ASS. REC. BY: Kenneth

REF: FCI/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 Lian Lit Hr

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.

N/S	O/S

Bal. or Market Value: $ 72k

IDAC Accident Rport: _____ 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: SLR 6594B Yr Regn: 08, 17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____ (A)

Make: Toy CHR 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: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modi: NIl / 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.	8 mm	R/Bal.	9 mm
L/Bal.	8 mm	L/Bal.	9 mm
D.O.A.	10/5/20	D.O.I.	14/5/2020

Survey held at ✓

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

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

Date / Time	Action / Instruction
/	
2015	L/Sup @ 3500/. Confirmed

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

Survey Fee:	150
Transportation:	50
S - RS, SI	50 + 50
Photos	21
Others	
TOTAL	321

Lian Her Motors

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

Fax : 64815131

Not Authorised
L/Sup & 3300/=
Resurvey After Paint
4 days

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

Qty	Description	Unit Price	Amount
Estimate Cost Of Repair			
1 pc	Front n/s door assy 1168.30		Rg $1,358.70 ✓
1 pc	Front n/s door protector 334.70		Rel $425.60 ✓
1 pc	Front n/s door frame black sticker		Re $85.10 ✓
1 pc	Front n/s door inner lock		R $325.60 ✗
1 pc	Front n/s door weatherstrip		Sa $197.20 ✗
1 pc	Front n/s door inner trim board		Sa $487.10 ✗
1 pc	Front n/s door glass regulatir		R $255.60 ✗
1 pc	Front n/s door glass power window motor		Sa $425.60 ✗
1 pc	Rear n/s door assy 1084.90		Rg $1,242.30 ✓
1 pc	Rear n/s door protector 322.50		Rel $385.70 ✓
1 pc	Rear n/s door frame black sticker		Re $75.10 ✓
1 pc	Rear n/s door inner lock		R $305.10 ✗
1 pc	Rear n/s door weatherstrip		Dij/Lsr $175.20 ✓
1 pc	Rear n/s door inner trim board		Mbcm $455.70 ✓
1 pc	Rear n/s door glass regulator		Dij $255.60 ✓
1 pc	Rear n/s door glass power window motor		Tm $425.60 ✓
1 pc	N/S rocker panel garnish		Sa $546.70 ✗
			$7,427.50
		Less 25 %	$1,856.88
			$5,570.62
S Nett			
20 pcs	Garnish clip	$2.00	Na $40.00 ✗
Labour Charges			500/
Remove/renew the above parts including knocking, welding & cutting.			$1,000.00
To putty & spray paint on accident affected portion.			$1,000.00 440/
		balance c/f	$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

	balance b/f	$7,610.62
Labour Charges		
Check/reconnect wiring.		$45.00 2ol
To spray anti rust on accident affected portion.		$120.00 6ol
Remove/refit rear n/s door mechanism, glass to new door		$150.00 12ol
	Total	$7,925.62

MGE120045879 / Goldbell Engineering Pte Ltd - Tuas
ENTRY DATE & TIME: 12/05/2020 15:02
SUBMITTED BY: Kon Yin Siew

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 12/05/2020 18:18

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 witholding 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

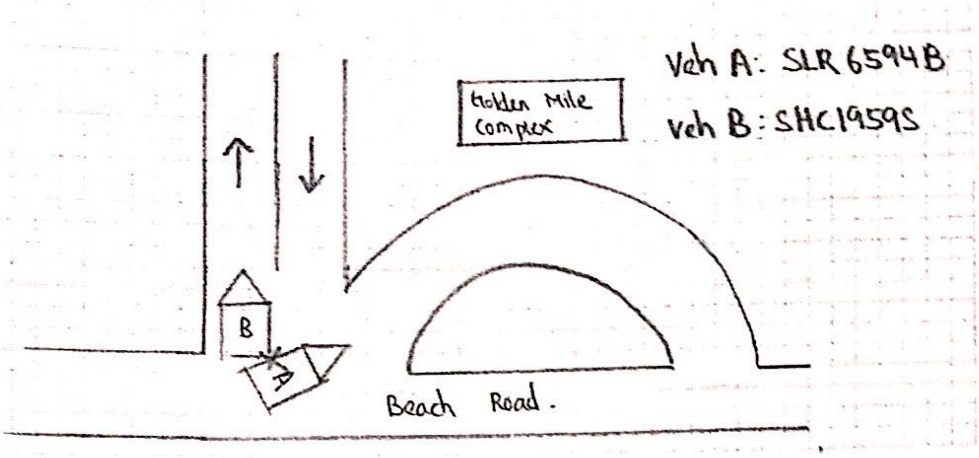
Attachment(s)

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 reverse 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 that 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:

GOULDELL ENGINEERING PTE LTD

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