

Ryder Auto Pte Ltd

Kaki Bukit Ave 2, #02-19/22 AutoHub @ Kaki Bukit, Singapore 4175

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Tel: 67418277 Fax: 67468277

ESTIMATE OF REPAIR

Veh# : GBH1574M

Accident Date : 3/6/2020

Location : ANG MO KIO AVE 3

Steve (LKK) *mm*
8322 8813

5/6/20, 3.30pm
L/S

Model:

TOYOTA HIACE
(11/5/2018)

3P:

SLZ7617X (China Taiping)

By AL Sy, 5 dys

S/Nos.	Qty	Description	List \$	S/Nett \$	Nett \$
1	1 pc	Rear bumper / <i>OR</i>	-	-	596.20
2	1 pc	Rear bumper n/s retainer clips / <i>OR</i>	-	-	182.70
3	10 pcs	Rear bumper clips / <i>MC</i>	-	30.00	-
4	1 pc	Rear bumper n/s top garnish / <i>DEF</i>	-	-	154.20
5	1 pc	Rear n/s tail-lamp / <i>CHT</i>	-	-	654.20
6	1 pc	Rear tail-gate X <i>R</i>	-	-	1,925.90
7	1 pc	Rear tail-gate weatherstrip X	-	-	420.00
8	1 pc	Rear tail-gate emblem X <i>MC</i>	-	-	62.00
9	1 pc	Rear end panel X <i>R</i>	-	-	596.00
10	1 pc	Rear windscreen inner seal X	-	-	196.00
11	1 pc	Rear tail-gate 70 KMPH emblem / <i>MC</i>	-	15.00	-
12	1 pc	Rear tail-gate haice emblem / <i>MC</i>	-	58.90	-
13	1 pc	Rear n/s fender / <i>CHT</i>	-	-	2,854.50
Sub-Total:			0.00	103.90	7,641.70
			25%	0%	25 10%
After Less %:			0.00	103.90	6,877.53
Labour					
1		To dismantle damaged parts, straighten & welding.		1,000.00	800
2		To spray painting.		800.00	500
3		To remove & refit rear windscreen		180.00	X
4		To check wiring.		100.00	30
5		To re-seal anti-rust.		100.00	30
Sub-Total:				2,180.00	
Total:				9,161.43	
After Less 20%:				7,329.14	

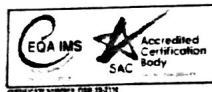
Labour - 1360

Nett - 193.90

*2827.10
- 25%*

Parts - 2129.32

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



LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting.
- To display damaged part(s) during resurvey.
- Part 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: GBH1574M ESTIMATEPg1
Date:

Mobil 1



PAYNOW

*Total - 3584.22
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 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	04/06/2020 09:28
Date Of Accident	03/06/2020 07:30
Exact Location Of Accident	AMK AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1574M
Insured/Policyholder	
Name Of Registered Owner	SUNNY VIEW AIR-CONDITIONER SERVICES PTE LTD
Co Reg No	2XXXXX751E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82014518

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	20-MS001426-R01
Cover Note Number	

Driver

Name of Driver	YANG DAN
NRIC No	SXXXX929C
Date Of Birth	04/03/1974
Occupation	OUTDOOR
Date Of Driving Pass	15/07/2013
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82014518
Fax Number	
Contact Number	
Email Address	NOEMAIL

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) 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) 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

