

ASS. REC. BY:

REF: C121

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s 1 Hui Yang

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: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SFE 68352 Yr Regn: 07 17Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy Pro c.c. 1797Colour: M. Blue A/C: Insured / Std / NI / NASp. Reading: 289199 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZVW 40 . 0025098Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / A/Rim or

Tyre Size: F: 205/60R18

R: _____

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

TOYO / YOKO or APlus

Front

Rear

R/Bal. 5 mm R/Bal. 4 mmL/Bal. 5 mm L/Bal. 4 mmD.O.A. 6/8/20 D.O.I. 11/8/2020Survey held at ✓

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

01514

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report1) _____
Date/Time, File Return to?☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

輝陽汽車有限公司 HUI YANG MOTOR PTE. LTD.

Contact Add : SIN MING AUTOCARE Blk 176 Sin Ming Drive #04-02 Singapore 575721

Tel: 64515752 (2 Lines) . Fax: 64514658

GST & Reg No. 201629438M

China
Tuesday
10/8/20

06/08/2020

Owner: HYMS CAR LEASING PTE LTD

Not Authorized
L1 Lamp &
Painting After Paint
3 days

ESTIMATE TO REPAIR TOYOTA PRIUS ALPHA 1.8S A - SFE6655Z

1pc	front bumper	\$ 981.20	?
1pc	front bumper RH side lamp	Sen \$ 581.50	✓
1pc	front bumper RH side lamp garnish	Sen \$ 181.50	x
1pc	front bumper RH side retainer	Sen \$ 121.25	—
1pc	front bumper RH inner garnish	Sen \$ 185.20	x
1pc	front RH headlamp	\$ 1,850.25	?
1pc	front RH fender	R \$ 741.85	x
1pc	front RH fender "HYBRID" emblem	Sen \$ 122.25	✓
1pc	front RH fender inner shield	Sen \$ 281.10	x
10pcs	front RH fender inner shield clip @\$5.00	Sen \$ 50.00	x

less 25%

\$ 5,096.10
\$ 1,274.03
\$ 3,822.08

alignment
wiring
tuffkute
spray painting
labour charges
Total

nn \$ 80.00 x
\$ 60.00 15L
nn \$ 60.00 x 400L
\$ 800.00 300L
\$ 800.00
\$ 5,622.08



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:

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	06/08/2020 14:14
Date Of Accident	06/08/2020 10:05
Exact Location Of Accident	ALONG SEMBAWANG RD TWD SEMBAWANG VISTA 2ND LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFE6655Z
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Insured/Policyholder

Name Of Registered Owner	HYMS CAR LEASING PTE LTD
Co Reg No	2XXXXX561K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97438438

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRUIS ALPHA HYBRID 1.8 S
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSES
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	NO
Policy Number	DMHCSNA0004942001
Cover Note Number	

Driver

Name of Driver	TAN BOON BENG
NRIC No	SXXXX788A
Date Of Birth	06/06/1968
Occupation	OUTDOOR
Date Of Driving Pass	18/03/1989
Driving Experience	31 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97438438
Fax Number	
Contact Number	
Email Address	GARYTAN1908@GMAIL.COM

Address BLK 508 WEST COAST DRIVE #10-271
Postcode 120508
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 SIDE SWIPE
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? NO
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) 2
Passenger 1
NAME: : UNKNOWN
GENDER: : MALE

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

Please refer to Sketch Plan.

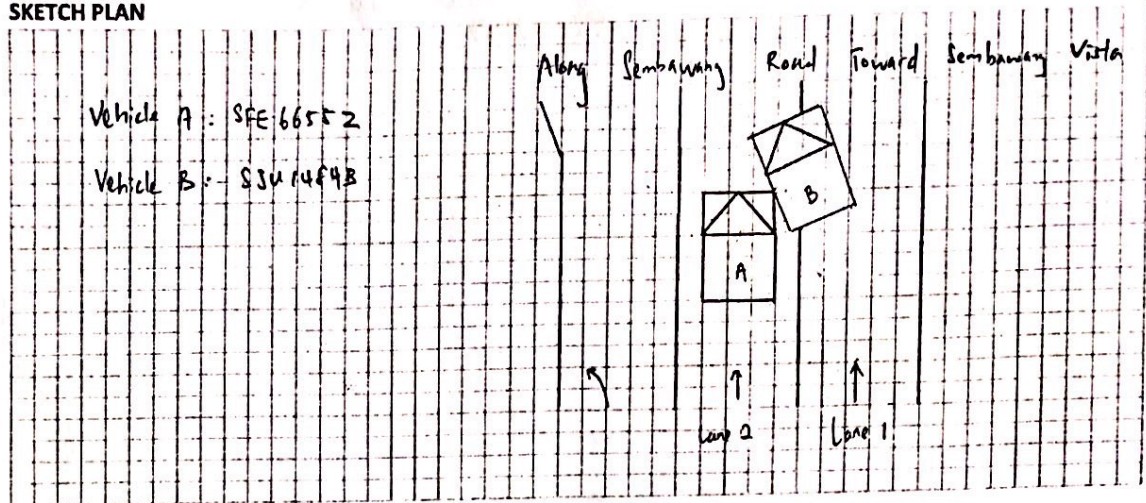
Attachment(s)

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 SJU1484B
Vehicle Make/Model/Colour KIA CERATO
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)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06/08/2020 @ 10:05 am, I was driving my vehicle A (SFE 66552) along Sembawang Road toward Sembawang Vista on the second lane. Suddenly the vehicle B (SU 14F4B) without signal light on, then cut from 1st lane into 2nd lane, and hit into my front right portion.

DECLARATION

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

Policyholder's Signature
Date & Time: 06 AUG 2020

GIARMC SketchPlan form V3

Driver's Signature
(If driver is not the policyholder)
Date & Time: 06 AUG 2020

Reporting Centre Personnel's Signature
Name: Tracy Leong
NRIC/FIN No.: 06 AUG 2020