

CS / TP 18002433 / Dtb n2

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop / Mile: _____
 of: _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vehicle: _____



(Policy Condition)

Remark: The veh had commenced its
 repair at the time of inspection.

Salvage / Market Value: _____
 IDAO Accident Report: _____ Consistent? : Yes or No
 GIA / PP. Seen: _____ Consistent? : Yes or No
 Est. Repairs: 4 days Res: Yes or No
 Lump Sum: 20 % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Ref No: SKU 99908 Page: 2015 June
 Type: ☒ M Cycle / Bus / Van / Lorry / Taxi / Prime Mover
 Truck / Trailer or
 Make: Toyota Alphard No: 2493
 Colour: Black S/O Insured / Std / Nil / NA
 So Reading: 85073 T-Race Insured / Std / Nil / NA
 Eng No: 2ARH545897
 C No: AGH300008624
 Gen. Cond: ☒ Good / Fair / Poor / Burnt
 Steering: ☒ Incl / Jammed / Leaked / Burnt or
 Brake: ☒ Incl / Jammed / Leaked / Burnt or
 Mod: Nil / ☒ S / R / STD Air / or
 Tyre Size: F: 235/50 R18
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Continental
 Front: _____ Rear: _____
 R. Bal: 5 mm R. Bal: 5 mm
 L. Bal: 5 mm L. Bal: 5 mm
 D.O.A. 14/07/2017 B.O.A. 14/07/2017
 Survey held at Technosonic Page ubi
 Des. of Damages: Fr / Rear / O/S / N/S / UIC / Roof top or
Front.
 The UIC / Chassis frame / Body Structure affected due to collision:

Date / Time Action / Instruction

Independent.SKU 99908 - NA / TMC17013800/h4DA: 140717lump sum \$6350/- (Red: 4195.01; 39%)

RECEIVED 20 FEB 2019

Date/Time / File Pass to? ☐ : Prelim. Report
19/2 Typist ☒ : Final Report
 Date/Time / File Return to?

Days Of Repair: 4
 Resurvey No. of Trip: 2

Survey Fee
 Transportation

Add Fee: ☐ Site Visit \$
☐ Material \$
☐ Tech. Fee \$
☐ Allowance \$

3-POLICE
 Fuel
 Other

Report Format: TP
 Lump Sum / L.B. / S: 6350/-

170
50
50+50
76
80
476

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 Authorised 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 ability.
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 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 Report	17/07/2017 17:32
Date Of Accident	14/07/2017 12:00
Exact Location Of Accident	ALONG CAVENAGH RD TWDS ORCHARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU9990S
Insured/Policyholder	
Name Of Registered Owner	SUMMIT TRANSPORT AND LIMOUSINE SERVICES
Co Reg No	- 53307917M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82609888

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	16-MH001825-R00
Cover Note Number	-

Driver Particulars

Name of Driver	TEO CHAI HENG
NRIC No	S1735552Z
Date Of Birth	22/07/1966
Occupation	OUTDOOR
Date Of Driving Pass	06/04/1987
Driving Experience	30 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82609888
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 38 TANGLIN HALT RD #06-119
Postcode	140038
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	HIT BY FALLEN TREE
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	TREE
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	TEO CHAI HENG
Approximate Age	

Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SKU9990S
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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 revoke 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.

