

ASS. REC. BY:

REF

CS/C7118013246/Grd3

n2

Special Instruction:

Survivor
Member

ASSIGNMENT (Office)

From (Person): Irene Juy

of CTE

Date/Time: 20/7/18 @ 1:27pm

Estimated Cost:

Bill to:

OD ~~(TP)~~ WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SKR 4514H

Insured:

YN 4186B

at Workshop m/s

8 Threl Automotive

Tel:

62841542

of

Bik 8 Sin Ming Ind. Est #01-64166

Policy No:

DMCVSN1538151702

Claim No:

SNM18D03264C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

29/06/2018

23/07/2018

CA / REV / REP. / REV 24 HRS

lup

H.O.D. Endorsement:

Date/Time:

4:11pm @ 20/7/18

Person Contacted:

Yan Jen

Vehicle:

~~IN~~ OUT

Date/Time

Action/Instruction (X) Estimate

SKR 4514H-X

YN 4186B-X

Confirm L/S \$1850 @ 4 days

Red: \$6543.46, 78%

(08/11/13) wef

ASS. REC. BY:

REF: CFI

C01576

ASSIGNMENT

From: _____ Date: 23/07/18

Estimated Cost: _____

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

To Inspect Vehicle No: SKR 4514H
at Workshop m/s 8 three Automotive
of Blk 8, in Ming Ind. Est #01-64/66

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: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS ^{up}

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKR4514H

Yr Regn: 10 Feb 2015

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

Truck / Trailer or

Make: Toyota Atti's c.c. 1598

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

Sp. Reading: 78024 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MRO53REH104522239

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55 R16

R: n

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

TOYO / YOKO or westlake

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. D.O.I. 23-07-18

Survey held at w/s 3:30pm

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

o/s rear

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

Date / Time Action / Instruction

RECEIVED 05 SEP 2018

Date/Time, File Pass to?

☐ : Preli. Report1) ^{up}☒ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

220

Report Format: TP

Lump Sum / L.B.I. (\$) 1850.00

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	20 Jul 2018		20 Jul 2018 13:27 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	LIANG CHEW HARDWARE PTE LTD, Co. Reg. No.: -		
Main Claimant:	NATIONAL CAR RENTALS (PRIVATE) LIMITED		
Vehicle Reg. No.:	SKR4514H	Date of Loss:	29/06/2018 14:00 - :59
Claim Type:	TP / SNM18D03264C02	Policy/Cover Note No.:	DMCVSN1538151702 (Comprehensive)
Vehicle Reg. No. (Insured):	YN4186B	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	S Three Automotive Recovery Pte Ltd (HQ) Blk 8 Sin Ming Industrial Estate, #01-64/66 Sector C, 575643 Sin Ming - Tel: 62841542 / 62841575		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Irene Tay Hui Ping - 638986192]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 31/07/2018]		
Adj Asg. Remarks:	NO EST, ASSIGN XING QUO QIANG AS SJE.		

ASSOCIATED MAIL RECEIVED [View All](#) [Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS [View All](#) [Search Tasks](#) [Create New Task](#) [Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

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 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	20/07/2018 11:19
Date Of Accident	29/06/2018 10:50
Exact Location Of Accident	10 ADMIRALTY ST NORTH LINK BUILDING COMPOUND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR4514H
Insured/Policyholder	
Name Of Registered Owner	NATIONAL CAR RENTALS (PRIVATE) LIMITED
Co Reg No	196100157E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94874051

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5059475530-05
Cover Note Number	

Driver

Name of Driver	O'BRIEN KEVIN PAUL
Passport No/FIN	534795782
Date Of Birth	02/09/1966
Occupation	OUTDOOR
Date Of Driving Pass	04/05/2015
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94871051
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	390A HAVELOCK ROAD #01-07 WATERFRONT PLAZA
Postcode	169664
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	1

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

REFER ATTACHED - THIRD PARTY HIT INSURED STATIONARY VEHICLE

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	YN4186B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.
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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature

Date & Time:

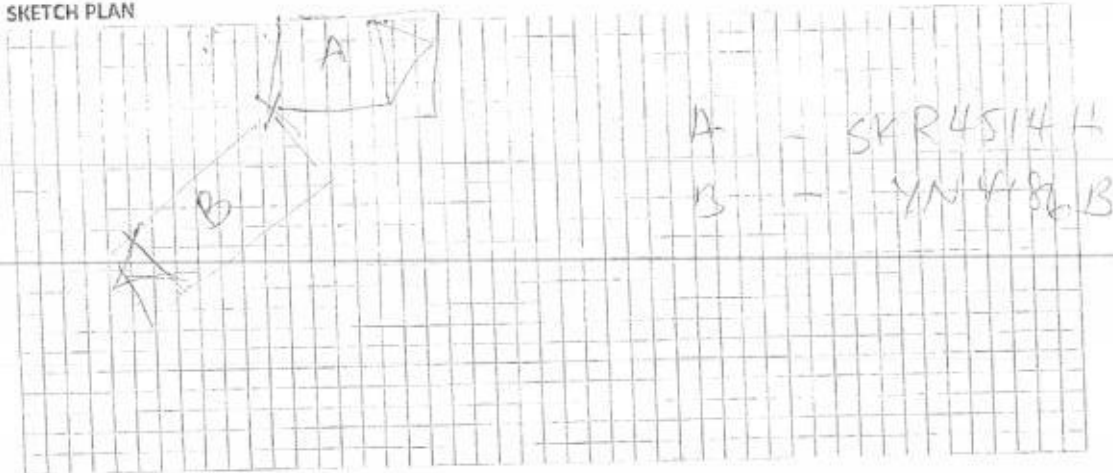

Driver's Signature

(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was stationary to allow vehicle B to pass me but vehicle B lit and grinded the rear right portion of my vehicle when he was making a left turn.


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:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

TO :
ATTN : **MOTOR CLAIM DEPT.**

T/P VEH. NO. : **YN4186B**

ESTIMATE REPORT 1st QUOTATION

JOB NO. : _____

OWNER'S PARTICULAR

NAME : **NATIONAL CAR RENTALS PTE LTD**

CONTACT : **94871051**

ADDRESS :

LICENSE NO: **SKR4514H** TRANS

CHASSIS NO. :

MAKE / MODEL : **TOYOTA ALTIS**

ENGINE NO. :

OWNER'S INSURE : **NTUC INCOME**

JOB-CODE : **TP** S/A : **JOEY**

ACCIDENT DATE : **29-Jun-18**

CLAIM DETAIL

MATERIALS

	QTY	QUO-PRICE	DISC. %	DISC-PRICE	REV. PRICE
1 REAR FENDER INNER SHIELD RH <i>Re</i>	1.00	67.75	25.00	149.33	Y
2 REAR BUMPER <i>TV</i>	1.00	498.30	25.00	373.73	Y
3 REAR BUMPER RETAINER RH&LH <i>RH-RE LH X NN</i>	2.00	79.2	25.00	100.65	Y
4 REAR BUMPER BRACKET RH&LH <i>X NN</i>	2.00	X	25.00	109.05	Y
5 REAR BUMPER REFLECTOR RH <i>Cut</i>	1.00	35.70	25.00	26.78	Y
6 REAR SHOCK ABSORBER RH <i>X NN</i>	1.00	X	25.00	295.50	Y
7 REAR AXLE <i>X NN</i>	1.00	X	25.00	2094.23	Y
8 REAR WHEEL HUP BEARING RH <i>MC</i>	1.00	357	25.00	429.49	Y
9 TAILLAMP RH <i>scr</i>	1.00	320.00	25.00	240.00	Y
10 TAILLAMP LOWER PANEL RH <i>X NN</i>	1.00	X	25.00	146.25	Y
11 BOOT LID EMBLEM COROLLA <i>X NN</i>	1.00	X	25.00	28.50	Y
12 BOOT LID EMBLEM ALTIS <i>X NN</i>	1.00	X	25.00	33.23	Y
13 BOOT LID LOGO <i>X NN</i>	1.00	X	25.00	33.75	Y
14 REAR SPORT RIM RH <i>Cut</i>	1.00	1644.00	25.00	1233.00	Y

TOTAL (PARTS) :

350 (SN)
7057.95 5293.46
1357.95 1018.46

SPECIAL NETT ITEM

1 REAR TYRE RH <i>X</i>	1.00	X	280.00	0.00	280.00	Y
2 ROCKER PANEL GARNISH CLIPS <i>X Lma</i>	1.00	X	50.00	0.00	50.00	Y
3 REAR FENDER INNER SHIELD CLIPS 1SET <i>me</i>	1.00	30	50.00	0.00	50.00	Y
4 REAR BUMPER CLIPS <i>/</i>	1.00	30	80.00	0.00	80.00	Y

60

TOTAL (PARTS):

460.00

460.00

LABOUR

1	STRAIGHTEN & PANEL BEAT ACCIDENT AREAS	1.00	1000.00	0.00	1000.00	Y	300
2	SPRAY PAINTING ON ACCIDENT AREAS	1.00	1000.00	0.00	1000.00	Y	500
3	CHECK & REPAIR WIRING SYSTEM	1.00	120.00	0.00	120.00	Y	30
5	R&R REAR SUSPENSION SYSTEM	1.00	280.00	0.00	280.00	Y	X NN
9	TYRE BALANCING	1.00	120.00	0.00	120.00	Y	30
10	CONDUCT FULL WHEEL ALIGNMENT	1.00	120.00	0.00	120.00	Y	60

TOTAL (LABOUR):

2640.00

2640.00

920

TOTAL PARTS & LABOUR

10157.95

8393.46

EXCESS: : S\$

NO. OF DAYS:

RE-SURVEY: BEFORE / AFTER PAINTING

PART-BY-PART OR LUMP-SUM : S\$

DATE OF SURVEY: 23/7/18

SURVEY BY: Guo Qiy

CONTACT:

FAX NO :

NOTE : LUMP-SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED.

