

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. DMCVSNW00021112000

Claims No. SNM20D202977C02

Sum Insured:

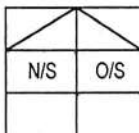
Excess:

(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:

5

days

Res.:

Yes or No

Lump Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SJM 6666C

Yr Regn:

1, 06

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

Truck / Trailer or

(M)

Make:

Toyota hiace

c.c

2494

Colour

White

A/C:

Insured / Std / NI / NA

Sp. Reading

Spilt

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KDH200500-1562

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: N / S/Rim / STD A/Rim or

Tyre Size:

F:

195-R15

R:

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

TOYO / YOKO or

Front

R/Bal.

6

mm

Rear

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

26/8/20

Survey held at

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

Rear & Rear screens scratched

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

Date / Time

Action / Instruction

LTA O 1. lifespan 16-1-2026

AMBULANCE

27/08/20@10.22am revised to Irene Tay via Merimen.

11/09/20@4.31pm confirmed with Jouis LS \$3700, 5 days (Red \$1849.23, 33%)

Date/Time, File Pass to?

☐

Preli. Report

1) 14/09 Typist

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

) S + RS, SI

☐

Interview (\$

) Photos

☐

Tech. Invs (\$

) Others

☐

Weekend (\$

TOTAL

Report Format: MER-TP

Lump Sum ~~H.B.~~ (\$ 3700)

Jin Auto Services Pte Ltd
#01-410/412, 14 Defu Lane 10
539195

Insurer Reference: YN6677M
Repairer Reference: SJM6666C
Date calculated: 24/08/2020 10:18 AM

Full Report
Registration: SJM6666C
Printed: 24/08/2020 10:19 AM

Summary Information

Claim			
Location:	Singapore (SG)	Work Provider:	China Taiping Insurance (Singapore) Pte Ltd
Printed by:	JOUIS SEOW	Currency:	SGD
Claim Reference:	YN6677M	Date of Incident:	21/08/20
Estimated Repair Time:		Hire Car Start:	
Actual Repair Days:		Hire Car End:	

Vehicle Details

Vehicle			
Manufacturer:	TOYOTA		
Model:	HIACE		
Sub Model:	VAN		
Model Sheet Number:	70 84 05		
Registration:	SJM6666C		
VIN number:	KDH2005005562		
Odometer:			
Model Specs			
FROM 06/2005	RAISED ROOF	TINTED WINDOWS	L/R SLIDING WINDOW
R/R SLIDING WINDOW	WHEELBASE 3110MM	CAB WIDTH 1880MM	BUS
TWO COAT METALLIC	PREPARE OFF VEHICLE		

Vehicle Condition

Vehicle Status
Pre-Accident Damage:
Date of Inspection:

*not Authorized
han*

Damage Areas

All ☐
Underbody ☐

2/5 \$
After photo. After repair.
4 Lys.

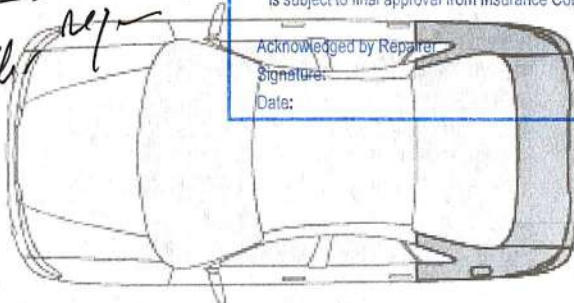
LKK Auto Consultants hence notify the Repairer of the following:

- 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:



Labour

Code	Description	Time Base 10 WU/h	Price = 42.00 SGD/h	
			WU	Price SGD
NO NUMBER	RENEW REAR END PANEL INCLUDES: R + R BUMPER, TAILGATE SEAL, LOCK STRIKER PLATE AND SPARE WHEEL CARRIER	46.0		193.20
NO NUMBER B390	RENEW END PNL REINFORCEMENT (COMP WORK) RENEW TAILGATE INCLUDES: R + R TAILGATE AND NECESSARY ATTACHED PARTS DOES NOT INCLUDE: R + R REAR WINDOW	8.0 30.0		33.60 126.00
NO NUMBER G040	RENEW REAR END PANEL R + R TAILGATE REAR SCREEN	36.0 23.0		151.20 96.60
B407	R + R LEFT TAILLAMP	1.0		4.20
B407	R + R RIGHT TAILLAMP	1.0		4.20
NO NUMBER	RENEW L/R SIDE SECTION REINFORCEMENT FRT	5.0		21.00
NO NUMBER 3481	RENEW R/R SIDE SECTION REINFORCEMENT FRT L/R SIDE PANEL REPAIR	5.0 30.0*		21.00 126.00
Labour Cost		Hrs	WU	
Panel / Mechanical Labour		18.50	185.0	777.00
Total of Labour				777.00

Paint

Paint Work		SYSTEM AZT	Time Basis 10 WU/h	
Code	Description - TWO COAT METALLIC		WU	Price SGD
	REAR PANEL NEW PART PAINTING		16.0	
	OUTER PANEL REINF SURFACE PAINT		8.0	
	BOOTLID/TAILGATE NEW PART PAINTING		29.0	
	REAR BUMPER NEW PART PAINT K1R		8.0	
	L/R SIDE PANEL REPAIR PAINTING <50%		25.0	

Paint Material Per Part

Code	Description	Price SGD
2711	REAR PANEL NEW PART PAINTING	15.40
2741	OUTER PANEL REINF SURFACE PAINT	20.67
2931	BOOTLID/TAILGATE NEW PART PAINTING	99.59
2581	REAR BUMPER NEW PART PAINT K1R	34.44
3481	L/R SIDE PANEL REPAIR PAINTING <50%	52.33

Labour Cost - Paint

Factor	42.00 SGD/h	Hrs	WU	Price SGD
Time Paint			86.0	
Preparation Main Work Metal		2.50	25.0	105.00
Preparation Comp. Work Plastic		0.50	5.0	21.00
Total	10 WU/h	11.60	116.0	487.20

Material Cost - Paint

New Part Painting
New Part Painting - Plastic K1R
Repair Painting
Surface-/Blend Paint
Material-constant Metal Preparation
Material-constant Plastic
Total

Price SGD
114.99
34.44
52.33
20.67
28.60
9.00
260.03

Spare Parts

				prices as at 2015-06-01/01	Price SGD
Code	Description	Part Number	Part Source		
1001	ARM PANEL	TOPGUARD	Original	?	60.00
1002	ART WORK	ART WORK	Original	?	300.00
2944	BOOT/TAILGATE SEAL	67881 26103	Original	17 X	120.00 X
2981	BOOT/T-GATE LOCK CYL	69055 26130	Original	20/shld	90.00
2931	BOOTLID/TAILGATE	67005 26A31	Original	Body 20 ✓	750.00
1003	End Panel Sealant	End Panel Seal	Original	17 X	45.00 X
3373	L/NO PLATE LAMP LENS	81273 48010	Original	17 X	50.00 X
3281	L/R LAMP	81561 26200	Original	17 ✓	110.00
4137	L/R SIDE PANEL REINF	61746 26040	Original	17 ✓	40.00
1005	LAMP GARNISH 14	LAMP GARNISH	Original	20	80.00
2741	OUTER PANEL REINF	57068 26310	Original	17 ✓	180.00
3374	R/NO PLATE LAMP LENS	81273 48010	Original	17 X	50.00 X
3282	R/R LAMP	81551 26201	Original	17 X	110.00 X
4138	R/R SIDE PANEL REINF	61745 26050	Original	20	40.00
2581	REAR BUMPER	52159 26530	Original	Dis	200.00
2702	REAR NUMBER PLATE	KNPL6	Original	15	40.00
2711	REAR PANEL	57069 26180	Original	17 ✓	300.00
3151	REAR SCREEN	68105 26110	Original	shorten ✓	400.00
2411	REAR SCREEN BOND KIT	PZ49I 00C1131	Original	shld 200	0.00 X
1000	REVERSE SENSOR	REVERSE SENSOR	Original	shld 200	280.00
1004	SEALANT w.rtsich	SEALANT	Original	17 40	50.00
					0.00
Savings					
Subtotal					3,295.00
Fixed Sundry Parts Price					100.00
Total					3,395.00

f: OEM Parts
n: Non-OEM Parts
u: Used parts

Final Calculation

	SGD	SGD
Parts		
Fixed Sundry Parts Price	3,295.00	
Total Parts	100.00	3,395.00
Labour Time Base 10 WU/h		
Total 185.0 WU X 42.00 SGD/h	777.00	
Total of Labour		777.00
Paint Work Time Base 10 WU/h		
Labour Cost 116.0 WU X 42.00 SGD/h	487.20	
Material Cost	260.03	
Total Paint Including Material		747.23
Repair Cost Excludes GST		4,919.23
GST (+7.00%)		344.35
Repair Cost Included GST		5,263.58

Comments

- * - USER SUPPLIED DATA
- NN - NO MANUFACTURERS CODE EXISTS
-) - WU PARTIAL INCL IN OTHER POSITIONS

Assessment Note

No assessment notes entered.

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	21/08/2020 16:26
Date Of Accident	21/08/2020 14:50
Exact Location Of Accident	KPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM6666C
Insured/Policyholder	
Name Of Registered Owner	SUNLIGHT AMBULANCE SERVICES LLP
Co Reg No	TXXXXX758H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92951615

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5113231516
Cover Note Number	

Driver

Name of Driver	KOH POH LAI
NRIC No	SXXXX244F
Date Of Birth	28/12/1959
Occupation	OUTDOOR
Date Of Driving Pass	28/02/1980
Driving Experience	40 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98255835
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 415 YISHUN AVENUE 11 #03-305
Postcode	760415
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	NO
Was any injured conveyed to hospital by ambulance?	
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: : COLLEAGUE
	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

ON THE ABOVE MENTIONED DATE & TIME, MY VEHICLE SJM6666C STOPPED BEHIND VEHICLES AS TRAFFIC LIGHT WAS RED. SHORTLY I FELT AN IMPACT FROM BEHIND. UPON CHECKING YN6677M HAD BANG ONTO THE REAR PORTION OF SJM6666C.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN6677M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	GXXXX489R
Contact Number	
Address	
Postcode	
Insurance Company Name	

Sketch Plan

SKETCH PLAN

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6. The 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 lodgment 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my Instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

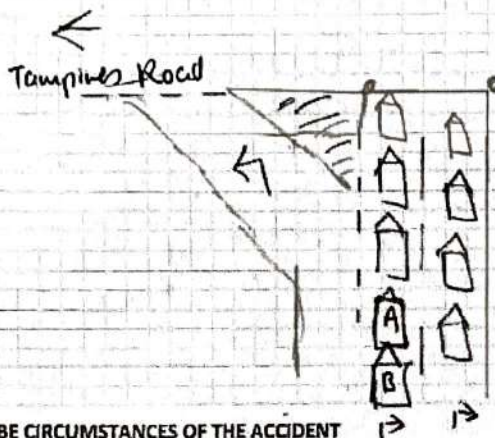
21/8/2020
3:20pm



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

Sketch Plan #2

SKETCH PLAN



Date: 21/8/2020

Time: 1450 hr.

A: SJM 6666 C

B: YN 6677 M

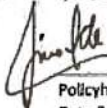
KPE Exit Tampines Rd
Hougang Traffic
light junction.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On the above mentioned date & time, my
Vehicle SJM 6666 C stopped behind vehicles as
traffic light was Red - Shortly I felt an
impact from behind upon checking YN 6677 M
had bang onto the rear portion of
SJM 6666 C.

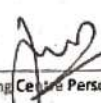
DECLARATION

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: 21/8/2020 (3:20 PM)


Reporting Person's Signature
Name:
NRIC/FIN No:



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Limited Liability Partnership
Owner ID:	758H
Vehicle Details	
Vehicle No.:	SJM6666C
Vehicle to be Exported:	No
Intended Deregistration Date:	25 Aug 2020
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE 2.5 M
Primary Colour:	White
Manufacturing Year:	2005
Engine No.:	2KD1375927
Chassis No.:	KDH2005005562
Maximum Power Output:	-
Open Market Value:	\$28,902.00
Original Registration Date:	17 Jan 2006
First Registration Date:	17 Jan 2006
Transfer Count:	1
Actual ARF Paid:	\$0.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Rebate Amount:	\$0.00
Total Rebate Amount:	\$0.00

The information contained herein is correct as at 25 Aug 2020

OK