

ASS. REC. BY:

REF:

CT2 / 20006468/KV

## 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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

days

Res.:

Yes or No

Lump Sum:

1.8.1

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GBK 1568R

Yr Regn:

01, 20

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

Truck / Trailer or

Make:

Toy / Hiace

c.c

2982

Colour

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

12539

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTIFH T02P200250206

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: M / S / R / m / STD A / R / m or

Tyre Size:

F:

195R15X8

R:

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

TOYO / YOKO or

Front

7

R/Bal.

mm

Rear

7

R/Bal.

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

20/4/20

D.O.I.

20/6/2020

Survey held at

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

O/S Rear

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

Date / Time

Action / Instruction

1. GIA &amp; EMI not ready

Date/Time, File Pass to?

☐

Prell. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 24/7/20-Typist

Days Of Repair: 3

Resurvey No. of Trlp:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL


Report Format: Merimen

Lump Sum / L.B. (\$ \$850)

# SUPREME AUTO SERVICE PTE LTD

176 SIN MING DRIVE #02-01 SINGAPORE 575721

TEL: 6452 8211 FAX: 6451 7420

## ESTIMATE

AM CHEF CATERING PTE LTD

c/o 46 Lentor plain

Singapore 786547

*Not Authorized*

*Assembly B&P paint*

*3 days*

Date: 19/6/2020

QUANTITY	PARTICULARS	AMOUNT (\$)
	<b>RE: TOYOTA HIACE / GBK 1568 R</b>	
1 pc	Rear Tail Lamp	<i>pu</i> 385.90 <i>X</i>
1 pc	Rear Tail Lamp Lower Panel	<i>n</i> 126.30 <i>X</i>
1 pc	Rear Bumper	<i>pu/del</i> 466.90 <i>✓</i>
	sub total	979.10
	Less 25%	244.78
	sub total	734.33
	To remove and replace the parts mentioned above, panel beat and realign the necessary affected areas.	<i>250</i> 400.00
	To check wiring system.	<i>nn</i> 50.00 <i>X</i>
	To apply putty & spray painting on affected areas.	<i>400</i> 600.00
	To install reverse sensors & reverse camera.	<i>50</i> 80.00
	total	1,864.33
<div style="border: 1px solid black; padding: 5px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer Signature: Date:</p> </div>		

Remark:

Tyre: Bridgestone 195 x 15c



## 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 20/04/2020 14:29  
Date Of Accident 20/04/2020 11:40  
Exact Location Of Accident ALJUNIED AVE 3 #01-01  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK1568R  
**Insured/Policyholder**  
Name Of Registered Owner AM CHEF CATERING PTE LTD  
Co Reg No 2XXXXX084D  
Email Address NOEMAIL  
Mobile Phone No  
Alternative Phone No OFFICE-96336141

### Vehicle Particulars

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

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 NTUC INCOME INSURANCE CO-OPERATIVE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number 5115385731  
Cover Note Number

### Driver

Name of Driver NAING HTAY  
NRIC No GXXXX960P  
Date Of Birth 20/09/1989  
Occupation OUTDOOR  
Date Of Driving Pass 11/12/2019  
Driving Experience 0 YEAR AND 4 MONTH  
Gender MALE  
Mobile Number (LOCAL) +65-84072280  
Fax Number  
Contact Number  
Email Address MDYSANDAR@GMAIL.COM

Address  
Postcode  
Was driver an employee of the Insured's Company  
If No, Relationship of the Driver with the Insured  
Vehicle Registration Number of Driver's Own Vehicle  
Insurance Company of Driver's Own Vehicle

BLK 1008 #01-27 ALJUNIED AVENUE 4  
389909  
YES  
-  
-  
-  
-

#### General Information of the Accident

Type Of Accident  
Weather Conditions  
Road Surface

COLLISION - CHANGE/CROSS LANE  
CLEAR  
DRY

#### Other Information

Was any foreign vehicle involved in this accident?  
Number of vehicles (including own vehicle) involved in the accident  
Was any body injured in the Accident?  
Was any injured conveyed to hospital by ambulance?  
Was any other material or property damaged?  
I have been approached by unknown person(s) soliciting/offering accident claims assistance.  
Number of Passengers (Including Driver)

NO  
2  
NO  
  
YES  
NO  
1

#### Details of Police Action

Was the accident reported to the police?  
If Yes, Please state which Police Station  
Was notice of intended Prosecution given?  
If Yes, against whom?

NO  
  
NO

#### Circumstances of Accident

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?  
Was there any video captured by Car Camera?  
Remarks/ Reasons:  
Was there any audio recorded?

YES  
YES  
HAVENT RETRIEVE  
NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

GBB8598E  
  
  
COMMERCIAL VEHICLE  
YEW SWEE KOON  
SXXXX839H  
83185269