A	20007110/Kf
	SSIGNMENT
Estimated Cost:	Veh No: SUX 34816-Yr Regn: 05, 09
OD /YP LWS / TP RES / OD RES / EVA / INV / MV	Type: M.Carl M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
To Inspect Vehicle No:	Truck / Trailer or
	Make: Itymdoi Avante Co 1591
of Chicago	Colour M. Gold AC: Insured / Std / NI / NA
Insured:	Sp,Reading 198631 T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No.	CNO: HMI+DU 41BR-9476028
Sum lawy t	Gen. Cond: good) Fair / Poor / Burnt
	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record) Make of Veh:	Brake: Inopder / Jammed / Leaked / Burnt or
mond of Yor.	Modi: NII / S/Rim / STD AJRim or
	Tyre Size: F: CST 185/65R15
(Policy Condition)	R: 🔊
Remark: The veh had commenced its repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA LATIC J OHTSU / PIR / SUMI /
	TOYO/YOKO or
Bal. or Market Value:	Eron! Rear
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. 2 mm R/Bal. 3 mm
GIA / PR Seen: Consistent?: Yes or No	UBal, 2 mm UBal, 3 mm
Est. Repairs: 04 days Res.: Yes or No	D.O.A. 5 /7/20 D.O.I. 15/7/2020
Lum Sum: 20 % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: 5/2 Person Contacted: Vehicle: IN / OUT	Rea_ N/s
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
ACCOUNT INSTRUCTION	
Lump sum \$2550 4	1dova (Dod: 7671 60:710/)
Eump-sum-pz-220, 2	4days (Red: 7621.60;74%)
	A DESCRIPTION OF THE PROPERTY
la/Time, File Pass to? : Prell. Report : Day	4
Day	ys Of Repair: 4
: Final Report	Survey No. of Trip: Survey Fee:
A/Time, File Return to?	Transportativi;
a/Time, File Return to?	in state i
e/Tine, Fle Return to? Add Fee:	Site insp (\$)s+Rssi
Add Fee:	Cito inner 18
a/Time, File Return to?	



Car Plate No.	SLX 3481G

Model Hyundai Avante

Date of Accident: 05-07-2020 Time of Accident: 20:20

Venue: Bt Batok East Ave

				Vellac .	L- Drice
	lo. Qt	v	Parts Description		ed Parts Price Bu 742.00
1		Y	Rear bumper assy	\$	1∠ 94.00 X
	1		Rear bumper bracket	\$	·NISDIY 96.00 L+
	2	2	Rear bumper retainer	\$	789.00 7
	3	2	Rear reinforcement bar assy	\$	12
	4	1		\$	22 1
	5	1	Rear bootlid assy	\$	152.00 X
	6	1	Rear bumper left mudflap	\$	sn 152.00 ⊀
	7	1	Rear bumper right mudflap	\$	145.00 ¥
	8	1	Rear bootlid lock mechanism	\$	M 98.00
	9	1	Rear bootlid lock catch	\$	允 218.00 X
	10	1	Rear bootlid weatherstrip	\$	Gy 362.00 W
	11	1	Rear left bootlid tail lamp	\$	Sin 362.00 X
	12	1	Rear right bootlid tail lamp	\$	M 95.00
	13	1	Rear bootlid Hyundai logo	\$	∫ ₁ 463.00 x
	14	1	Rear right tail lamp	\$	∫∟ _{58.00} ×
	15	1	Rear right tail lamp gutter	\$	n 262.00 X
	16	1	Rear right tail lamp lower panel	\$	Cur 463.00 ~
	17	1	Rear left tail lamp	\$	Γ ₄ 58.00 X
	18	1	Rear left tail lamp gutter	\$	A 262.00 X
	19	1	Rear left tail lamp lower panel		パ 572.00 X
	20	1	Rear end lower panel	\$	118.00 ×
	21	1	Rear end panel top garnish	\$	
	22	1	Rear bumper sponge	\$	278.00 ?
	23	2	Rear reinforcement panel head	\$	
	25	2	Near - San -	\$	
				Less 20% \$	1,440.40
			NOT Norhank	\$	5,761.60
			whate		

USing & Purry Afu Pains Godan



Car Plate No. SLX 3481G

Date of Accident: 05-07-2020 Time of Accident: 20:20

Venue : Bt Batok East Ave

Model Hyundai Avante Time of A

			Company of the Compan	Estimated Parts Price
1	<u> </u>	ty	Parts Description	Estimated Parts 17.00
			Special Nett Items	\$ 12 50.00
	1	10	Rear bumper clips	5 Nn 20.00 X
	2	4	Rear end lower panel top garnish clips	s nn 120.00 X
	3	1	Rear end lower panel sealant	5 Shan 250.00 Bola
	4	2	Rear bumper reverse sensor	5 No 240.00 X
	5	2	RH & LH mudguard sealant	\$ 80.00 X
	6	1	Rear no plate with garnish	\$ 760.00



Car Plate No. SLX 3481G

Signature: Date:

Model Hyundai Avante

Date of Accident: 05-07-2020

Time of Accident: 20:20

Venue: Bt Batok East Ave

No.	Parts Description		La	bour Charges	
1	Labour for panel beating, cut, weld , straig area and replace rear damage parts	ghten rear affected	\$	1,600.00	4001
2	To putty & spray painting rear portion		\$	1,600.00	60 d
3	To check rear lighting and wiring		\$	50.00	201
4	To remove and install rear bootlid lock me	echanism	\$	ルル 80.00	X
5	To remove and install rear inner trim to fa	cilitate the repair	\$	na 120.00	x
6	To apply anti rust proofing to rear affected	d area	\$	120.00	301.
7	To remove and install rear bumper reverso	e sensor	\$	80.00	5ol
		Total Labour	\$	3,650.00	
	LKK Auto Consultants hence notify				
	the Repairer of the following: To resurvey beforefalter spray painting To display damaged part(s) during resurvey	Total Parts	\$	6,521.60	
	Parts prices are subject to confirmation Third party survey is on a "Without Prejudice" basis	Total Labour	\$	3,650.00	
	No illegal modification(s) is allowed Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company	Total Repair Cost	\$	10,171.60	
	Acknowledged by Repairer				



MALM20057493 / Ah Lim Motor Company - AMK ENTRY DATE & TIME: 07/07/2020 11:30 SUBMITTED BY: Zila

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 07/07/2020 15:44

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
 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 kahlim. 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 a critical management of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for a critical management of this report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for a critical management 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	07/07/2020 11:30
Date Of Accident	05/07/2020 20:20
Exact Location Of Accident	TRAFFIC JUNCTION OF BT BATOK EAST AVE 6 & 3
Country/State of Loss	SINGAPORE
CHARLES AND STATE OF STATE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX3481G
Insured/Policyholder	and the second real results are a second results and the second results are a second
Name Of Registered Owner	SG MOTOR RENTAL & LEASING PTE LTD
Co Reg No	2XXXXX497E
Email Address	ACM.CHANG@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-97681946
Alternative Phone No	OFFICE-97681946
Vehicle Particulars	The second of the control of the proportion of the control of the
Manufacturer	HYUNDAI
Model	AVANTE-1.6 HD (A)
Exact Purpose for which vehicle was being used time of accident	at HIRE & REWARDS
Are you claiming under your own insurance polic for repair to your vehicle?	cy NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	The second of th
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	20-MS006719
Cover Note Number	29/05/2020 - 28/05/2021
Driver	
Name of Driver	THAM CHI LEONG ALWYN
NRIC No	SXXXX669C
Date Of Birth	12/12/1979
Occupation	INDOOR
Date Of Driving Pass	28/12/2007
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97681946
Fax Number	
Contact Number	OTHERS-97681946
EMail Address	QUIKFEET180@GMAIL.COM
	Page 1 of 1

Page 1 of 15

Address 156 YUNG LOH RD #08-22 Postcode 610156 Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured OTHER - HIRER 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 Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 2 Number of Passengers (Including Driver) Passenger 1 : YUN RU NAME: GENDER: : FEMALE **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 THE SKETCH PLAN BY DRIVER Attachment(s) YES Are accident photos available for attachment? Was there any video captured by Car Camera? YES WITH OWNER Remarks/ Reasons: Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SLW5992R Vehicle Registration Number Vehicle Make/Model/Colour **Details Of Properties** PRIVATE CAR Vehicle Category Name of Driver NRIC/Passport Number Contact Number Address Postcode Insurance Company Name Page 2 of 15

Scanned with CamScanner

Sketch Plan Pg. 2

	Time: 8.20pm Location: Traffic junction of 84 Batic Gat Ave
Vehicle A: SLX 3481 G	Vehicle B: SLW 5992R Vehicle C:
KETCH PLAN	
حا	Bt Entol Toul Are 3
r lega "a	B A Francisco recommendado do como constituição do c
	No.
· ·	1
	The state of the s
	T:
ESCRIBE CIRCUMSTANCES OF	
I was driving in G	v A and as I was making a right turn at the
who coolings at the	But By And and & Batok out the s, Car &
reaced who wine	It happened as I was showing down for a
pedestrian who	endderly dashed across the road.
After checking b	of Parsenger and I entained no obvious
ingurier. Both d	driver, Car B, and I exchanged releaset
details and 16	reported it to my vental company.
Can B driver detail	d
Name: Soh Ming	
Licence No: 59802	
Contact No: 97410	
COMPACT NOT THIS	
Claim OD/TP at Ah Llm Mo	otori Claim OD/TP at other workshop Reporting Only
Remarks: Please forward a copy	y of my efile accident report to :
My workshop :	
kmyself , acm. char	s@autionk.com
mail address :	
	r insurer have 14 days timeframe for you to submit own damage claim under th your own insurer for more information.
CLARATION	
e declare the foregoing particulars an	re true in every respect. Always Than
1	97681546
vholder's Signature	Driver's Signature Reporting Central Stronger's Signature
& Time:	Driver's Signature Repoliting Celebration (15 Signature (16 driver is not the policyholder) Name:
& Time:	Chiver's Signature Repolition Control of Signature Repolition Contro

Page 5 of 15