

ASS. REC. BY:

REF: 0121

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Optima

of 610C

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.

N/S	O/S

Bal. or Market Value: \$ 82k

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 06 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: GB2 113X Yr Regn: 02, 21

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

Make: Toy Hiac c.c. 2982

Colour: Silver A/C: Insured / Std / NI / NA

Sp. Reading: 87976 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFH T02P 500 251351

Gen. Cohd: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195 R15 XR

R: _____

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

TOYO / YOKO or Longway

Front: _____ Rear: _____

R/Bal. 9 mm R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 30/10/24 D.O.I. 4/11/2024

Survey held at ✓

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

Rear N/S, Rear w/Screen Shattered

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

Date / Time Action / Instruction

1 Got BZ

Date/Time, File Pass to?

: Prell. Report

: Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation

S - RS - SI

Fixes

Others

Add Fee: : Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

TOTAL

Report Format :

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

Date: 01/11/2024
Vehicle No: GBL113X
Model: TOYOTA HIACE VAN TURBO 5DR MT
Chassis: JTFHT02P500251351-2020
Reg. Year: 2021

Not Withheld

1/1 by @

Pranny Ate Pains

Third Party Insurer: CHINA TAIPING
Third Party Veh No: GBJ7823U
Date of Accident: 30/10/2024
Estimator: TING AN
Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR WINDSCREEN GLASS	1	<i>Shotted</i>	\$1,714.00 ✓
2	REAR TAILGATE	1	<i>By</i>	\$2,703.00 ✓
3	REAR TAILGATE "TOYOTA" EMBLEM	1	<i>na</i>	\$75.00 ✓
4	REAR TAILGATE CHROME MOULDING	1	<i>Wap</i>	\$197.00 ✓
5	REAR TAILGATE WEATHERSTRIP	1	<i>By</i>	\$395.00 x
6	REAR TAILGATE LOCK	1	<i>By</i>	\$350.00 x
7	REAR TAIL LAMP LH	1	<i>CM</i>	\$450.00 ✓
8	REAR TAIL LAMP LOWER COVER LH	1	<i>PU</i>	\$145.00 ✓
9	REAR TAIL BRACKET LH	1		\$60.00 ?
10	REAR BUMPER	1	<i>By</i>	\$659.00 ✓
11	REAR BUMPER SIDE BRACKET LH	1	<i>DIT</i>	\$50.00 ✓
12	REAR END PANEL	1		\$475.00 ?
13	REAR PANEL LH	1		REPAIR
SUB TOTAL				\$7,273.00
LESS 25%				-\$1,818.25
PARTS TOTAL				\$5,454.75

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR WINDSCREEN SEALANT	1		<i>na</i> \$100.00 <i>Down</i>
2	REAR BUMPER CLIPS	1		<i>na</i> \$50.00 ✓
3	REAR BUMPER REVERSE SENSOR	1		<i>na</i> \$300.00 <i>Down</i>
4	'70KM" DECAL	1		<i>na</i> \$40.00 <i>Down</i>
5	REAR TAILGATE STRIPE DECAL	1		<i>na</i> \$100.00 <i>Down</i>
S/N TOTAL				\$590.00

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 surveys on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplemental repairs must be resurveyed and is subject to final approval from insurance Company

Acknowledged by Repairer

Head office

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

Branch

3 Serangoon North Ave 6 Singapore 554500
Tel: (+65) 6481 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



Date: 01/11/2024
 Vehicle No: GBL113X
 Model: TOYOTA HIACE VAN TURBO 5DR MT
 Chassis: JTFHT02P500251351-2020
 Reg.Year: 2021

Third Party Insurer: CHINA TAIPING
 Third Party Veh No: GBJ7823U
 Date of Accident: 30/10/2024
 Estimator: TING AN
 Surveyor:

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST REAR ACCIDENT AREAS & ETC.	\$1,200.00	<i>7</i>
LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR TAILGATE, REAR BUMPER, REAR TAIL LAMP LOWER COVER LH, REAR END PANEL REAR SIDE PANEL LH & ETC.	\$1,200.00	<i>8501</i>
LABOUR CHARGES TO REMOVE & REPLACE REAR BUMPER REVERSE SENSOR & ETC.	\$120.00	<i>501</i>
TO TUFF KOTE & UNDERSEAL MATERIALS.	\$100.00	<i>601</i>
TO CHECK WIRING & ELECTRICAL SYSTEM.	\$120.00	<i>201</i>
	<u>LABOUR TOTAL</u>	<u>\$2,740.00</u>

TING AN

TOTAL

\$8,784.75

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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	01/11/2024 11:48 (SGT)
Reported by	Actual Driver
Date of Accident	30/10/2024 21:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS INDUSTRIAL PARK E4 TO WOODLANDS AVENUE 9
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL113X

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RIDDANCE ENVIRONMENTAL SERVICES AND PEST MANAGEMENT PTE LTD
Company Reg No	199803610C
Email Address	riddance@singnet.com.sg
Mobile Phone No	(Phone) +65-96536784
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Commercial vehicle
Transmission	Manual
CC	2982
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	5121276350-03

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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



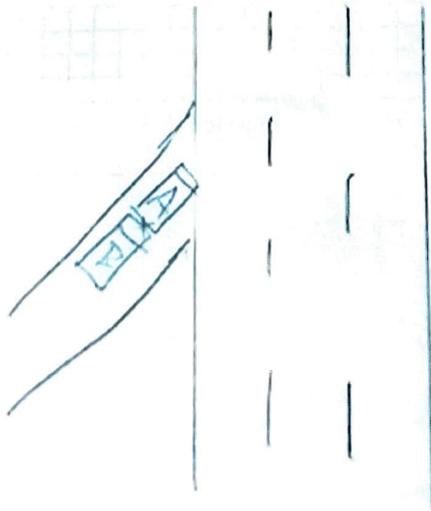
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

*Joelle Tan
AMK AUTOPOINT P/L*

Sketch Plan



*A = G7BL113X
B = G7B57823U*



**SINGAPORE
POLICE FORCE**



T/20241101/7024

2 of 3

Report No. T/20241101/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Driver			
Name	YU CHENGCAI	ID No.	NIL
Related Vehicle	GBJ7823U (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Driver			
Name	MOHAMAD RIZAN BIN SHARIFFOOL AKHTHAR	ID No.	S8419061F
Related Vehicle	GBL113X (Motor van)	Contact No.	93394516
Hospital/Clinic	HEALTHWAY MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

I WAS AT ZEBRA CROSS AT 9.15PM DOING LEFT TURN AT WOODLAND IND PARK E4 AND SUDDENLY A LORRY HIT MY BACK VEHICLE. I HURT MY BACK AND WENT TO GP CLINIC AND WAS GIVEN A 3 DAYS MC.