

REF: 0721

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / 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.

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

Res.: Yes or No

Lum Sum:

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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:

S - RS. SI

Fees

Others

TOTAL

Report Format:

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Cheng Hoe Motor Pte Ltd

Blk 1019, Yishun Industrial Park A #01-374/382, Singapore 768761
TEL: 67556142 (YIS) FAX: 67557719 (YIS) Email: chmotor@singnet.com.sg
GST:201001158E RCB NO:201001158E

GBB3877H
TP/CHINA

Not Notwork
L1 Pay 8

M/S: CHINA TAIPING INSURANCE (S) PTE LTD
3 ANSON ROAD
16-00 SPRINGLEAF TOWER
SINGAPORE 079909

Claim No: ES2400584
Estimate No: ES2400584/WL
Date: 16 Jul 2024
Policy No: 5118146709-03
Veh Reg No: GBB3877H
Make/Model: TOYOTA DYNA 150 D
Chassis No: JTFAT35Y80K200356
Engine No: 1KD1906849
Reg. Date: 12/02/2009

TEL: 63896111
ATTN: Motor Claim Department
WS Ref: TP/CHINA
Claim Type: Third Party
Accident Date: 13/07/2024
TP Veh Reg No: SLD8885Y

FAX: 62221033 6 days

Estimate Repair Cost to Vehicle No : GBB3877H

Pages: 1/1

Description	U/Price	Quantity	Cost	Amount
			<u>S\$</u>	<u>S\$</u>
Cost Plus				
1 FRONT BUMPER	170.00	1 PC	170.00	✓
2 FRONT GRILLE	180.00	1 PC	180.00	✓
3 FRONT GRILLE LOGO	85.00	1 PC	85.00	✓
4 FRONT GRILLE CLIP	3.50	4 PC	14.00	✓
5 HEADLAMP RH	320.00	1 PC	320.00	✓
6 FRONT PANEL	400.00	1 PC	400.00	✓
7 FRONT PANEL EMBLEM	40.00	1 PC	40.00	✓
8 FRONT WINDSCREEN GLASS RUBBER	90.00	1 PC	90.00	✓
9 FRONT RH DOOR	680.00	1 PC	680.00	✓
			1,979.00	
	Add 10%		197.90	2,176.90

Special Net

10 FRONT NUMBER PLATE	20.00	1 PC	20.00	✓
11 FRONT RH DOOR COMPANY STICKER	20.00	1 PC	20.00	✓
				40.00

Labour

12 REMOVE & REFIX DASHBOARD,METER ASSY & CHECK WIRING	280.00	1 LA	280.00	250
13 REMOVE AND REFIX AIRCON,CHECK,VACUUM & REFILL	100.00	1 LA	100.00	✓
14 REMOVE AND REFIX FRONT WINDSCREEN GLASS	60.00	1 LA	60.00	✓
15 REMOVE & REFIX FRT BUMPER ASSY,GRILLE,HEADLAMPS,FRT RH DOOR & ATTACHMENTS;TO RENEW FRT PANEL & REALIGN THE	900.00	1 LA	900.00	700
16 PUTTY & RESPRAY ON FRT BUMPER,FRT PANEL,FRT GRILLE,FRT RH DOOR	750.00	1 LA	750.00	700
17 REMOVE & REFIX FRT RH DOOR GLASS	60.00	1 LA	60.00	✓
18 RUSTPROOFING	60.00	1 LA	60.00	✓
				2,210.00

Total S\$ 4,426.90
Add GST @ 9% 398.42
Total Amount payable S\$ 4,825.32

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

For Cheng Hoe Motor Pte Ltd

Acknowledged by Repairer
Signature:
Date:

AUTHORISED SIGNATURE

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	15/07/2024 15:47 (SGT)
Reported by	Actual Driver
Date of Accident	13/07/2024 14:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS ST 82 TOWARDS WOODLANDS NORTH PLAZA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB3877H

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FLYTECH ENGINEERING PTE LTD
Company Reg No	2XXXXX122R
Email Address	fte-admin@flytech.com.sg
Mobile Phone No	(Phone) +65-63343228
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	DYNA 150 MANUAL 3SEATER
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5118146709-03

DRIVER

Name of Driver	TAMILSELVAN ANBARASAN
Passport No/FIN	GXXXX492N
Date Of Birth	17/10/1984
Occupation	Outdoor

Describe Circumstance of the Accident

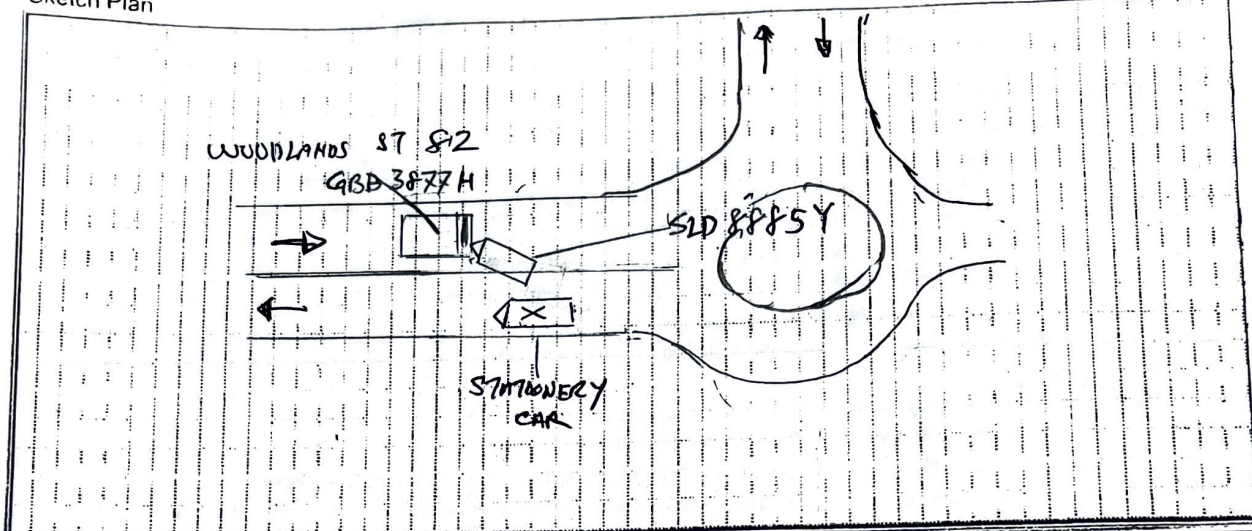
NOTE: PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME for you to submit OWN DAMAGE

Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy (☒) Claim Third party () Reporting Only

() Claim OD/ TP at other workshop ()

Sketch Plan



I travel straight towards infront round about, a vehicle suddenly overtake opposite park vehicle and cause hit onto my lorry front right portion and cause damage. No injury on both party.

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

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

[Signature]
Efeeda
15/7/24