

ASS. REC. BY:

REF:

AG1/20009423/Ky

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop n/s _____

of _____

Insured: _____

Policy No. _____

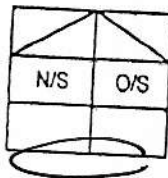
Claims No. _____

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: 05 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SML 7837P Yr Regn: 061

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

Truck / Traller or _____

Make: Toy Vaux c.c. 1797Colour: M. Black A/C: Insured / Std / NI / NASp. Reading: 104934 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZWR80 037428Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: G7 195/65R15R: YokoBS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 7 mmL/Bal. 8 mm L/Bal. 7 mmD.O.A. 3/9/20 D.O.I. 4/9/2020

Survey held at _____

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

2/19 21 Sep @ 500d Car firm Change to \$5050/- LIS
(Red \$4538-57, 47%)

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2) 23/9/20 Typist

Report Format:

Lump Sum I.B.I. (\$) \$5050/-Days Of Repair: 5Resurvey No. of Trip: 3

Survey Fee:

Transportation:

S + RS \$

Fees

Others

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

TOTAL

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	03/09/2020 13:40
Date Of Accident	03/09/2020 12:30
Exact Location Of Accident	CRAIG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML7837P
Insured/Policyholder	
Name Of Registered Owner	L H CAR RENTAL PTE LTD
Co Reg No	2XXXXX761N
Email Address	CARRENTAL.LH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97687073
Alternative Phone No	OFFICE-64817221

Vehicle Particulars

Manufacturer	TOYOTA
Model	VOXY HYBRID-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	YES
Policy Number	DMHCSNA00002732000
Cover Note Number	

Driver

Name of Driver	TAN KAR HING
NRIC No	SXXXX143D
Date Of Birth	09/01/1966
Occupation	OUTDOOR
Date Of Driving Pass	25/07/1980
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-89150314
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 596A ANG MO KIO STREET 52 #08-315
Postcode	561596
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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	RAINING
Road Surface	WET

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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	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

I was driving along Craig Road, when i was turning left towards Yan Kit Road, Car B SLJ9791X hit the rear of my vehicle.

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	SLJ9791X
Vehicle Make/Model/Colour	NISSAN
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)

DETAILS OF INJURED PERSON 1

Name TAN KAR HING
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by
ambulance?
Address
Postcode

SKETCH PLAN

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. 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.

L.H CAR RENTAL PTE LTD

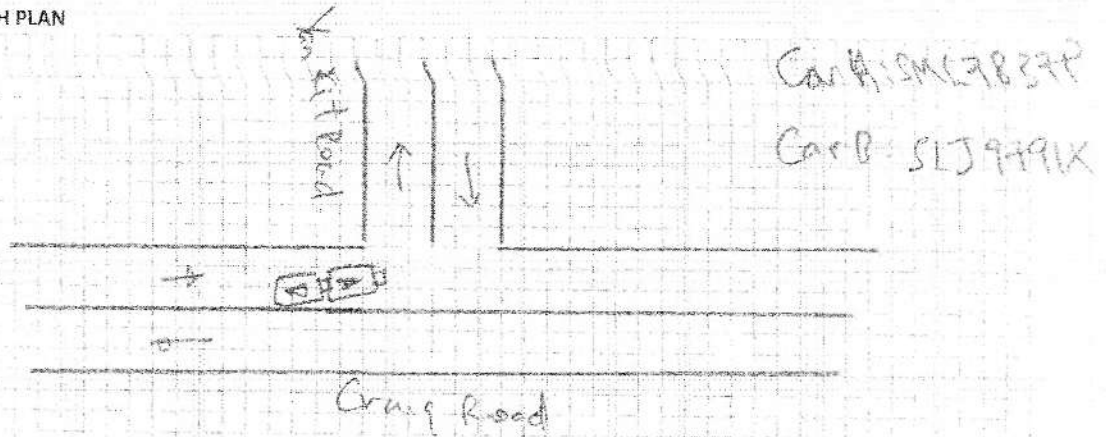
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Craig Road, when I was turning left towards Yan Kit Road, Car B SLJ9791X hit the rear of my vehicle.

DECLARATION

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

L.H'CAR'RENTAL PTE LTD

Policyholder's Signature _____
Date & Time: _____

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

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

Lian Her Motors

Blk 5038 #01-405 Ang Mo Kio Industrial Pk 2 Singapore 569541

Tel : 64817221

Fax : 64816131

L H Car Rental Pte Ltd
Blk 5038 #01-405
Ang Mo Kio Industrial Pk 2
Singapore 569541

Vehicle No : SML 7837 P
Make : Toyota Voxy
Year : 2019

*Not Authorized
L1 Pump & 5000rpm
Pressure After Pump*

5 days

Qty	Description	Unit Price	Amount
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Estimate Cost Of Repair

1 pc	Rear tail-gate assy		<i>1712.85</i>		
1 pc	Rear tail-gate emblem " Hybrid "				
1 pc	Rear tail-gate outer chrome handle				
1 pc	Rear tail-gate inner lock				
1 pc	Rear tail-gate inner trim board		<i>34.75</i>		
1 pc	Rear tail-gate glass moulding				
1 pc	Rear boot rubber				
1 pc	Rear end panel				
1 pc	Rear end panel garnish				
1 pc	Rear bumper				
2 pcs	Rear bumper bracket	\$125.60			
2 pcs	Rear bumper side retainer	\$135.10			
2 pcs	Rear bumper reflector	\$135.20			
2 pcs	Rear fender inner trim board	\$685.10			
1 pc	Rear boot floor panel top cover				

<i>Bu</i>	\$1,825.60	<input checked="" type="checkbox"/>
<i>nu</i>	\$75.20	<input checked="" type="checkbox"/>
<i>nu</i>	\$407.10	<input checked="" type="checkbox"/>
<i>nu</i>	\$325.60	<input checked="" type="checkbox"/>
<i>Bu</i>	\$525.60	<input checked="" type="checkbox"/>
<i>nu</i>	\$187.30	<input checked="" type="checkbox"/>
<i>Dis/nu</i>	\$265.70	<input checked="" type="checkbox"/>
<i>Bu</i>	\$550.90	<input checked="" type="checkbox"/>
<i>nu</i>	\$197.30	<input checked="" type="checkbox"/>
<i>Bu</i>	\$1,120.30	<input checked="" type="checkbox"/>
	\$251.20	<input checked="" type="checkbox"/>
	\$270.20	<input checked="" type="checkbox"/>
	\$270.40	<input checked="" type="checkbox"/>
<i>nu</i>	\$1,370.20	<input checked="" type="checkbox"/>
	\$552.70	<input checked="" type="checkbox"/>
	\$8,195.30	
Less 25 %	\$2,048.83	
	\$6,146.47	

S Nett

1 set	Rear reverse sensor
20 pcs	Bumper clip
1 pc	Rear tail-gate glass sealant

<i>nu</i>	\$200.00	<input checked="" type="checkbox"/>
<i>nu</i>	\$50.00	<input checked="" type="checkbox"/>
<i>nu</i>	\$40.00	<input checked="" type="checkbox"/>
	\$290.00	

Labour Charges

Remove/renew the above parts including knocking, welding & cutting.

\$1,200.00 *600h*

To putty & spray paint rear accident affected portion.

\$1,200.00 *600h*

balance c/f \$8,836.47

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:

SML 7837 P

balance b/f \$8,836.47

Labour Charges

Check and reconnect wiring.

\$45.00 201

To spray anti rust on accident affected portion.

\$120.00 301

Remove/refit rear tail-gate mechanism to new door.

\$180.00 } ~~401~~

Remove/refit rear tail-gate to facilitate repair. glass

\$120.00 } 150

\$9,301.47