Date Of Birth
 Occupation
 Driving Pass Date
 Driving License Pass Class
 Driving License Validity
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

YEH AH HSIANG
 SXXXX380B
 25/02/1956
 Outdoor
 03/04/1999
 3
 Valid
 25 YEARS AND 5 MONTHS
 Male
 (Phone) +65-96434207
 -
 MICHELLE@KIANHO.COM.SG
 BLK 816 YISHUN STREET 81 09-702 SINGAPORE 760816
 -
 -
 No
 Employee
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Collided into Property
 Clear
 Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
 Number of vehicles involved in the accident
 Was anybody injured in the Accident?
 Was any injured conveyed to hospital by ambulance?
 Was any other vehicle or property damaged?
 Number of Passengers (Including Driver)
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?
 Translator's name
 Translator's ID
 Translator's phone number
 Translator's email
 Original language used in the statement

No
 1
 No
 -
 Yes
 1
 No
 -
 -
 -
 -

DETAILS OF POLICE ACTION

Was the accident reported to the police?
 Was notice of intended Prosecution given?
 If yes, against whom?

No
 No
 -

CIRCUMSTANCES OF ACCIDENT

PLEASE SEE ATTACHED

ATTACHMENT(S)

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

Yes
 No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number
 Vehicle Manufacturer

0
 -

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	POLE
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



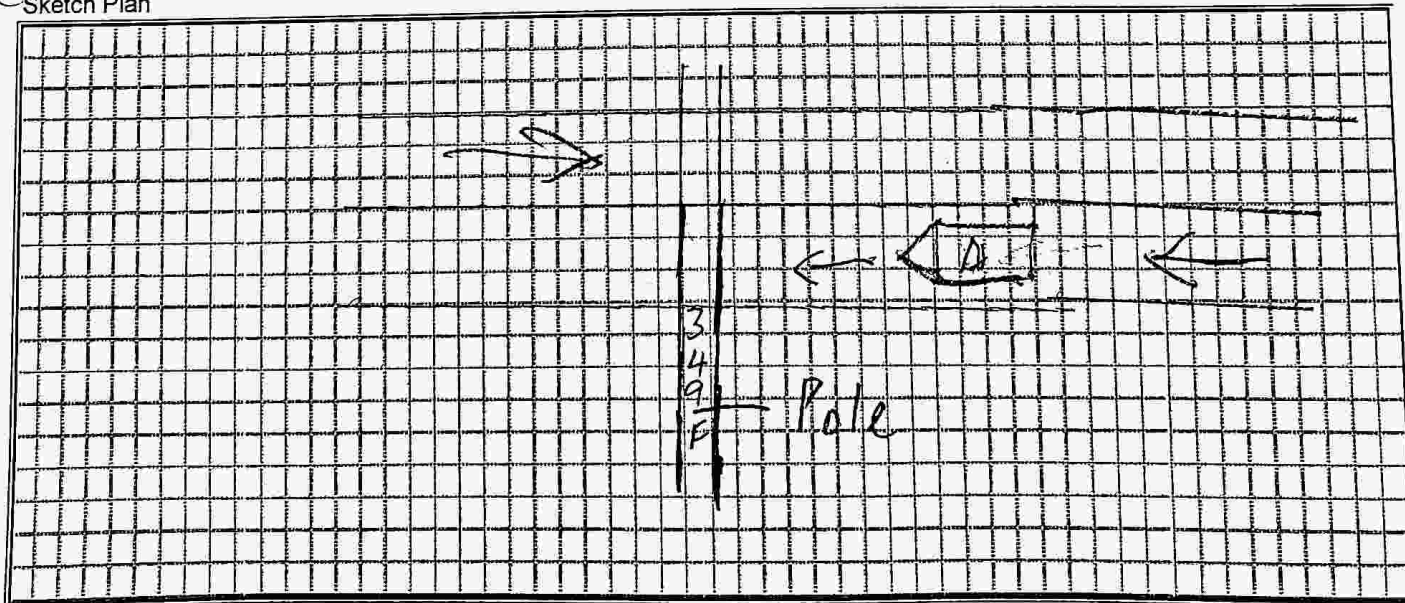
Policyholder's Signature / Date & Time

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



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

Sketch Plan



Describe Circumstance of the Accident

I was travelling along Mandai Road
I accidentally hit a post along the road
damaging my vehicle.

Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy,
please check your policy for more information.

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

14:45 PM

3/9/24



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