

ASS. REC. BY:

REF: /

Kenneth

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. _____

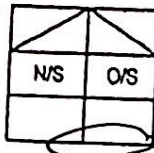
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Report: _____

Consistent?: Yes or No

GIA / PR Seen: _____

Consistent?: Yes or No

Est. Repairs: _____

06 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: _____

SMN 4584C Yr Regn: 06, 17

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

Truck / Trailer or _____

Make: _____

Toy Noah C.C. 1797

Colour: _____

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

Sp. Reading: _____

53481 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

ZWR80 0383428

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD A/Rlm or

Tyre Size: F: _____

R: _____

195/65R15

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

TOYO / YOKO or _____

Front

Rear

R/Bal. _____

9 mm

R/Bal. _____

9 mm

L/Bal. _____

9 mm

L/Bal. _____

9 mm

D.O.A. _____

22/6/20

D.O.I. _____

24/6/2020

Survey held at _____

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

Rear o/s

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

Date / Time

Action / Instruction

/ Anthony said don't know TII or FCZ?

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S - R.S. SI

Fees

Others

TOTAL

Add Fee: _____

Site Insp (\$ _____)

Interview (\$ _____)

Tech Invs (\$ _____)

Weekend (\$ _____)

Report Format :

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

Lian Her Motors

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

Fax : 64816131

L H Car Rental Pte Ltd
Blk 5038 #01-405
Ang Mo Kio Industrial Pk 2
Singapore 569541

Vehicle No : SMN 4584 C
Make/Model : Toyota Noah
Year : 2019

Not Notion
11 Sep & ?
Heavy After Paint
6 days

Qty	Description	Unit Price	Amount
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Estimate Cost Of Repair

1 pc	Rear tail-gate	<i>Pr</i> \$2,025.10	✓
1 pc	Rear tail-gate inner trim board	<i>Pr</i> \$550.70	✓
1 pc	Rear tail-gate outer chrome handle	<i>Sm</i> \$425.70	X
1 pc	Rear tail-gate glass moulding	<i>na</i> \$185.70	✓
1 pc	Rear tail-gate emblem " Hybrid "	<i>na</i> \$65.10	✓
1 pc	Rear tail-gate inner lock	<i>na</i> \$285.60	✓
1 pc	Rear boot rubber	<i>Pr/CM</i> \$265.30	✓
1 pc	Rear o/s fender inner trim board	\$655.10	?
1 pc	Rear o/s tail-lamp panel	\$325.10	?
1 pc	Rear o/s tail-lamp lower garnish	\$355.60	?
1 pc	Rear end panel	<i>Pr</i> \$650.10	✓
1 pc	Rear end panel inner garnish	<i>na</i> \$205.20	✓
1 pc	Rear bumper	<i>Pr/CM</i> \$1,255.90	✓
1 pc	Rear o/s bumper bracket	\$155.90	?
1 pc	Rear o/s bumper reflector	<i>na</i> \$105.10	X
1 pc	Rear o/s bumper side retainer	<i>Pr</i> \$155.70	✓
1 pc	Rear boot floor panel top cover	<i>CM</i> \$525.70	✓
1 pc	Rear exhaust silencer	\$855.80	?
1 pc	Rear spare tool compartment cover	\$165.70	?
		\$9,214.10	
		Less 25 %	\$2,303.53
			\$6,910.57

S Nett

1 pc	Rear tail-gate glass sealant
20 pcs	Rear bumper clip
1 pc	Rear reverse sensor

<i>na</i>	\$55.00	<i>405 na</i>
<i>na</i>	\$50.00	—
<i>na</i>	\$200.00	✓
	\$305.00	

Labour Charges

Remove/renew the above parts including knocking, welding & cutting.

	\$1,200.00	<i>700</i>
balance c/f	\$8,415.57	

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:

SMN 4584 C

balance b/f \$8,415.57

Labour Charges

To putty and spray paint	\$1,200.00	800
Check and reconnect wiring	\$40.00	201
To respray anti-rust proofing treatment	\$100.00	601
Remove/refit rear windscreen to facilitate repair	\$120.00	✓
Remove/refit rear tail-gate mechanism to new door.	\$100.00	602
Total	<u>\$9,975.57</u>	

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	22/06/2020 16:59
Date Of Accident	22/06/2020 13:50
Exact Location Of Accident	CTE TOWARDS PIE CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN4584C
Insured/Policyholder	
Name Of Registered Owner	L H CAR RENTAL PTE LTD
Co Reg No	2XXXXX761N
Email Address	CARRENTAL.LH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97687073
Alternative Phone No	OFFICE-64817221

Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH HYBRID-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	GRAB
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 CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	DMHCSNA00002732000
Cover Note Number	

Driver

Name of Driver	TAN HOCK HING
NRIC No	SXXXX905G
Date Of Birth	12/03/1966
Occupation	OUTDOOR
Date Of Driving Pass	27/07/1984
Driving Experience	35 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92399228
Fax Number	
Contact Number	

BLK 292 A BUKIT BATOK EAST AVENUE 6 #20-200

651292

Code
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle -
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 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? 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

I was driving along CTE towards PIE (Changi), when there is an accident in front of me, I proceeded to slow down, and SHC7889X hit the rear of my car.

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 SHC7889X
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
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

PTE

Co. 8 = 54C789X

I was driving along (TE towards PTE (Chengji), when there is an accident in front of me. I proceed to slow down and SHC 7889X hit the rear of my car.

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

Policyholder's Signature
Date & Time:

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

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