

ASS. REC. BY:

REF:

AK/ 20005795/KVf3
G72

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Hui Yang Guan Motor

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:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 1.6.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SLV 26494 Yr Regn: 12, 17

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

Truck / Trailer or

Make:

Toy CHR c.c. 1797

Colour:

M. Blue A/C: Insured / Std / NI / NA

Sp. Reading

160.329 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ZYX10 2085587

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: NI / S/Rlm / STD A/Rlm or

Tyre Size:

F:

R:

225/50R16

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

TOYO / YOKO or

Falken

Front:

Rear:

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.I.

Survey held at

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

O/S Frt

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: 4

1) Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S - RS. SI

Fines

Others

TOTAL

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Report Format: Merimen

Lump Sum I.B.I. (\$ 3950)

輝陽汽車有限公司 HUI YANG MOTOR PTE. LTD.

Contact Add : SIN MING AUTOCARE Bldg 176 Sin Ming Drive #04-02 Singapore 575721
Tel: 64515752 (2 Lines) . Fax: 64514658
GST & Reg No. 201629438M

18/05/2020

Owner: ZACH TRANSPORTATION

ESTIMATE TO REPAIR TOYOTA CHR 1.8 - SLV2649H

| | |
|-------|---|
| 1pc | front bumper |
| 1pc | front bumper RH side retainer |
| 1pc | front bumper RH side garnish |
| 20pcs | front bumper clip @\$5.00 |
| 1pc | front bumper grille |
| 1pc | front bumper sponge |
| 1pc | front bumper lower cover |
| 1pc | front bumper lower lid |
| 1pc | front centre grille base |
| 1pc | front wiper spare tank |
| 1pc | front RH headlamp (LED) |
| 1pc | front RH fender |
| 1pc | front RH fender "HYBRID" emblem |
| 1pc | front RH fender protector |
| 1pc | front RH fender inner shield |
| 10pcs | front RH fender inner shield clip @\$5.00 |

| | | | |
|----------|----|----------|---|
| CM | \$ | 974.45 | ✓ |
| DIT | \$ | 133.35 | ✓ |
| DIT | \$ | 374.45 | ✓ |
| M | \$ | 100.00 | ✓ |
| | \$ | 258.25 | ? |
| | \$ | 181.50 | ? |
| | \$ | 182.50 | ? |
| Net | \$ | 680.00 | ✓ |
| | \$ | 481.50 | ? |
| Net | \$ | 281.50 | ✓ |
| Gr | \$ | 2,821.40 | ✓ |
| n | \$ | 781.90 | x |
| Net | \$ | 121.50 | ✓ |
| Net | \$ | 374.20 | ✓ |
| CM / DIT | \$ | 381.90 | ✓ |
| Net | \$ | 50.00 | ✓ |

\$ 8,178.40
\$ 2,044.60
\$ 6,133.80

less 25%

alignment
tuffkote
wiring
spray painting
labour charges
Total

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:

\$ 60.00 ✓
\$ 100.00 x
\$ 100.00 2ol
\$ 800.00 45ol
\$ 800.00 40ol
\$ 7,993.80



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 willful 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 18/05/2020 14:26
Date Of Accident 17/05/2020 20:35
Exact Location Of Accident T-JUNCTION AT TELOK BLANGAH ST 31
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV2649H
Insured/Policyholder
Name Of Registered Owner ZACH TRANSPORTATION
Co Reg No 5XXXX787K
Email Address ZZWQ_1986@HOTMAIL.COM
Mobile Phone No (LOCAL) +65-94785897
Alternative Phone No OFFICE-94785897

Vehicle Particulars

Manufacturer TOYOTA
Model G-HR HYBRID 1.8G CVT
Exact Purpose for which vehicle was being used at time of accident
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 NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5096647527
Cover Note Number

Driver

Name of Driver ZHANG WEIQUN
NRIC No SXXXX377C
Date Of Birth 08/10/1986
Occupation OUTDOOR
Date Of Driving Pass 11/03/2010
Driving Experience 10 YEARS AND 2 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-94785897
Fax Number
Contact Number
Email Address ZZWQ_1986@HOTMAIL.COM

| | |
|---|---|
| Address | BLK 283 CHOA CHU KANG AVENUE 3 #06-414 |
| Postcode | 680283 |
| 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 | SIDE SWIPE |
| Weather Conditions | RAINING |
| Road Surface | WET |

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? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | NO |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 2 |
| Passenger 1 | NAME: : UNKNOWN GENDER: : FEMALE |

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

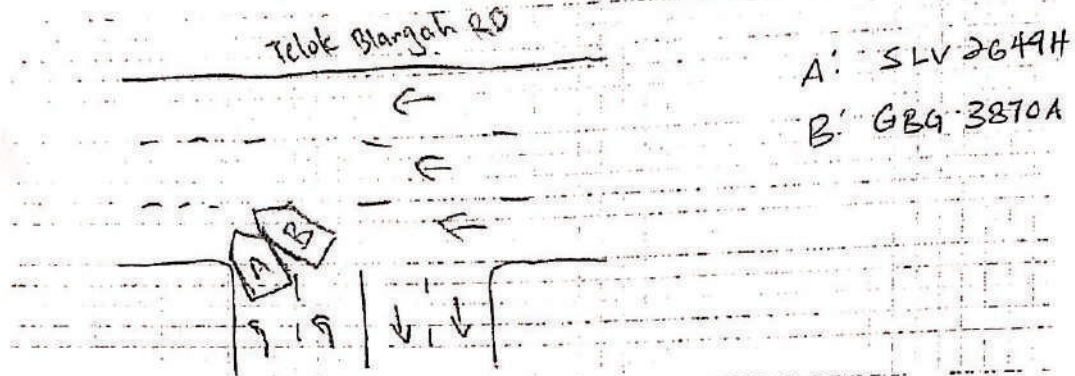
Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | GBG3870A |
| Vehicle Make/Model/Colour | TOYOTA DYNA |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | SIM BOK KOON |
| NRIC/Passport Number | SXXXXX025C |
| Contact Number | 96533597 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

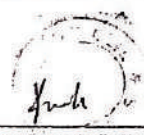
When I am turning out from the junction on the left lane, vehicle B suddenly cut into my lane and collided with me.

DECLARATION

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

 12/1/20
Policyholder's Signature
Date & Time:

ZACH TRANSPORTATION
53373787K
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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