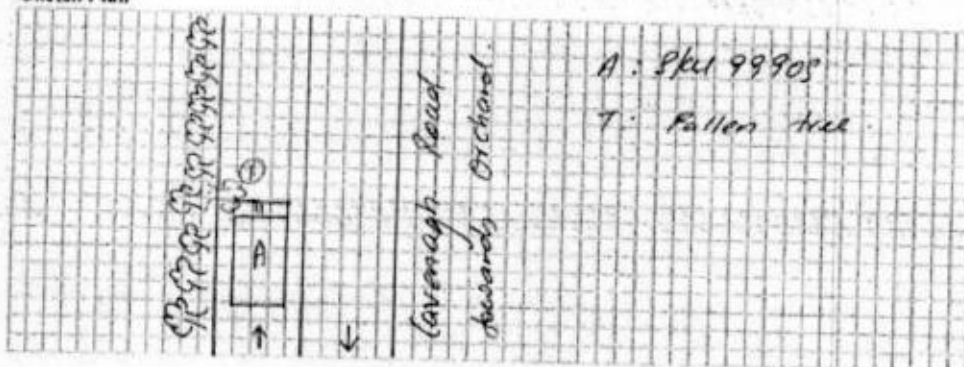


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Sketch Plan

Describe Circumstances of the Accident

I was travelling along Larnagh Road towards Orchard. It was raining heavily. As I was passing by a row of trees along the road, suddenly 1 of the tree got blown off the ground, fell and hit onto my vehicle front left corner. I immediately slow down and stop my vehicle. A while later, the officers from the Garda come over and assist the matter. A lady from H&M, named Ms. Rob was also at the scene to take some photographs.

Declaration

I/We declare the foregoing particulars are true in every respect.



[Handwritten Signature]

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

[Handwritten Signature]

Witnessed by Reporting Centre Personnel

40 SCOTTS ROAD
#13-00 ENVIRONMENT BUILDING
228231 NEA

Teamwork Garage Pte Ltd
53 Ubi Avenue 1 #01-23/24 Spore 408934
Paya Ubi Industrial Park
Tel : 6844 2475
E-mail : claims@teamworkgarage.com
Register number : 201015366H
3RD PARTY CLAIM ESTIMATION

Vehicle number	SKU9990S
Make / Model	TOYOTA/ALPHARD
Chassis number	AGH300008624
Accident date	14 July 2017
Reference	1707-28

Qty	Particulars	Unit Price - SGD \$
<u>PARTS REPLACEMENT - LIST ITEMS</u>		
1	FRONT BUMPER <i>Dented</i>	1068.60 ✓
2	FRONT BUMPER RETAINER <i>SVL</i>	145.48 x
1	FRONT BUMPER ABSORBER SPONGE <i>Size torn</i>	177.76 ✓
1	FRONT BUMPER REINFORCEMENT <i>SVL</i>	407.28 ✓
1	FRONT BUMPER LOWER GRILLE <i>crack</i>	192.61 ✓
1	FRONT LH FOG LAMP COVER (CHROME) <i>discolored</i>	200.31 ✓
1	FRONT LH FOG LAMP GARNISH <i>discolored</i>	148.56 ✓
1	FRONT LH HEADLAMP <i>crack mounting</i>	3103.93 ✓
1	FRONT GRILLE <i>broken</i>	1069.70 ✓
1	FRONT GRILLE LOGO <i>broken</i>	67.21 ✓
1	FRONT SUPPORT PANEL <i>SVL</i>	1339.91 ✓
1	FRONT SUPPORT PANEL GARNISH <i>discolored</i>	411.90 ✓
1	FRONT BUMPER PDC SENSOR <i>Short</i> <i>8607.86</i>	420.09 ✓
		8753.34
		2188.34
		6565.01
		6565.01
<u>PARTS REPLACEMENT - SPECIAL NETT ITEMS</u>		
Balance B/F		6565.01
1 SET	FRONT BUMPER CLIP <i>new</i>	20.00 ✓
1	FRONT NUMBER PLATE <i>SVL</i> <i>201-</i>	80.00 x
		100.00
		6665.01
S/No	<u>LABOUR AND MISCELLANEOUS CHARGES</u>	
Balance B/F		6665.01
1	CHECK FRONT WIRING AND LIGHTNING SYSTEM	80.00 301-
2	REMOVE AND REFIT FRONT PDC SENSOR	150.00 401-
3	REMOVE AND REFIT AIR CONDENSER AND TOP UP GAS	200.00 1201-
4	REMOVE AND REFIT RADIATOR <i>14801-</i>	200.00 501-
5	PANEL BEATING, REMOVE AND REFIT BODY PANEL TO FACILITATE REPAIR	1500.00 6001-
6	SPRAY PAINTING ON AFFECTED AREA	1600.00 6001-
7	APPLY ANTI RUSH ON AFFECTED AREA	150.00 401-
		3880.00
		10545.01

Teamwork Garage Pte Ltd
the Repairer of the following:

- To resurvey before/after any repairs
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- 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:

14/07/2017 @ 1500h
Not Andrew
1/2m

4 days.
2 Kic And
7955.89
41563501-



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

TEAMWORK GARAGE PTE LTD

Ref : CS/TP18002433/Dtbn2

53 UBI AVENUE 1 #01-24 SINGAPORE 408934

Date : 22-02-2018



ON BEHALF OF SUMMIT TRANSPORT AND
LIMOUSINE SERVICES

Code : TP376

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	Veh. Inspected	SKU 9990S
Policy No.	Coverage (\$)	0.00
Claim No.	Excess (\$)	0.00
Assign From	Assign Date	14/07/2017

2. Vehicle Particulars & Condition

Make & Model	TOYOTA ALPHARD	c.c	2493
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	AGH300008624	Colour	BLACK
Odometer	85073	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	235/50 R18	CONTINENTAL	5 mm
L/H Front Tyre	235/50 R18	CONTINENTAL	5 mm
R/H Rear Tyre	235/50 R18	CONTINENTAL	5 mm
L/H Rear Tyre	235/50 R18	CONTINENTAL	5 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	14/07/2017	Inspection Date	14/07/2017
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.		

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	4 Working Days
-------------------------------------	----------------



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKU 9990S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER	DENTED	1,068.60	1,068.60
1	FRONT BUMPER RETAINER	SERVICEABLE	145.48	-
1	FRONT BUMPER ABSORBER SPONGE	TORN	177.76	177.76
1	FRONT BUMPER REINFORCEMENT	BENT	407.28	407.28
1	FRONT BUMPER LOWER GRILLE	CRACKED	192.61	192.61
1	FRONT LH FOG LAMP COVER (CHROME)	DISLODGE	200.31	200.31
1	FRONT LH FOG LAMP GARNISH	DISLODGE	148.56	148.56
1	FRONT GRILLE	BROKEN	1,069.70	1,069.70
1	FRONT GRILLE LOGO	BROKEN	67.21	67.21
1	FRONT SUPPORT PANEL	BENT	1,339.91	1,339.91
1	FRONT SUPPORT PANEL GARNISH	DEFORMED	411.90	411.90
1	FRONT LH HEADLAMP	MTG CRACKED	3,103.93	3,103.93
1	FRONT BUMPER PDC SENSOR	SHORTED	420.09	420.09
	LESS 25% DISCOUNT		-2,188.33	-2,151.97
			6,565.01	6,455.89
	<u>SPECIAL NETT ITEMS</u>			
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	20.00	20.00
1	FRONT NUMBER PLATE (SN)	SERVICEABLE	80.00	-
			100.00	20.00
	<u>LABOUR</u>			
	CHECK FRONT WIRING AND LIGHTING SYSTEM.		80.00	30.00
	REMOVE AND REFIT FRONT PDC SENSOR.		150.00	40.00
	REMOVE AND REFIT AIR CONDENSER AND TOP UP GAS.		200.00	120.00
	REMOVE AND REFIT RADIATOR.		200.00	50.00
	PANEL BEATING, REMOVE AND REFIT BODY PANEL TO FACILITATE REPAIR.		1,500.00	600.00
	SPRAY PAINTING ON AFFECTED AREA.		1,600.00	600.00
	APPLY ANTI RUST ON AFFECTED AREA.		150.00	40.00
			3,880.00	1,480.00
	GRAND TOTAL		10,545.01	7,955.89
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			6,350.00



Report Ref No. CS/TP18002433/Dtbn2

ANG BRYAN TANI

Automotive Assessor / Investigator

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.