

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:

\$ 68k

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:

GBK 6737L

Yr Regn:

10, 20

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

Truck / Trailer or

Make:

Toyota

C.C.

2982

Colour:

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading:

133 409

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTFH102 P600 250709

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: MT / S/Rim / STD A/Rim or

Tyre Size:

F:

195 R15

R:

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

TOYO / YOKO or

Cendor

Front

Rear

R/Bal.

6

mm

R/Bal.

8

mm

L/Bal.

6

mm

L/Bal.

8

mm

D.O.A.

11/11/24

D.O.I.

20/11/2024

Survey held at

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

N/S body

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

Date / Time

Action / Instruction

Will amend GIA report.

Date/Time, File Pass to?



: Prell. Report



: Final Report

1)

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

Report Format :

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

TOTAL

威利摩哆 WEI LEE MOTOR WORKS

BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32,
SINGAPORE 575644.
TEL: 6456 9830 • FAX: 6458 0128
Business Regn No: 269436/00J

Not Authorized
1/1/24
Money After Paint
6 days

20 November 2024
China Taiping Insurance (Singapore) PL
105 Cecil Street
#18-00 The Octagon
Singapore 069534

Attn: Motor claim dept-3rd party claim
Claiming against your insured vehicle no: PA5250S
Accident involving vehicle no: GBK6737L/PA5250S
DOA: 11/11/2024 at ANG MO KIO 5 & 6 JUNCTION

Description	Qty	Amount
Rear sliding door LH	1	<i>RM</i> \$1,880.20 ✓
Rear door center roller LH	1	<i>RM</i> \$151.90 X
Rear door handle LH	1	<i>RM</i> \$169.82 X
Rear fender lower panel LH	1	<i>NIP</i> \$322.90 X
Rear fender LH	1	<i>RM</i> \$2,385.60 ✓
Rear fender cowling LH	1	<i>RM</i> \$278.10 X
Rear bumper	1	<i>RM</i> \$699.30 X
Rear bumper retainer LH	1	<i>RM</i> \$35.80 X
Tailamp LH	1	<i>RM</i> \$471.70 X
Tailamp panel	1	<i>RM</i> \$142.00 X
Tailamp bracket	1	<i>RM</i> \$61.80 X
Parts total		\$6,599.12
less 25%		\$4,949.34

S/Nett Items

Door sticker - Company name
Tire rim

1
1 SET
RM \$350.00 *1501*
RM \$340.00 X

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

Parts total

\$690.00

Acknowledged by Repairer

Signature:

Date:

ASSIGNMENT

Labour charger & Misc

Check all wiring and lightning system	\$120.00	201
Panel beating on affected areas and renew damage parts	\$1,000.00	8001
Spray painting on affected areas	\$1,000.00	5001
Apply anti rust on affected areas	\$150.00	601
Labour total		\$2,270.00
Total Parts & Labour		\$7,909.34

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 11/11/2024 11:50 (SGT)
Reported by Actual Driver
Date of Accident 11/11/2024 08:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information ANG MO KIO 5 & 6 JUNCTION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK6737L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner H.T. ENGINEERING & SERVICES PTE LTD
Company Reg No 199504640E
Email Address accounts@htsvc.sg
Mobile Phone No (Phone) +65-81177601
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 3000
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 5119386994-04

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 insurers who have insured vehicle(s) involved in this accident (all insurers 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 postages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")

(b) all insurers 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.

HT ENGRG & SERVICES PTE LTD

158 SIN MING ROAD #07-02

LOBBY 2 ANTECH BUILDING

SINGAPORE 575625

TEL : 6742 3188 FAX : 6741 4388

CITY AUTO PTE LTD

Blk 8 Sin Ming Road

#01-58/60/62 Sin Ming Ind Est

Singapore 575643

Tel: 6453 1235 Fax: 6453 7944

(Claims Section)

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

