

ASS. REC. BY:

REF:

F02/20005723/Ky

## 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:

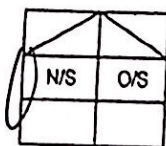
Excess:

(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 Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

04

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:

SUR 65943

Yr Regn:

08, 17

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

Truck / Trailer or

Make:

Toy CTR

c.c

1797

Colour:

M. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading:

244100

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

ZYX 10. 2014912

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD A/Rlm or

Tyre Size:

F:

215/60R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

2

mm

R/Bal.

9

mm

L/Bal.

P

mm

L/Bal.

9

mm

D.O.A.

10/5/20

D.O.I.

14/5/2020

Survey held at

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

N/S body

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

Date / Time

Action / Instruction

2015 / 11 / 11 Pm @ 3500h. Confirmed

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:

Add Fee:

☐

: Site Insp (\$

) S - RS - SI

☐

: Interview (\$

) Fines

☐

: Tech Invs (\$

) Others

☐

: Weekend (\$

TOTAL

Report Format :

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

# Lian Her Motors

Blk 5038 #01-405 Ang Mo Kio Industrial Pk 2 Singapore 569541  
Tel : 64817221

Fax : 64815131

H.L Car Rental Pte Ltd  
Blk 5038 #01-405  
Ang Mo Kio Industrial Pk 2  
Singapore 569541

Vehicle No : SLR 6594 B  
Make : Toyota C-HR  
Year : 2017

*Not Authorized*  
*11 Rm @ 3500/hr*  
*Money After Paint*  
*4 days*

Qty	Description	Unit Price	Amount
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## Estimate Cost Of Repair

1 pc	Front n/s door assy	1168.30	\$1,358.70 ✓
1 pc	Front n/s door protector	334.70	\$425.60 ✓
1 pc	Front n/s door frame black sticker		\$85.10 ✓
1 pc	Front n/s door inner lock		\$325.60 X
1 pc	Front n/s door weatherstrip		\$197.20 X
1 pc	Front n/s door inner trim board		\$487.10 X
1 pc	Front n/s door glass regulator		\$255.60 X
1 pc	Front n/s door glass power window motor		\$425.60 X
1 pc	Rear n/s door assy	1084.90	\$1,242.30 ✓
1 pc	Rear n/s door protector	322.50	\$385.70 ✓
1 pc	Rear n/s door frame black sticker		\$75.10 ✓
1 pc	Rear n/s door inner lock		\$305.10 X
1 pc	Rear n/s door weatherstrip		\$175.20 ✓
1 pc	Rear n/s door inner trim board		\$455.70 ✓
1 pc	Rear n/s door glass regulator		\$255.60 ✓
1 pc	Rear n/s door glass power window motor		\$425.60 ✓
1 pc	N/S rocker panel garnish		\$546.70 X
			\$7,427.50
		Less 25 %	\$1,856.88
			\$5,570.62

## S Nett

20 pcs	Garnish clip	\$2.00	\$40.00 X
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## Labour Charges

Remove/renew the above parts including knocking, welding & cutting.

\$1,000.00

To putty & spray paint on accident affected portion.

\$1,000.00  
\$7,610.62

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:



SLR 6594 B

Labour Charges

Check/reconnect wiring.

To spray anti rust on accident affected portion.

Remove/refit rear n/s door mechanism, glass to new door

balance b/f \$7,610.62

\$45.00 *20%*

\$120.00 *60%*

\$150.00 *120%*

Total \$7,925.62

### 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 12/05/2020 15:02  
Date Of Accident 10/05/2020 19:15  
Exact Location Of Accident ENTERING TO GOLDEN MILE COMPLEX DROP OFF POINT  
Country/State of Loss SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR6594B  
**Insured/Policyholder**  
Name Of Registered Owner H.L. CAR RENTAL PTE LTD  
Co Reg No 2XXXXX543E  
Email Address CARRENTAL.LH@GMAIL.COM  
Mobile Phone No  
Alternative Phone No OFFICE-97687073

#### Vehicle Particulars

Manufacturer TOYOTA  
Model C-HR HYBRID-1.8 S (A)  
Exact Purpose for which vehicle was being used at time of accident WORKING PURPOSE  
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 HIRE

#### Insurance Company

Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number DMHCSNA00002722000  
Cover Note Number

#### Driver

Name of Driver GOH CHEE HUA  
NRIC No SXXXX887H  
Date Of Birth 28/04/1972  
Occupation OUTDOOR  
Date Of Driving Pass 11/08/1993  
Driving Experience 26 YEARS AND 8 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-98337355  
Fax Number  
Contact Number  
Email Address CARRENTAL.LH@GMAIL.COM



Address BLK 119 BUKIT MERAH VIEW, #11-03  
 Postcode 152119  
 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 (including own vehicle) involved in the accident 2  
 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) 3  
 Passenger 1 NAME: : NIL  
 GENDER: : FEMALE  
 Passenger 2 NAME: : NIL  
 GENDER: : MALE

#### 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 TO SKETCH PLAN

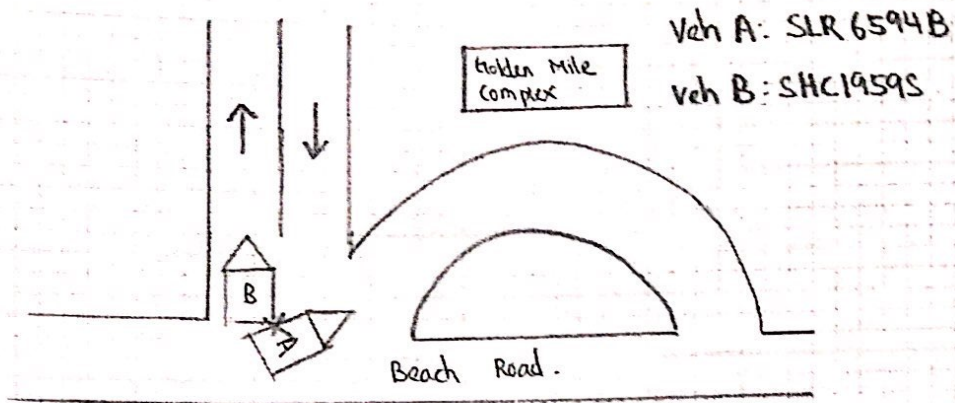
#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: FILE TOO BIGGER  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC1959S  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category TAXI  
 Name of Driver YAP SEONG THYE  
 NRIC/Passport Number SXXXX784A  
 Contact Number  
 Address

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/5/2020 7:15pm, as I was trying to drop off my passengers at Golden Mile Complex drop off point, but the lane is blocked by other taxi. Therefore I reversed my car so that I can move out from the main road. As I was reversing, I had checked that my back is cleared. Unfortunately the taxi driver also reversing his vehicle and hit on the left side of my vehicle. Definitely the taxi driver did not check the while he is reversing.

The claim will be settled by others workshop.

## DECLARATION

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

H.L. CAR RENTAL PTE LTD

Policyholder's Signature  
Date & Time:

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

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

