ASSEREC. BY: STEVE CS/CT12	0006/31/Guf3
ASS	IGNMENT
From: Date:	Veh No: 65H 1574M Yr Regn: 6/2/18
Estimated Cost:	Type: M.Ca / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Toyota Higie c.c 2982
at Workshop m/s	Colour A/C: Insured / Std / NI / NA
of	Sp.Reading T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: KOH 2015926308 .
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: norder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / S D A/Rim or
	Tyre Size: F: 195/898/5
(Policy Condition)	R: 11
Remark: The veh had commenced its N/S O/S	BS / OUN EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 5 mm R/Bal. 5 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. S mm L/Bal. 5 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 3/6/20 D.O.I. 5/6/20
Lum Sum: % 3 Val.: Yes or No	Survey held at Kyder
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Rew LH
Vehicle: IN / OUT  Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	The die i character and a comment
MV-53K	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
Add Fee	
	: Interview (\$) Photos
Report Format:	: Tech. Invs (\$) Others
Lump Sum / I.B.J: (\$)	:Weel:end (%)
	TOTAL

# RUGET Auto Pte Ltd

laki Bukit Ave 2, #02-19/22 AutoHub @ Kaki Bukit, Singapore 4179

Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277

**ESTIMATE OF REPAIR** 

Veh#

: GBH1574M

: ANG MO KIO AVE 3

Steve (LKK) MM 1. Model: 8727 8813 L/S 3P: MALM, 5 dys

TOYOTA HIACE

(11/5/2018)

Location

Accident Date: 3/6/2020

SLZ7617X (China Taiping)

		J	) 0 5.0		
S/Nos.	Qty	Description	<u>List\$</u>	<u>S/Nett\$</u>	Nett \$
1	1 pc	Rear bumper / ()k	-	-	596.20
2	1 pc	Rear bumper n/s retainer clips / DR	-	-	182.70
3	10 pcs	Rear bumper clips / //(		30.00	154.20
4	1 pc	Rear bumper n/s top garnish / OEF	-		654.20
5	1 pc	Rear n/s tail-lamp / (M	-	-	
6	1 pc	Rear tail-gate X R	-		1,925.90 420.00
7	1 pc	Rear tail-gate weatherstrip X	-	-	62.00
8	1 pc	Rear tail-gate emblem 💆 / 🏌		-	596.00
9	1 pc	Rear end panel		-	196.00
10	1 pc	Rear windscreen inner seal X			
11	1 pc	Rear tail-gate 70 KMPH emblem / M	-	15.00	
12	1 pc	Rear tail-gate haice emblem / //(	-	58.90	2,854.50
13	1 pc	Rear n/s fender / M	-	100.00	
13		Sub-Total:	0.00	103.90	
	-		25%	0%	
	<del> </del>	After Less %:	0.00	103.90	6,877.53
		Labour		1,000.00	809
1		To dismantle damaged parts, straighten & welding.		800.00	500
2		To spray painting.			X
3		To remove & refit rear windscreen		100.00	30
4		To check wiring.		100.00	30
5		To re-seal anti-rust.		2,180.00	
		Sub-Total:		9,161.43	
		Total:		7,329.14	
		After Less 20%:	. 62 00		0607 10

Labour- 1360

Nett- 193.90

2827-10 -2526 Perts-2129-32

llan

Chan San Choon Director DipEng, AAE MIMI, MSAE (Aust)





LKK Auto Consultants hence notify the Repairer of the following:

- Possibly developed (stauring recurvey VICI) Plants racces are subject to genficoation
- Third-party survey is on a "Without Prejudice" bes

is subject to final approval from Insurance Company

 No illegal modification(s) is allowed Supplementary item(s) must be resurveyed and

Acknowledged by Repairer BH1574M ESTIMATEPg1



Total - 3584.72 L/S-2867-37

= 2850

#### 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.

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04/06/2020 09:28 Date Of Report 03/06/2020 07:30 **Date Of Accident** AMK AVE 3 **Exact Location Of Accident** SINGAPORE Country/State of Loss

## DETAILS OF OWN VEHICLE

GBH1574M Vehicle Registration Number

Insured/Policyholder

SUNNY VIEW AIR-CONDITIONER SERVICES PTE LTD Name Of Registered Owner

2XXXXX751E Co Reg No **NOEMAIL Email Address** 

Mobile Phone No

OFFICE-82014518 Alternative Phone No

**Vehicle Particulars** 

TOYOTA Manufacturer HIACE Model

Exact Purpose for which vehicle was being used at WORK

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY

If No, Please state action to be taken

COMMERCIAL VEHICLE

Vehicle Category

**Insurance Company** Name of Insurance Company

TOKIO MARINE INSURANCE SINGAPORE LTD

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

20-MS001426-R01 Policy Number

Cover Note Number

**Driver** 

YANG DAN Name of Driver SXXXX929C NRIC No 04/03/1974 Date Of Birth OUTDOOR Occupation 15/07/2013 **Date Of Driving Pass** 

**6 YEARS AND 10 MONTHS Driving Experience** 

MALE Gender

(LOCAL) +65-82014518 Mobile Number

Fax Number Contact Number

**NOEMAIL EMail Address** 

Address

BLK 507 SERANGOON NORTH AVENUE 4 #04-406

Postcode

550507

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

**CLEAR** 

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident 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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

**Circumstances of Accident** 

REFER TO STATEMENT.

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

SLZ7617X

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 INJURED PERSON 1** 

Name

YANG DAN

Approximate Age Injuries Sustain Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

GBH1574M

YES

NO

### **Accident Sketch Plan**

SKETCH PLAN;	The state of the s
	ANG NO HO AVE 3
	A GRAFITZANI
	\$ - \$1 27617X
	IMSTANCES OF THE ACCIDENT
AND I FOLLOW S	ING ALONG ANG MO KIO AVE 3 VEHICLE AHEAD SLOWED DOWN SUIT SUDDENLY VEHICLE B REAR ENDED MY VEHICLE AS HE
COULD NOT STO	OP ON TIME

DECLARATION

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

Policyholder's Signature

Date & Time:

Oriver's Signature (if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC / FIN No.: