

ASS. REC. BY:

REF: <sup>AGI</sup> SMO / 2000 9521 / KV f3

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:

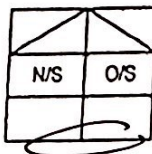
Excess:

(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: 06 days Res.: Yes or No

Lum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

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

TOYO / YOKO or

Front

R/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 6/9/20

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

8/10/20 Final fig \$6197.89 confirmed by email (Red 1822.09, 23%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 16/10/20-Typist

Report Format: TP

Lump Sum / I.B.I: (\$ 6197.89)

Days Of Repair: 6

Resurvey No. of Trlp: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Date: 07.09.2020  
Vehicle No: SMJ9129Y  
Model: TOYOTA NOAH HYBRID 1.8X  
Chassis: ZWR800358684-2018  
Reg.Year: 2019

Third Party Insurer: AUTO & GENERAL  
Third Party Veh No: SKF2008D  
Date of Accident: 06.09.2020

*Not Authorized*  
*Painting B&G paint 6day,*

## ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR TAILGATE	1		<i>By</i> \$1,988.80
2	REAR TAILGATE "HYBRID" EMBLEM	1		<i>me</i> \$95.80
3	REAR TAILGATE CHROME MOULDING	1		<i>my car</i> \$767.20
4	REAR TAILGATE RUBBER	1		<i>DD/DIY</i> \$380.70
5	REAR TAILGATE INNER TRIM CLIPS	8	\$5.50	<i>me</i> \$44.00
6	REAR TAIL LAMP LH	1		<i>CA</i> \$667.80
7	REAR TAIL LAMP RH	1		<i>CM</i> \$667.80
8	REAR BUMPER	1		<i>By</i> \$820.00
9	REAR BUMPER CLIPS	10	\$5.80	<i>me</i> \$58.00
10	REAR BUMPER SIDE BRACKET LH	1		<i>DIY</i> \$156.70
11	REAR BUMPER FIXING COVER	1		<i>sm</i> \$38.40
12	REAR WINDSCREEN RUBBER	1		<i>me</i> \$116.00
13	REAR END PANEL UPPER COVERING	1		<i>DD</i> \$207.30
14	REAR END PANEL UPPER COVERING CLIPS	6	\$5.80	<i>me</i> \$34.80
15	REAR SPARER TYRE UPPER BOARD	1		<i>sm</i> \$830.00
16	REAR SPARER TYRE INNER COVER	1		<i>DIY</i> \$380.00
17	REAR TAIL LAMP LOWER GARNISH COVER LH	1		REPAIR
18	REAR END PANEL	1		REPAIR
SUB TOTAL				\$7,253.30
LESS 25%				-\$1,813.33
PARTS TOTAL				\$5,439.98

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR WINDSCREEN SEALANT	1		<i>me</i> \$80.00
2	REAR BUMPER REVERSE SENSOR	1		<i>DD</i> \$350.00
S/N TOTAL				\$430.00

### LABOUR CHARGES:

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

*600*  
\$700.00

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR TAILGATE, REAR BUMPER, REAR TAIL LAMP GARNISH COVER LH, REAR END PANEL & ETC.

*720*  
\$900.00

#### 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

551 Upper Thomson Road Singapore 574415  
Tel: (+65) 6452 6868 | Fax: (+65) 6452 9223





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Reg.Year: 2019

Third Party Insurer: AUTO & GENERAL  
Third Party Veh No: SKF2008D  
Date of Accident: 06.09.2020

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

120d  
\$150.00

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

60d  
\$120.00

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

50d  
\$100.00

TO DIAGNOSIS FAULTY CODE & RESET MEMORY.

\$180.00 ?

LABOUR TOTAL \$2,150.00

TingAn TOTAL \$8,019.98

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:

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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 07/09/2020 13:26  
Date Of Accident 06/09/2020 13:25  
Exact Location Of Accident YIO CHU KANG ROAD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ9129Y  
**Insured/Policyholder**  
Name Of Registered Owner KINETIC HOLDINGS PTE LTD  
Co Reg No 2XXXXX392N  
Email Address SUPPORT@KINETIC-ALLIANCE.COM  
Mobile Phone No  
Alternative Phone No OFFICE-97849075

### Vehicle Particulars

Manufacturer TOYOTA  
Model NOAH HYBRID-1.8 X CVT (A)  
Exact Purpose for which vehicle was being used at time of accident GRAB SERVICE  
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 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number DMHCSNA00003502000  
Cover Note Number 08/06/2020 - 07/06/2021

### Driver

Name of Driver ABDUL YAMIN BIN BADARUDDIN  
NRIC No SXXXX699Z  
Date Of Birth 28/05/1973  
Occupation OUTDOOR  
Date Of Driving Pass 22/07/2004  
Driving Experience 16 YEARS AND 1 MONTH  
Gender MALE  
Mobile Number (LOCAL) +65-87816439  
Fax Number  
Contact Number  
Email Address YAMINYOUNGMAN1973@GMAIL.COM



Address	BLK 470B FERNVALE LINK #07-440
Postcode	792470
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	1

#### 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

REFER TO STATEMENT

#### 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	SKF2008D
Vehicle Make/Model/Colour	VOLKSWAGEN JETTA
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)	

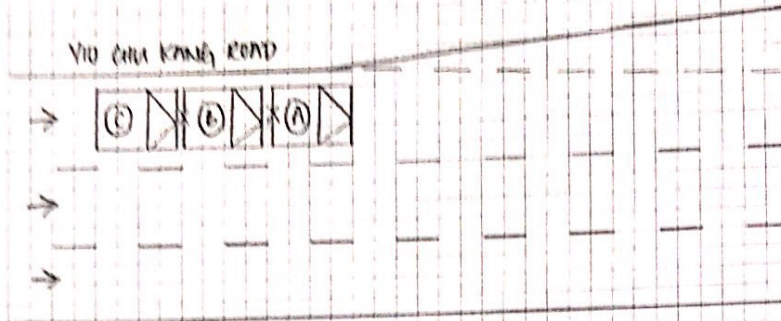
#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC7139K
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# Sketch Plan #2

## SKETCH PLAN

(A) - SM79129Y (A) - SM79129Y (C) - SM79129Y



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Vehicle No: SM79129Y (A)

ON 06/01/2020 @ APPROX 13:25 HOURS, I WAS DRIVING MY VEHICLE A: SM79129Y ALONG YU CHU KANG ROAD. WHILE I WAS DRIVING ALONG THE SAID ROAD, ALL OF SUDDEN, THE VEHICLE (B) AHEAD OF ME SUDDENLY JAMMED BRAKE. I QUICKLY STEPPED ON MY BRAKE TOO AND MANAGED TO STOP IN TIME. HOWEVER, THE VEHICLE B: SM79129Y FAILED TO STOP AND COLLIDED INTO MY VEHICLE A: SM79129Y REAR PORTION/ CAUSING DAMAGE. THERE WERE 2 VEHICLES INVOLVED IN THIS ACCIDENT. NO ONE IS INJURED WHEN THIS TIME OF ACCIDENT.

## 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: 07/01/2020

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

\* CLAIMING AT OTHER WORKSHOP: OPTIMA WORKZ PTE LTD  
EMAIL: KATHY.N. CHIO @ DW-SG