

ASS. REC. BY:

REF: C721

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / QD 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.

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4-5 days

Res.: Yes or No

Lum Sum:

1-B-1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SNP19348

Yr Regn:

01, 24

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

Truck / Trailer or

Make:

Toy

Alphard

c.c.

Wagon 2487

Colour

h-Black

A/C:

Insured / Std / NI / NA

Sp.Reading

37005

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTNACAAH108001158

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / R/Bm or

Tyre Size:

F:

225/65R17

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.

27/9/24

D.O.I.

1/10/2024

Survey held at

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

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

Date / Time

Action / Instruction

Data/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Data/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

S - RS - SI

), F.A.S

), Others

Report Format :

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

TOTAL

Date: 27/9/2024

Vehicle No: SNP1934Z

Model: TOYOTA ALPHARD

Chassis: JTNACAAH108001158

Reg. Year: 2024

Not Authorised
Melvin Bepain
4x 5 days

Third Party Insurer: CTP

Third Party Veh No: GBK5804H

Date of Accident: 27/9/2024

Estimator:

JONATHAN

Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
	RR BOOT			\$ <i>By</i> 3,236.00 ✓
	RR W/SCREEN MOLDING			\$ <i>Ma</i> 170.00 ✓
	RR BOOTLID EMBLEM (HEV)			\$ <i>Ma</i> 101.00 ✓
	RR BOOTLID INNER TRIM BOARD			\$ <i>Ma</i> 1,860.00 ✓
	RR BOOTLID LOCK ASSY			\$ 1,108.00 ✓
	RR BOOTLID ELECTRIC STRUT - LH & RH	2	\$ 1,605.00	\$ 3,210.00 ✓
	RR BOOTLID SENSOR ASSY - RH & LH	2	\$ 1,220.00	\$ 2,440.00 ✓
	RR BOOTLID HINGE - LH & RH	2	\$ 93.00	\$ <i>Ma</i> 186.00 X
	RR WEATHERSTRIP			\$ 481.00 ✓
	RR BUMPER			\$ <i>Bu</i> 916.00 ✓
	RR BUMPER ULTRASONIC SENSOR - CTR LH & RH	2	\$ 495.00	\$ 990.00 ✓
	RR END PANEL			\$ 2,051.00 ✓
	RR END FLOOR PANEL			\$ <i>Ma</i> 2,505.00 X
	RR END FLOOR TOP COVER - RH			\$ 870.00 ✓
	RR END PANEL BTM TRIM PANEL			\$ 207.00 ✓
SUB TOTAL				\$ 20,331.00
Less 25%				-\$ 5,082.75
PARTS TOTAL				\$ 15,248.25

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
	RR END PANEL TOP GARNISH - AFTERMARKET			\$ 110.00 ✓
	RR W/SCREEN SEALANT			\$ <i>Ma</i> 120.00 4000 ✓
	RR BUMPER LOWER CHROME STRIPS - 1 SET			\$ <i>Ma</i> 180.00 ✓
S/N TOTAL				\$ 410.00

LABOUR CHARGES:

To remove, replace, repair, readjust & refix RR affected areas	\$ 1,400.00	✓
To perform wiring checks on electrical systems	\$ 30.00	201 ✓
To remove, putty, repair, sand and respray affected areas	\$ 800.00	6601 ✓
To remove, replace & refix bumper sensors	\$ 30.00	✓
To remove, replace & reinstall Bootlid inner mechansim	\$ 30.00	✓

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

Head office

8 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

Branch (Motor Insurance Claims)

Blk 10, 10A, 10B, 10C, 10D, 10E, 10F, 10G, 10H, 10I, 10J, 10K, 10L, 10M, 10N, 10O, 10P, 10Q, 10R, 10S, 10T, 10U, 10V, 10W, 10X, 10Y, 10Z, 10AA, 10AB, 10AC, 10AD, 10AE, 10AF, 10AG, 10AH, 10AI, 10AJ, 10AK, 10AL, 10AM, 10AN, 10AO, 10AP, 10AQ, 10AR, 10AS, 10AT, 10AU, 10AV, 10AW, 10AX, 10AY, 10AZ, 10BA, 10BB, 10BC, 10BD, 10BE, 10BF, 10BG, 10BH, 10BI, 10BJ, 10BK, 10BL, 10BM, 10BN, 10BO, 10BP, 10BQ, 10BR, 10BS, 10BT, 10BU, 10BV, 10BW, 10BX, 10BY, 10BZ, 10CA, 10CB, 10CC, 10CD, 10CE, 10CF, 10CG, 10CH, 10CI, 10CJ, 10CK, 10CL, 10CM, 10CN, 10CO, 10CP, 10CQ, 10CR, 10CS, 10CT, 10CU, 10CV, 10CW, 10CX, 10CY, 10CZ, 10DA, 10DB, 10DC, 10DD, 10DE, 10DF, 10DG, 10DH, 10DI, 10DJ, 10DK, 10DL, 10DM, 10DN, 10DO, 10DP, 10DQ, 10DR, 10DS, 10DT, 10DU, 10DV, 10DW, 10DX, 10DY, 10DZ, 10EA, 10EB, 10EC, 10ED, 10EE, 10EF, 10EG, 10EH, 10EI, 10EJ, 10EK, 10EL, 10EM, 10EN, 10EO, 10EP, 10EQ, 10ER, 10ES, 10ET, 10EU, 10EV, 10EW, 10EX, 10EY, 10EZ, 10FA, 10FB, 10FC, 10FD, 10FE, 10FF, 10FG, 10FH, 10FI, 10FJ, 10FK, 10FL, 10FM, 10FN, 10FO, 10FP, 10FQ, 10FR, 10FS, 10FT, 10FU, 10FV, 10FW, 10FX, 10FY, 10FZ, 10GA, 10GB, 10GC, 10GD, 10GE, 10GF, 10GG, 10GH, 10GI, 10GJ, 10GK, 10GL, 10GM, 10GN, 10GO, 10GP, 10GQ, 10GR, 10GS, 10GT, 10GU, 10GV, 10GW, 10GX, 10GY, 10GZ, 10HA, 10HB, 10HC, 10HD, 10HE, 10HF, 10HG, 10HH, 10HI, 10HJ, 10HK, 10HL, 10HM, 10HN, 10HO, 10HP, 10HQ, 10HR, 10HS, 10HT, 10HU, 10HV, 10HW, 10HX, 10HY, 10HZ, 10IA, 10IB, 10IC, 10ID, 10IE, 10IF, 10IG, 10IH, 10II, 10IJ, 10IK, 10IL, 10IM, 10IN, 10IO, 10IP, 10IQ, 10IR, 10IS, 10IT, 10IU, 10IV, 10IW, 10IX, 10IY, 10IZ, 10JA, 10JB, 10JC, 10JD, 10JE, 10JF, 10JG, 10JH, 10JI, 10JJ, 10JK, 10JL, 10JM, 10JN, 10JO, 10JP, 10JQ, 10JR, 10JS, 10JT, 10JU, 10JV, 10JW, 10JX, 10JY, 10JZ, 10KA, 10KB, 10KC, 10KD, 10KE, 10KF, 10KG, 10KH, 10KI, 10KJ, 10KK, 10KL, 10KM, 10KN, 10KO, 10KP, 10KQ, 10KR, 10KS, 10KT, 10KU, 10KV, 10KW, 10KX, 10KY, 10KZ, 10LA, 10LB, 10LC, 10LD, 10LE, 10LF, 10LG, 10LH, 10LI, 10LJ, 10LK, 10LL, 10LM, 10LN, 10LO, 10LP, 10LQ, 10LR, 10LS, 10LT, 10LU, 10LV, 10LW, 10LX, 10LY, 10LZ, 10MA, 10MB, 10MC, 10MD, 10ME, 10MF, 10MG, 10MH, 10MI, 10MJ, 10MK, 10ML, 10MM, 10MN, 10MO, 10MP, 10MQ, 10MR, 10MS, 10MT, 10MU, 10MV, 10MW, 10MX, 10MY, 10MZ, 10NA, 10NB, 10NC, 10ND, 10NE, 10NF, 10NG, 10NH, 10NI, 10NJ, 10NK, 10NL, 10NM, 10NN, 10NO, 10NP, 10NQ, 10NR, 10NS, 10NT, 10NU, 10NV, 10NW, 10NX, 10NY, 10NZ, 10OA, 10OB, 10OC, 10OD, 10OE, 10OF, 10OG, 10OH, 10OI, 10OJ, 10OK, 10OL, 10OM, 10ON, 10OO, 10OP, 10OQ, 10OR, 10OS, 10OT, 10OU, 10OV, 10OW, 10OX, 10OY, 10OZ, 10PA, 10PB, 10PC, 10PD, 10PE, 10PF, 10PG, 10PH, 10PI, 10PJ, 10PK, 10PL, 10PM, 10PN, 10PO, 10PP, 10PQ, 10PR, 10PS, 10PT, 10PU, 10PV, 10PW, 10PX, 10PY, 10PZ, 10QA, 10QB, 10QC, 10QD, 10QE, 10QF, 10QG, 10QH, 10QI, 10QJ, 10QK, 10QL, 10QM, 10QN, 10QO, 10QP, 10QQ, 10QR, 10QS, 10QT, 10QU, 10QV, 10QW, 10QX, 10QY, 10QZ, 10RA, 10RB, 10RC, 10RD, 10RE, 10RF, 10RG, 10RH, 10RI, 10RJ, 10RK, 10RL, 10RM, 10RN, 10RO, 10RP, 10RQ, 10RR, 10RS, 10RT, 10RU, 10RV, 10RW, 10RX, 10RY, 10RZ, 10SA, 10SB, 10SC, 10SD, 10SE, 10SF, 10SG, 10SH, 10SI, 10SJ, 10SK, 10SL, 10SM, 10SN, 10SO, 10SP, 10SQ, 10SR, 10SS, 10ST, 10SU, 10SV, 10SW, 10SX, 10SY, 10SZ, 10TA, 10TB, 10TC, 10TD, 10TE, 10TF, 10TG, 10TH, 10TI, 10TJ, 10TK, 10TL, 10TM, 10TN, 10TO, 10TP, 10TQ, 10TR, 10TS, 10TT, 10TU, 10TV, 10TW, 10TX, 10TY, 10TZ, 10UA, 10UB, 10UC, 10UD, 10UE, 10UF, 10UG, 10UH, 10UI, 10UJ, 10UK, 10UL, 10UM, 10UN, 10UO, 10UP, 10UQ, 10UR, 10US, 10UT, 10UU, 10UV, 10UW, 10UX, 10UY, 10UZ, 10VA, 10VB, 10VC, 10VD, 10VE, 10VF, 10VG, 10VH, 10VI, 10VJ, 10VK, 10VL, 10VM, 10VN, 10VO, 10VP, 10VQ, 10VR, 10VS, 10VT, 10VU, 10VV, 10VW, 10VX, 10VY, 10VZ, 10WA, 10WB, 10WC, 10WD, 10WE, 10WF, 10WG, 10WH, 10WI, 10WJ, 10WK, 10WL, 10WM, 10WN, 10WO, 10WP, 10WQ, 10WR, 10WS, 10WT, 10WU, 10WV, 10WW, 10WX, 10WY, 10WZ, 10XA, 10XB, 10XC, 10XD, 10XE, 10XF, 10XG, 10XH, 10XI, 10XJ, 10XK, 10XL, 10XM, 10XN, 10XO, 10XP, 10XQ, 10XR, 10XS, 10XT, 10XU, 10XV, 10XW, 10XX, 10XY, 10XZ, 10YA, 10YB, 10YC, 10YD, 10YE, 10YF, 10YG, 10YH, 10YI, 10YJ, 10YK, 10YL, 10YM, 10YN, 10YO, 10YP, 10YQ, 10YR, 10YS, 10YT, 10YU, 10YV, 10YW, 10YX, 10YY, 10YZ, 10ZA, 10ZB, 10ZC, 10ZD, 10ZE, 10ZF, 10ZG, 10ZH, 10ZI, 10ZJ, 10ZK, 10ZL, 10ZM, 10ZN, 10ZO, 10ZP, 10ZQ, 10ZR, 10ZS, 10ZT, 10ZU, 10ZV, 10ZW, 10ZX, 10ZY, 10ZZ

Signature:

Date:

OW™

Date: 27/9/2024
Vehicle No: SNP1934Z
Model: TOYOTA ALPHARD
Chassis: JTNACAAH108001158
Reg.Year: 2024

Third Party Insurer: CTP
Third Party Veh No: GBK5804H
Date of Accident: 27/9/2024
Estimator: JONATHAN
Surveyor:

ESTIMATE

To perform Adas Checks, Calibration & Programming

\$ 800.00 ?

To remove, refix & replace RR Windscreen

\$ 100.00 ✓

LABOUR TOTAL \$ 3,190.00

TOTAL \$ 18,848.25

JONATHAN

Head office

6 Kung Chong Road Singapore 150143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011



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	30/09/2024 14:11 (SGT)
Reported by	Actual Driver
Date of Accident	27/09/2024 12:55 (SGT)
Exact Location of Accident	Pasir Ris Central, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNP1934Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DINGREN ADVISORY PTE LTD
Company Reg No	202242840H
Email Address	chngbengsoon@gmail.com
Mobile Phone No	(Phone) +65-92739148
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
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 hire
Transmission	Auto
CC	2487
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5141553750

DRIVER

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO FOOTAGE WILL BE SEND VIA EMAIL

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK5804H
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOHAMMAD SHARUL BIN PAHRULANAM
NRIC No	S9414240G
Contact Number	(Phone) +65-88075541
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHOW YUE LIANG
Gender	Male
Phone No	(Phone) +65-92269922
Address	BLK 526B PASIR RIS STREET 51 #10-521
Address Complement	-
Post Code	512526
Approximate Age Years Old	53
Injuries Sustained	OBTAINED 5 DAYS MC
Injured person in which vehicle?	SNP1934Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. The 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.

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.

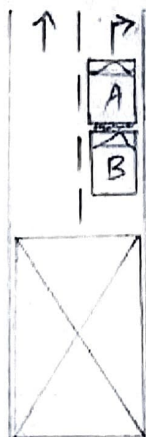
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Welle Tan
AMK Autopoint P/L

Sketch Plan



(A) → SNP19342

(B) → GBK5804H

PASIR RIS CENTRAL

Describe Circumstances of the Accident

27th September 2024 (at around 1255 hrs); I was driving along Pasir Ris Central. I stopped at a Red Light (intending to turn right) on the extreme right side of the road. On the point of stopping (2 car before me) after slowing down, a van GBK5804H, slowed down but suddenly picked up speed and crashed into my vehicle rear.

I got down my car to take pictures, videos and exchanging particulars & contact numbers.



Then I was advised to immediately make an accident report by my leasing company.

Thank you.

Refer to Police Report No: T/20240928/7068

Declaration

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

JOEIE TAN
AME AUTOPoint Pte