

ASS. REC. BY:

REF:

C72 / 20008512/Kt

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:

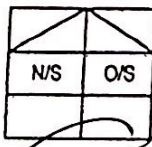
Excess:

(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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04 days

Res.: Yes or No

Lum Sum:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Sma 6040B Yr Regn: 11.18

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

Truck / Trailer or

Make:

Toy Noah c.c 1797

Colour

M. P. White A/C: Insured / Std / NI / NA

Sp. Reading

61316 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ZWR 80 . 0401703

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / 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.

8 mm

R/Bal.

8 mm

L/Bal.

8 mm

L/Bal.

8 mm

D.O.A.

13/8/20

D.O.I.

17/8/2020

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

part by part \$4985.05, 4days(red:1276.01; 20%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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



Date: 15.08.2020  
Vehicle No: SMQ6040B  
Model: TOYOTA NOAH 1.8X  
Chassis: ZWR800401703 - 2019  
Reg.Year: 2019

Third Party Insurer: CHINA TAIPING  
Third Party Veh No: SJY64865  
Date of Accident: 13.08.2020

*Not Authorised*  
*Recovery By pain*  
*delay*

## ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR TAILGATE	1		<i>R</i> \$1,788.80
2	REAR TAILGATE "HYBRID" EMBLEM	1		<i>m</i> \$95.80
3	REAR TAILGATE INNER TRIM CLIPS	8	\$5.50	\$44.00
4	REAR TAILGATE RUBBER	1		<i>Pril/m</i> \$340.70
5	REAR BUMPER	1		<i>R</i> \$853.20
6	REAR BUMPER CLIPS	10	\$5.80	<i>m</i> \$58.00
7	REAR WINDSCREEN RUBBER	1		<i>m</i> \$116.00
8	REAR END PANEL UPPER COVERING	1		\$207.30
9	REAR END PANEL UPPER COVERING CLIPS	6	\$5.80	\$34.80
10	REAR BUMPER SIDE BRACKET RH	1		\$126.70
11	REAR END PANEL	1		REPAIR

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

SUB TOTAL	\$3,665.30
LESS 25%	-\$916.33
PARTS TOTAL	\$2,748.98

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR WINDSCREEN SEALANT	1		<i>m</i> \$80.00
2	REAR WINDSCREEN STOPPER	1	\$15.00	<i>m</i> \$30.00
3	REAR BUMPER REVERSE SENSOR	1		<i>m</i> \$350.00
	S/N TOTAL			\$460.00

### LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REPAIR, REFIX & READJUST REAR ACCIDENT AREAS & ETC.

*500*  
\$600.00

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR TAILGATE, REAR BUMPER, REAR END PANEL & ETC.

*660*  
\$800.00

LABOUR CHARGES TO REMOVE, REPLACE & REFIX REAR WINDSCREEN GLASS, REAR WINDSCREEN SEALANT & ETC. TO EFFECT REPLACE OF REAR TAILGATE.

*120*  
\$150.00

Head office  
6 Kung Chong Road Singapore 159143  
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch  
9A Serangoon North Ave 5 Singapore 554500  
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1011

Branch  
452 Tagore Industrial Avenue Singapore 787823  
Tel: (+65) 6452 6868 | Fax: (+65) 6452 9223



Date: 15.08.2020  
Vehicle No: SMQ6040B  
Model: TOYOTA NOAH 1.SX  
Chassis: ZWRS00401703 - 2019  
Reg. Year: 2019

Third Party Insurer: CHINA TAIPING  
Third Party Veh No: SJY6486S  
Date of Accident: 13.08.2020

LABOUR CHARGES TO REMOVE & REINSTALLED REAR TAILGATE INNER MECHANISM & ETC.  
BACK TO ORIGINAL OPERATIONS.

*6cl*  
\$120.00

LABOUR CHARGES TO REMOVE & REFIX REAR BUMPER REVERSE SENSOR & ETC.  
TO EFFECT REPLACE OF REAR BUMPER.

*5cl*  
\$100.00

TO CHECK WIRING & TAILGATE CENTRAL LOCKING SYSTEM & ETC.  
BACK TO ORIGINAL OPERATIONS.

*3cl*  
\$100.00

LABOUR TOTAL \$1,870.00

TINGAN TOTAL \$5,078.98

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## 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 14/08/2020 16:04  
Date Of Accident 13/08/2020 20:50  
Exact Location Of Accident MERCHANT ROAD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ6040B  
**Insured/Policyholder**  
Name Of Registered Owner MS CARZ LEASING PTE LTD  
Co Reg No 2XXXXX066R  
Email Address JERRY@MSGROUP.COM.SG  
Mobile Phone No (LOCAL) +65-82315597  
Alternative Phone No OFFICE-82315597

### Vehicle Particulars

Manufacturer TOYOTA  
Model NOAH HYBRID-1.8 X CVT (A)  
Exact Purpose for which vehicle was being used at time of accident HIRE & REWARDS  
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 HIRE

### Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number CN068030  
Cover Note Number 26/11/2019 - 25/11/2020

### Driver

Name of Driver HAMZAH BIN MAJID  
NRIC No SXXXX036G  
Date Of Birth 09/08/1963  
Occupation INDOOR  
Date Of Driving Pass 09/02/1981  
Driving Experience 39 YEARS AND 6 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-82315597  
Fax Number  
Contact Number OTHERS-82315597  
EMail Address HAMZAHMAJID37@YAHOO.COM.SG

Address 32 CHAI CHEE AVE  
#10-232  
Postcode 461032  
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 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? YES  
If Yes, Please state which Police Station  
Police Station Name CHAI CHEE NPP  
Police Station Address ROAD: BLK 35 CHAI CHEE AVE #01-256/258, POSTCODE: 461035, COUNTRY: SINGAPORE  
Police Station Contact TEL NO: - FAX NO:  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

#### Attachment(s)

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES  
Remarks/ Reasons: PASS TO OWN WORKSHOP  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

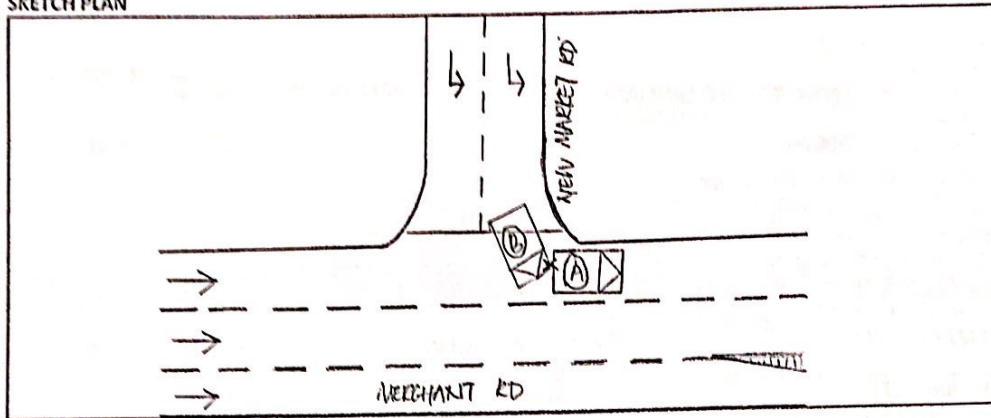
Vehicle Registration Number SJY6486S  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver CHIA TI LIK  
NRIC/Passport Number SXXXX553J  
Contact Number  
Address  
Postcode



# Sketch Plan Pg. 2

Date of accident: 13/08/2020 Time: 20:55 HRS Location: T-JUNCTION OF NEW MARKET ROAD & MERCHANT ROAD  
 My Vehicle A: SNR6040B Vehicle B: SJY64862 Vehicle C: \_\_\_\_\_

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: T/20200814/2054

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: OPTIMA NERES PTE LTD

Email address: KATHYIN-CHIO @ OH-SG / lily-101 @ OH-SG


& myself: hanzhanjia 37 @ yahoo.com.sg


Email address:

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

## DECLARATION

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

Policyholder's Signature:   
 Date & Time: 14/08/2020

Driver's Signature:   
 (If driver is not the policyholder)  
 Date & Time: 14/08/2020

Reporting & Policy Personnel's Signature:   
 Name: \_\_\_\_\_  
 NRIC/FIN No.: \_\_\_\_\_

AH LIM MOTOR COMPANY