

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:

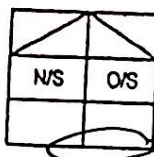
Excess:

(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 / Traller 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: 195/65R15

R:

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

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

Date / Time

Action / Instruction

/ Anthony said don't know TII or FCZ?

24/07/20 L/S \$7150.00 REPAIR 6 DAYS (RED: \$5126.17, 41%)

Date/Time, File Pass to?



: Prell. Report

1)



: Final Report

Date/Time, File Return to?

Days Of Repair: 6

Resurvey No. of Trip: 2

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. (\$

L/S \$7150.00

# 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>Pr</i> \$425.70	X
1 pc	Rear tail-gate glass moulding	<i>Pr</i> \$185.70	✓
1 pc	Rear tail-gate emblem " Hybrid "	<i>Pr</i> \$65.10	✓
1 pc	Rear tail-gate inner lock	<i>Pr</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>Pr</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>Pr</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>Pr</i>	\$55.00	<i>405.00</i>
<i>Pr</i>	\$50.00	—
<i>Pr</i>	\$200.00	✓
	\$305.00	

## Labour Charges

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

	\$1,200.00	<i>700.00</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
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#### 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

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 -  
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 proceed 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


  
 (The above) PTE (Change)

Co. B: SHC789X

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.: