

ASS. REC. BY:

REF:

162

CS/RT/409036/Kp3

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

LH Express

of _____

Insured: _____

SHK 35551

Policy No. _____

Claims No. _____

DJ4007961MECT

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: _____

862K

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

06

Lum Sum: _____ % 3 Val.: Yes or No

20

CA / REV / REP. / 24 HRS

04/29 04/29

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SNH 47305 Yr Regn: 02, 10

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

Truck / Trailer or _____

Make: Toyota Etimo c.c. 2362

Colour: M.P. White A/C: Insured / Std / NI / NA

Sp. Reading: 320175 T/Radio: Insured / Std / NI / NA

Eng/No: 320175

C/No: ACR 50.0108333

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NII / S/Rlm / STD A/Rlm or

Tyre Size: F: P.1 215/55R17

R: Yoko

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 10/9/12 D.O.I. 17/9/2024

Survey held at _____

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

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

Date / Time	Action / Instruction
/	EH not ready
19/9	L1 Rep @ 5050/- Cabw (Red 544H.20, 5070)

Date/Time, File Pass to?

: Prell. Report

1) _____

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: X 6

Resurvey No. of Trip: _____

Survey Fee:

- Add Fee: : Site Insp (\$ _____)
- : Interview (\$ _____)
- : Tech Invs (\$ _____)
- : Weekend (\$ _____)

Transportation

S + RS. \$ _____

Fuel \$ _____

Others \$ _____

TOTAL

Report Format :

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

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 First Submission	10/09/2024 15:52 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/09/2024 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHURCH ST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH4730S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEW KOK LEONG
NRIC No	SXXXX952F
Email Address	JAMESCHEW76@GMAIL.COM
Mobile Phone No	(Phone) +65-88824546
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ESTIMA AERAS G-EDITION 2.4 A
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	2362
Vehicle Fuel	Petrol
First Registration Date	05/02/2010
Chassis no	ACR500108333
Effective Date/Time of Ownership	20/12/2022 06:12 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01216108/01

DRIVER

Name of Driver	CHEW KOK LEONG
NRIC No	SXXXX952F
Date Of Birth	11/02/1976
Occupation	Indoor
Driving Pass Date	15/12/1997
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	26 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88824546
Alt. Phone Number	-
Email Address	JAMESCHEW76@GMAIL.COM
Address	BLK 186D RIVERVALE DRIVE 07-842 SINGAPORE 544186
Address complement	-
Postcode	-
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 - Head to Rear
Weather Conditions	AFTER RAIN
Road Surface	Wet

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

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3855U
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TANG BOON HIN
NRIC No	SXXXX011H
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstance of the Accident

Date of Accident: 10/9/24 Time: 10am Location: Church st

My Vehicle A: SNH 4330S Vehicle B: SHC 3855U Vehicle C:

On the above-mentioned date, time and place, I was driving my vehicle along Church st on the extreme left lane. There were a lot of cars on the road and the traffic was slowing a slow moving. Suddenly, while my car was in stationery, suddenly I heard a loud bang behind me. I saw from my rear mirror and saw a taxi very near to my rear. I went out of the car and saw that the other vehicle had hit onto my rear vehicle. The driver also came out of the car and mfd that he had hit my car and wanted to settle the matter privately. As I am not care of how serious the damages, I told him to claim insurance. We exchange particulars and left the scene.

Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

Remarks: Please forward a copy of my efile accident Report to SCRistop23@gmail.com

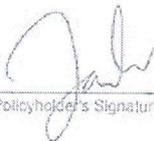
My Workshop:

Workshop Email Address: SCRistop23@gmail.com

Note: Please take note that your insurer have a 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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



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

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 reassess 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:

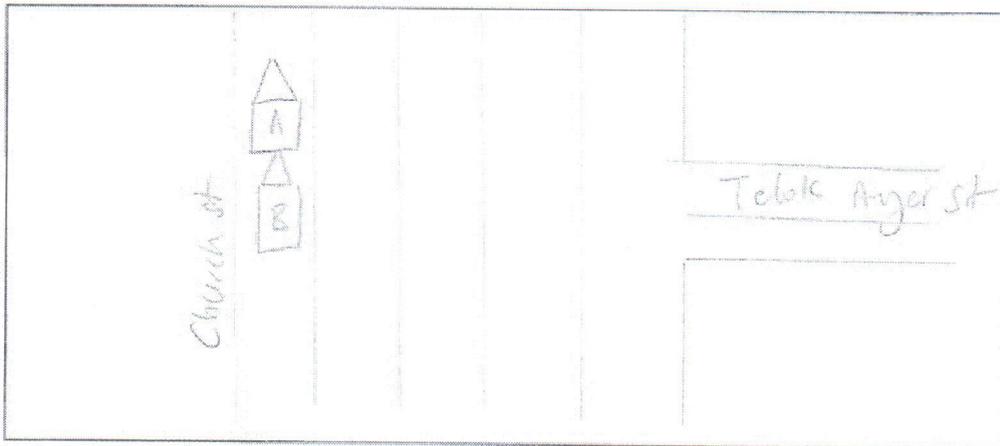
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/are 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


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


 Witnessed by GIA Records Centre Personnel (Name as in NRIC/ID Card)

Sketch Plan



LH Express Motor Trading

Blk 5038 #01-405 Ang Mo Kio Industrial Pk 2 Singapore 569541
H/P 91082728

Chew Kok Leong
Blk 186D Rivervale Drive
#07-842
Singapore 544186

Vehicle No : SNH 4730 S
Make/Model : Toyota Estima Aeras
Year : 2007

NOT Withheld
L1 Rep @ 3050/1
Resurvey After Rain
6 days

Qty	Description	Unit Price	Amount
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Estimate Cost Of Repair

1 pc	Rear tail-gate assy <i>1619</i>	<i>Pr</i> \$1,955.70	✓
1 pc	Rear tail-gate glass moulding	<i>Mr</i> \$95.60	✓
1 pc	Rear tail-gate outer chrome handle	<i>Sm</i> \$265.10	X
1 pc	Rear tail-gate emblem " Logo "	<i>Mr</i> \$65.70	✓
1 pc	Rear tail-gate emblem " Estima "	<i>Mr</i> \$68.70	✓
1 pc	Rear tail-gate emblem " Aeras "	<i>Mr</i> \$60.10	✓
1 pc	Rear tail-gate inner lock	<i>Del</i> \$481.70	✓
1 pc	Rear tail-gate inner trim board	<i>Sm</i> \$552.70	X
1 pc	Rear boot rubber <i>photo</i>	<i>Del</i> \$346.10	-50/1in 173.055N
1 pc	Rear end panel <i>photo</i>	<i>Pr</i> \$655.80	✓
1 pc	Rear end panel top garnish <i>photo</i>	<i>Mr</i> \$266.20	✓
1 pc	Rear end panel lower garnish <i>photo</i>	<i>Bu</i> \$225.10	✓
1 pc	Rear bumper - colour code	<i>Bu</i> \$1,055.20	✓
2 pcs	Rear bumper side retainer	\$75.10 <i>Sm</i> \$150.20	X
2 pcs	Rear bumper sponge	\$115.10 <i>Sm</i> \$230.20	X
1 pc	Radio antenna <i>photo photo</i>	<i>Del</i> \$185.70	✓
1 pc	Rear boot floor panel <i>photo</i>	<i>R</i> \$955.60	X
2 pcs	Rear fender inner trim board <i>photo</i>	<i>N/S Mr</i> \$755.10	✓
			\$1,510.20
			\$9,125.60
		Less 25 %	\$2,281.40
			\$6,844.20

S Nett

1 pc	Rear tail-gate glass sealant	<i>Del</i> \$40.00	✓
1 set	Rear reverse sensor	<i>Mr</i> \$200.00	✓
20 pcs	Rear bumper clip	\$2.00 <i>Mr</i> \$40.00	✓
1 pc	Rear no plate	<i>Sm</i> \$40.00	X
			\$320.00

balance c/f \$7,164.20

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:

SNH 4730 S

balance b/f \$7,164.20

Labour Charges

Remove/renew the above parts including knocking, welding & cutting.

\$1,500.00 *800*

To putty and spray paint

\$1,500.00 *800*

Check & reconnect wiring.

\$40.00 *200*

To apply underseal and anti-rust proofing on affected areas

\$120.00 *600*

Remove/refit rear windscreen to facilitate repair

\$120.00 ✓

Remove/refit rear tail-gate mechanism to new door.

\$100.00 *600*

Total

\$10,544.20