2348.46

20%: 1850

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

Acknowledged by Repairer

Signature:

Date:

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/CTI18013246/GRD3N2

Date: 05/09/2018

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMCVSN1538151702	
Claimant Vehicle No :	SKR4514H	Insured Vehicle No :	YN4186B	
Date of Loss:	29/06/2018	Nature of Claim:	TP	Claim No: SNM18D03264C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SKR4514H		Engine No:	1ZR473932
Make & Model:	TOYOTA COROLLA ALTIS, 1.6 CLASSIC CVT (A)		Chassis No:	MR053REH104522239
Reg. Date:	10/02/2015 (Man. Year: 2014)		Odometer:	78024 km
Colour:	Silver			
Engine Capacity:	1598 cc			
Market Value/New Car Price:	N/A			
Sum Insured (S\$):	Market Value/New Car Price			

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	205/55R16	Rear Tyre Size:	205/55R16
Front Left Side:	West Lake 6 mm	Rear Left Side:	West Lake 6 mm
Front Right Side:	West Lake 6 mm	Rear Right Side:	West Lake 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	5,753.46	1,428.46	4,325.00	75.17
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,640.00	920.00	1,720.00	65.15
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	8,393.46	2,348.46	6,045.00	72.02
Approved Total (Overridden) (S\$)		1,850.00		
(S\$)	8,393.46	1,850.00	6,543.46	77.96
+ GST 7.00/7.00% (S\$)	587.54	129.50	458.04	77.96
Nett Amount (S\$)	8,981.00	1,979.50	7,001.50	77.96

INSPECTION

Date of Assignment: 20/07/2018

Date Inspected: 23/07/2018 Inspected At:

S Three Automotive Recovery Pte Ltd
(HQ)
Blk 8 Sin Ming Industrial Estate, #01-64/66 Sector C
Singapore 575643

Estimated Period of Repair: 4.0 days

Adjuster: XING GUO QIANG

Manager: Janice Lee Si Hua

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference		
Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 05 Sep 2018)
Parts:	143	TOYOTA COROLLA ALTIS 1.6 CLASSIC CVT (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SKR4514H)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR FENDER INNER SHIELD RH	Deformed	199.10 FL	*67.75 FL
2	1		*REAR BUMPER	Torn	498.30 FL	*498.30 FL
3	1		*REAR BUMPER RETAINER RH & LH	O/s Deformed/N/s Not Necessary	134.20 FL	*79.20 FL
4	2		*REAR BUMPER BRACKET RH & LH	Not Necessary	145.40 FL	*- FL
5	1		*REAR BUMPER REFLECTOR RH	Cut	35.70 FL	*35.70 FL
6	1		*REAR SHOCK ABSORBER RH	Not Necessary	394.00 FL	*- FL
7	1		*REAR AXLE	Not Necessary	2,792.30 FL	*- FL
8	1		*REAR WHEEL HUP BEARING RH	Necessary	572.65 FL	*357.00 FL
9	1		*TAILLAMP RH	Scratched	320.00 FL	*320.00 FL
10	1		*TAILLAMP LOWER PANEL RH	Not Necessary	195.00 FL	*- FL
11	1		*BOOT LID EMBLEM COROLLA	Not Necessary	38.00 FL	*- FL
12	1		*BOOT LID EMBLEM ALTIS	Not Necessary	44.30 FL	*- FL
13	1		*BOOT LID LOGO	Not Necessary	45.00 FL	*- FL
14	1		*REAR SPORT RIM RH	Cut	1,233.00 FS	*350.00 FS
15	1		*REAR TYRE RH	Not Necessary	280.00 FS	*- FS
16	1		*ROCKER PANEL GARNISH CLIPS	Not Necessary	50.00 FS	*- FS
17	1		*SET REAR FENDER INNER SHIELD CLIPS	Necessary	50.00 FS	*30.00 FS
18	1		*REAR BUMPER CLIPS	Necessary	80.00 FS	*30.00 FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (\$\$)	7,106.95	1,767.95
- List Item Discount on L Items 25.00/25.00% (\$\$)	1,353.49	339.49
Total Parts (\$\$)	5,753.46	1,428.46

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	STRAIGHTEN & PANEL BEAT ACCIDENT AREAS	New	1,000.00	300.00
2	SPRAY PAINTING ON ACCIDENT AREAS	New	1,000.00	500.00
3	CHECK & REPAIR WIRING SYSTEM	New	120.00	30.00
4	R&R REAR SUSPENSION SYSTEM	New	280.00	-
5	TYRE BALANCING	New	120.00	30.00
6	CONDUCT FULL WHEEL ALIGNMENT	New	120.00	60.00
Gross Labour Cost (\$\$)			2,640.00	920.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >