

ASS. REC. BY:

REF: CTZ/ 20009183/K

Kennaeth

ASSIGNMENT

From:

Date:

Estimated Cost:

OO/TP/WE/TP/RES/OD/RES/EVA/INV/INV

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

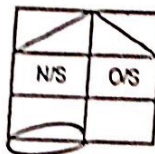
Excess:

(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:

02

days

Res.: Yes or No

Lump Sum:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SMR 7108D

Yr Regn:

01, 20

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

Truck / Trailer or

Make:

Toy Votx

c.c

1797

Colour:

M Black

A/C:

Insured / Std / NI / NA

Sp. Reading

37198

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

8WR80

0415339

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / RIM or

Tyre Size:

F:

195/65R15

R:

BS / DUN / EXNOVA / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

21/8/20

D.O.I.

31/8/2020

Survey held at

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

Rear N/S

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

Date/Time, File Pass to?



Prell. Report



Final Report

Date/Time, File Return to?

29/9/20-Typist

Days Of Repair: 2

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

F. & T. S

Others

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech Invs (\$



Weekend (\$

Report Format: Merimen

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

KUM CHEW MOTOR WORKSHOP

160, SIN MING DRIVE #05-08
SIN MING AUTOCITY, SINGAPORE 575722.
Tel No. : 64536256/64563715 Fax No. : 64557754
E-Mail : kumchew1@singnet.com.sg
GST Reg.No. : M90367665T Buss. Reg. No. : 52865130K

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
3, ANSON ROAD #16-00
SPRINGLEAF TOWER, SINGAPORE 079909.
claimsdept@sg.cntaiping.com

Attention : Motor Claim Department
Contact : 63896111 Fax No. : 62221033

Estimate : ES005023

Date : 28/08/2020
Vehicle Num. : SMR 7108 D
Make/Model : TOYOTA VOXY
Chassis/Eng# :
Accident Date : 21/08/2020
Claim No. :
Reference : KC/TP7108/2008-09
Policy No. :

Not withair
Repair by paint
2 days

S/N	Quantity	Particular	Unit Price	Amount S\$
1.	1 PC	LIST ITEMS :		
2.	1 PC	REAR BUMPER		1,850.00 ✓
3.	2 PCS	REAR BUMPER SPONGE	180.00	380.00 ✓
		REAR BUMPER RETAINER		360.00 ✓
		List TotalS\$:		2,590.00
		25.00% Discount S\$:		647.50
				1,942.50
1.	1 SET	SPECIAL NETT ITEMS :		280.00 ✓
		REAR BUMPER SENSOR		280.00
		Special Nett Total S\$:		280.00
		LABOUR :		
		TO PULL, KNOCK ON REAR ACCIDENT PORTION & CHANGE THE ABOVE PART.		220 ✓
				380.00
		TO SPRAY & PAINT ON REAR ACCIDENT PORTION.		220 ✓
				580.00
		TO CHECK WIRING FUNCTIONS.		100 ✓
				50.00
		TO ANTI-RUST REAR AFFECTED AREAS.		50.00 ✓
		Labour Total S\$:		1,060.00
SingDollars : Three Thousand Two Hundred Eighty-Two & Cents Fifty Only			Total S\$:	3,282.50

KUM CHEW MOTOR WORKSHOP

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	24/08/2020 11:51
Date Of Accident	21/08/2020 21:25
Exact Location Of Accident	ALONG SHENTON WAY OUTSIDE LAU PA SAT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR7108D
Insured/Policyholder	
Name Of Registered Owner	YIP CHAI HENG (YE ZAIXING)
NRIC No	SXXXX095C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97425858
Alternative Phone No	OFFICE-97425858

Vehicle Particulars

Manufacturer	TOYOTA
Model	VOXY
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD20V01444 /VPL /R00
Cover Note Number	

Driver

Name of Driver	YIP CHAI HENG (YE ZAIXING)
NRIC No	SXXXX095C
Date Of Birth	04/04/1974
Occupation	OUTDOOR
Date Of Driving Pass	06/08/2002
Driving Experience	18 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97425858
Fax Number	
Contact Number	OFFICE-97425858
EMail Address	NOEMAIL

Address APT BLK 661C EDGE DALE PLAINS
#05-638 SINGAPORE
Postcode 823661
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OWNER
Vehicle Registration Number of Driver's Own Vehicle -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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) 0

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name PUNGGOL N.P.C
Police Station Address ROAD: 21A TESING LANE, POSTCODE: 828837, 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 ATTACHED

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

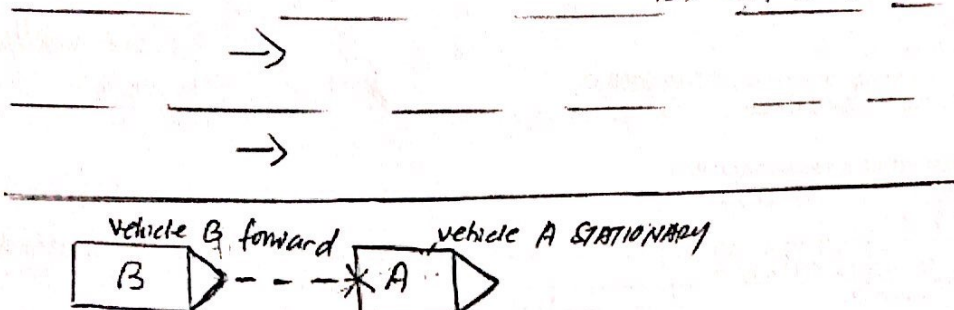
Vehicle Registration Number SJP5216J
Vehicle Make/Model/Colour HYUNDAI / AVANTE
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name

Sketch Plan #2

SKETCH PLAN

A) SMR 710 & D

B) SJP 52/6J



LAU PA SAT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT
T/20200822/2029

DECLARATION

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

Adler

Policyholder's Signature
Date & Time.

[Signature]

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

Centre Personnel's Sign
No.

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