

ASS. REC. BY:

REF: C72/

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. _____

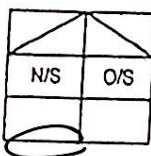
Sum Insured: _____

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 Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

06 days

Res.: Yes or No

Lum Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

GBE 9189E

Yr Regn: _____

04, 16

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

Truck / Trailer or _____

Make: _____

Toy Dyn 9

c.c

2982

Colour _____

Orange 18hr

A/C: _____

Insured / Std / NI / NA

Sp. Reading _____

225667

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

JTFA T35Y10K 206242

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

Mod: All / S/Rlm / STD A/Rlm or

Tyre Size: _____

F: Mic

195R15X8

R: Falken

155R12X8(D)

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

TOYO / YOKO or _____

Front

Rear

R/Bal. _____

3

mm

R/Bal. _____

7 7

mm

L/Bal. _____

3

mm

L/Bal. _____

7 7

mm

D.O.A. _____

19/10/20

D.O.I. _____

20/10/2020

Survey held at _____

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

Rear N/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: _____

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee: _____

Transportation: _____

S - RS. SI

: Fines

: Others

TOTAL

Report Format :

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

源摩哆廠 GUAN MOTOR WORKS

Business Regn. No. 081026001

176 Sin Ming Drive #02-03 Sin Ming Autocare Singapore 575721 Tel: 6453 6111 Fax: 6453 8292 H/P: 9742 6003

REPAIR ESTIMATE FOR GBE9189E

Not Authorized
C/Sy B
Resurvey After Paint

6 days

No.	Qty	List Items		
1	1	Rear tailgate	R	\$ 1,337.00 ✓
2	1	Rear deck end panel	\$ R	848.00 ✓
3	1	LH taillamp bracket	\$ R	183.40 ✓
4	2	Taillamp	\$ R	528.40
5	1	Rear number plate bracket	\$ R	145.10 X
6	1	Rear number plate lamp	\$ R	69.00 X
7	1	Rear lower spare tyre carrier chain	\$ R	254.00 X
8	1	Rear LH side gate	\$ R	1,337.00 ✓
9	1	Rear LH side gate lower lock catch	\$ R	54.10 ✓
10	1	Rear LH side gate lower stopper bracket	\$ R	123.10 ✓
11	1 set	Rear side lower rubber stopper	\$ R	69.10 X
			\$	4,948.20
			Less 25%	\$ 1,237.05
			Total :	\$ 3,711.15

		Special Nett Items		
12	1	Rear number plate	\$ R	45.00 X
13	1	Reverse sensors	\$ R	350.00 ?
14	1	Rear tailgate inner metal protection panel	\$ R	600.00 ✓
15	1 set	Rear tailgate/rear LH side gate sticker set	\$ R	650.00 500
16	1	Rear tailgate "13pax" sticker	\$ R	15.00 125
17	1	Rear tailgate "70km/h" sticker	\$ R	15.00 125
			Total :	\$ 1,675.00

		Labour		
1		Labour Charges for remove/refit, cutting/welding and replacement of damages.	\$	1,100.00 800
2		To putty and spray Spray Paintings charges.	\$	1,200.00 800
3		To check wirings & lightings.	\$	40.00 20
4		To remove, refit reverse sensors.	\$	60.00 50
5		To supply and apply anti rust treatment	\$	80.00 60
			Total :	\$ 2,480.00

Total Parts and Labour : \$ 7,866.15

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	19/10/2020 16:01
Date Of Accident	19/10/2020 08:35
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9189E
Insured/Policyholder	
Name Of Registered Owner	LIP RENOVATION & CONSTRUCTION
Co Reg No	5XXXX201J
Email Address	LYNDYLOHMC@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-96738141

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150M
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2020-V0107493
Cover Note Number	

Driver

Name of Driver	GOO GEOK SENG
NRIC No	SXXXX712Z
Date Of Birth	30/11/1963
Occupation	OUTDOOR
Date Of Driving Pass	23/06/1992
Driving Experience	28 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96738141
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 670A CHO A CHU KANG CRESCENT #09-501
Postcode	681670
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	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)	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 SKETCH PLAN. NOTE: VEHICLE REPAIR AT OWNER'S PREFERRED W/SHOP - GUAN MOTOR WORKS.

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	GBG7015B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KANDIPOINA SAIBABA
NRIC/Passport Number	SXXXXX275G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

ASS.

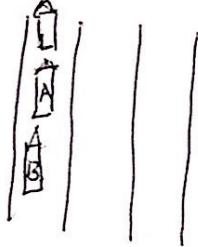
Ker

SKETCH PLAN

PIE Hig Way To Changi Airport

AGBE9189Z

BGB67015B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(GBE9189Z) Car A

On 19/10/2020 8.35am I was driving at very slow speed along PIE To Changi Airport.

The front Traffic was Heavy. Suddenly Car B BGB67015B Hit My Rear. it caused damage to My Rear Portion Car A.

DECLARATION

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

Diul
 Policyholder's Signature
 Date & Time: 19/10/2020 8:35

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

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

