

ASS. REC. BY:

REF: CT2 / 2000 4237 / Kg

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. DMPCSN30201919011

Claims No. SNM20D201274C02

Sum Insured: _____

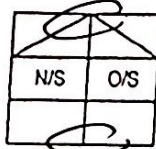
Excess: _____

(Client's Record)

Make of Veh: _____

1 pm

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKM64467

Yr Regn: 10, 13

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

Truck / Trailer or

Make: Volvo

XC90 T5 c.c. 2521

Colour: m. Black

A/C: Insured / Std / NI / NA

Sp. Reading: 55705

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: YVIC 72437-D 1666406

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____

R: 235/60R18

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

TOYO / YOKO or

Front

R/Bal. P mm

Rear

R/Bal. P mm

L/Bal. P mm

L/Bal. P mm

D.O.A. 11/3/20

D.O.I. 10/9/2020

Survey held at _____

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

11/09/20@9.40am revised to Adeline Chng via Merimen.

Date/Time, File Pass to?



: Prell. Report

Days Of Repair: _____

1)



: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐

: Site Insp (\$)



: Interview (\$)



Tech Invs (\$)



Weekend (\$)

Survey Fee: _____

Transportation: _____

S + RS \$1

Fees

Others

TOTAL

Report Format:

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

Lai Huat (Meng Kee) Motor Pte Ltd
160 Sin Ming Drive, #04-01, #04-02 &
#07-03, Sin Ming Autocity
575722

Insurer Reference: TP-SLM 4484A
Repairer Reference: 71334
Date calculated: 18/03/2020 9:46 AM

Full Report
Registration: SKM 6446J
Printed: 18/03/2020 9:46 AM

Summary Information

Claim		Work Provider:	China Taiping Insurance
Location:	Singapore (SG)		(Singapore) Pte Ltd
		Currency:	SGD
Printed by:	Jenny Lim	Date of Incident:	11/03/20
Claim Reference:	TP-SLM 4484A	Hire Car Start:	
Estimated Repair Time:		Hire Car End:	
Actual Repair Days:			

Vehicle Details

Vehicle
Manufacturer: VOLVO
Model: XC 90 (C)
Sub Model: R-DESIGN
Model Sheet Number: 41 24 07
Registration: SKM 6446J
VIN number: YV1CT2457D1666406
Odometer: 52393

Model Specs

ELECTRIC SUNROOF
 FRT D/WDW WATER-REP
 D/MIRROR WITH MEMORY
 HEADLAMP WASHERS
 LEATHER TRIM
 RAIN SENSOR
 FRONT PARKING SYSTEM
 CHILD SEAT
 FOUR WHEEL DRIVE
 DSTC DYNAMICS CONTR
 TWO COAT METALLIC

ROOF RAILS
 REAR AIR CONDITION
 HEADLINING ENTERTAIN
 H-LAMP LEVEL CONTROL
 LEATHER SHIFT ROD
 SUN VISOR MIRROR
 RADIO REMOTE CONTROL
 7-SEATER
 5-SPEED AUTOMATIC
 PASSENGER AIRBAG
 PREPARE OFF VEHICLE

FROM VIN D1664322
 ILLUMINATED MIRROR
 REAR HEADPHONES
 DAYTIME RUNNING LIGH
 NAVIGATION SYSTEM
 ANTI THEFT ALARM
 REAR PARKING SYSTEM
 STRG WHEEL WOODEN
 SERVOTRONIC STEERING
 CRUISE CONTROL

AUTO AIR CON
 FOLDING DOOR MIRRORS
 ADAPT XENON HEADLAMP
 R/FOG LAMP
 ELEC DRIVER SEAT MEM
 DIP REAR VIEW MIRROR
 REARVIEW CAMERA
 2.5 LTR 156KW
 SELF LEVEL DEVICE
 TYRES 255/45 WR 20

Not Authorised
Repair by paint
3 days

Labour

		Time Base 10 WU/h		Price = 42.00 SGD/h	
Code	Description			WU	Price SGD
86103-2	R + R FRONT BUMPER			3.0	12.60
86170-2)	RENEW COMPLETE FRONT BUMPER (BUMPER REMOVED) INCLUDES: REQUIRED ATTACHED PARTS REMOVE AND REFIT IF NECESSARY RENEW.			11.0	46.20
89702-2	RENEW FR NUMBER PLATE (REMOVED)			1.0	4.20
2583	RR UPP BUMPER COVER REPAIR			20 30.0*	126.00

Labour Cost	Hrs	WU	
Panel / Mechanical Labour	4.50	45.0	189.00
Total of Labour			189.00

Paint

Code	Description - TWO COAT METALLIC	Time Basis 10 WU/h	WU	Price SGD
	FRONT BUMPER NEW PART PAINT K1R		7.0	
	RR UPP BUMPER COVER REPAIR PAINT PLASTIC		12.0	
	LWR RR BUMPER COVER SURFACE PAINT PLAST.		8.0	

Paint Material Per Part

Code	Description	Price SGD
0283	FRONT BUMPER NEW PART PAINT K1R	24.11
2583	RR UPP BUMPER COVER REPAIR PAINT PLASTIC	22.28
2582	LWR RR BUMPER COVER SURFACE PAINT PLAST.	32.21

Labour Cost - Paint

Factor	42.00 SGD/h	Hrs	WU	Price SGD
Time Paint			27.0	
Preparation Comp. Work Plastic		2.50	25.0	105.00
Total	10 WU/h	5.20	52.0	218.40

Material Cost - Paint

New Part Painting - Plastic K1R	Price SGD
Repair Painting Plastic	24.11
Surface Painting Plastic	22.28
Material-constant Plastic	32.21
Total	28.60
	107.20

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:

prices as at 2001-01-01
Price SGD

Spare Parts

Code	Description	Part Number	Supplier	Price SGD
0379	AIR INTAKE GRILLE	30698143		265.00
0337	FR BUMPER TRIM FRAME	31323585		968.00
0283	FRONT BUMPER	39871297		1,558.00
0257	FRONT NUMBER PLATE	KNPL3		0.00
f: OEM Parts	Savings			0.00
n: Non-OEM Parts	Subtotal			2,791.00
u: Used parts	Fixed Sundry Parts Price			100.00
	Total			2,891.00

Extras

Code	Description	Price SGD
1000	FRONT NUMBER PLATE	0.00*

Final Calculation

	SGD	SGD
Parts	2,791.00	
Fixed Sundry Parts Price	100.00	
Total Parts		2,891.00
Labour Time Base 10 WU/h		
Total 45.0 WU X 42.00 SGD/h	189.00	
Total of Labour		189.00
Total Of Extras		0.00
Paint Work Time Base 10 WU/h		
Labour Cost 52.0 WU X 42.00 SGD/h	218.40	
Material Cost	107.20	
Total Paint Including Material		325.60
Repair Cost Excludes GST		3,405.60
GST (+7.0%)		238.39
Repair Cost Included GST		3,643.99

Comments

* - USER SUPPLIED DATA
 NN - NO MANUFACTURERS CODE EXISTS
) - WU PARTIAL INCL IN OTHER POSITIONS

Assessment Note

No assessment notes entered.

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 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 Report	11/03/2020 16:21
Date Of Accident	11/03/2020 12:15
Exact Location Of Accident	UPPER THOMSON ROAD TOWARDS AMK AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM6446J
Insured/Policyholder	
Name Of Registered Owner	REX HYDRAULICS & CONTROLS PTE LTD
Co Reg No	2XXXXX414M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67763858

Vehicle Particulars

Manufacturer	VOLVO
Model	XC90 T5 R-DESIGN
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800126662-01
Cover Note Number	

Driver

Name of Driver	PILLAI DEORAJ VISHALAKSHI
NRIC No	SXXXX816J
Date Of Birth	02/07/1974
Occupation	INDOOR
Date Of Driving Pass	22/07/2008
Driving Experience	11 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81981014
Fax Number	
Contact Number	
Email Address	VISHA@REXHYDRAULICS.COM

Address 146 SPRINGSIDE AVENUE
 Postcode 786377
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident CHAIN COLLISION
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 4
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? NO
 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? YES
 If Yes, Please state which Police Station
 Police Station Name ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4849999 - FAX NO: 62181399
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

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 SLM4484A
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

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

SME413L

PRIVATE CAR

DETAILS OF OTHER VEHICLE PROPERTY 3

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

SHC7773X

TAXI

DETAILS OF INJURED PERSON 1

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

PILLAI DEORAJ VISHALAKSHI

46

BACK PAIN

SKM6446J

YES

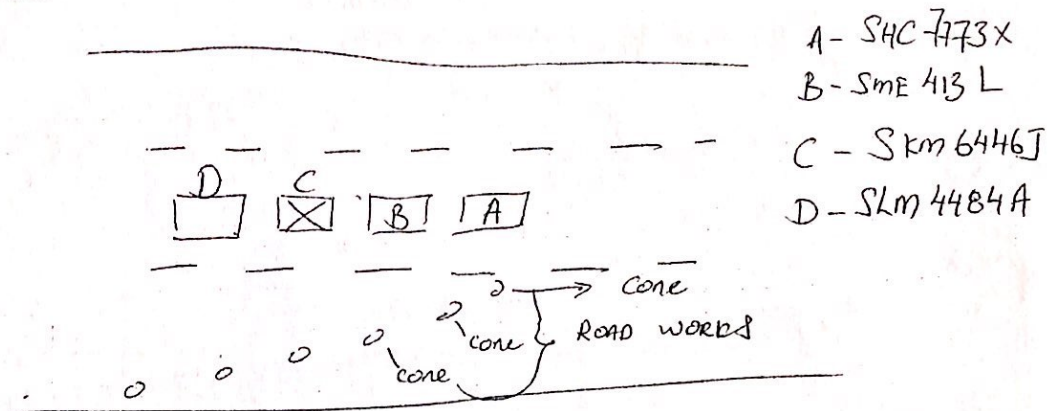
NO

146 SPRINGSIDE AVENUE

786377

Upper Thomson TOWARDS AME AVE 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WEDNESDAY 11/03/2020 Time 12:15 pm.
 Weather was clear and there was road works on the right lane as shown in the picture. I was the 3rd car and was keeping a safe distance from the 2nd car in front of me. Travelling Speed was approximate between 20km/h to 30km/h. Out of a sudden, 2nd vehicle (SME 413 L) jammed brake in front of me. I was alert with both hands at the steering wheel, i reacted accordingly and braked immediately. But the 4th car (SKM 4484A) couldn't react in time and rammed me from behind. The impact was great and pushed my car in front. As the impact was huge, it pushed my car in front and therefore, ~~dam~~ damaged to the back and front of the bumper were created.

DECLARATION

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

Policyholder's Signature
 Date & Time: 11 MAR 2020

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 11 MAR 2020

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