

ASS. REC. BY:

REF:

AGY 20012103/Kt

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

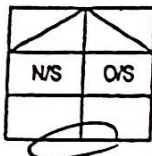
Excess:

(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:

04 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:

SLN 7200C

Yr Regn:

05, 17

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

Truck / Trailer or

Make:

Honda Vezel

c.c.

1496

Colour

M. Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

342558

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

B43

1217740

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD / ARM or

Tyre Size:

F:

215/60R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

31/10/20

D.O.I.

12/11/2020

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

FINALIZE AT L/S \$2450, 4DAYS

25779.64;53%

Date/Time, File Pass to?



: Prell. Report

1)

Date/Time, File Return to?



: Final Report

2)

Days Of Repair:

4

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Fees

Others

TOTAL

Report Format:

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

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 : SLN 7200 C
Make/Model : Honda Vezel 1.5 X A
Year : 2017

NOT Notified
1/1 hr B
Insurance After Repair
4 days

Qty	Description	Unit Price	Amount
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Estimate Cost Of Repair

1 pc	Rear tail-gate assy
1 pc	Rear tail-gate glass moulding
1 pc	Rear tail-gate emblem " H "
1 pc	Rear tail-gate emblem : Vezel "
1 pc	Rear tail-gate inner lock
1 pc	Rear tail-gate inner lock sensor
1 pc	Rear tail-gate inner trim board
1 pc	Rear buzzer
1 pc	Rear boor rubber
1 pc	Rear bumper
2 pcs	Rear bumper side retainer

<i>By</i>	\$1,350.70	✓
<i>re</i>	\$105.20	✓
<i>re</i>	\$45.10	X
<i>re</i>	\$50.20	✓
<i>re</i>	\$285.60	X
<i>re</i>	\$225.10	X
<i>re</i>	\$455.90	X
<i>re</i>	\$205.10	?
<i>re</i>	\$225.80	X
<i>re</i>	\$955.70	✓
\$38.20	\$76.40	X
	\$3,980.80	
Less 20 %	\$796.16	
	\$3,184.64	

S Nett

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

<i>re</i>	\$40.00	✓
	\$200.00	?
\$3.00	\$60.00	✓
	\$300.00	

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 Charges

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

\$700.00 *400*

To putty and spray paint

balance c/f *400*
\$700.00
\$4,884.64

SLN 7200 C

balance b/f \$4,884.64

Labour Charges

Check & reconnect wiring.

\$45.00 15/

To respray anti-rust proofing treatment

\$100.00 30/

Remove/refit rear windscreen to facilitate repair

\$100.00 ✓

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

\$100.00 60/

Total

\$5,229.64

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 02/11/2020 10:38
Date Of Accident 31/10/2020 14:30
Exact Location Of Accident SIGLAP ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN7200C
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 HONDA
Model VEZEL-1.5 X HYBRID CVT (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 FONG WENG SUN PETER VINCENT
NRIC No SXXXX877F
Date Of Birth 01/08/1953
Occupation OUTDOOR
Date Of Driving Pass 25/11/1970
Driving Experience 49 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97922699
Fax Number
Contact Number
Email Address NOEMAIL

Address	11 LORONG SIGLAP
Postcode	456805
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	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)	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

I was driving along Siglap Road, i stopped my vehicle due to congestion in front. Suddenly Car B (SLQ6594G) hit the rear of my vehicle.

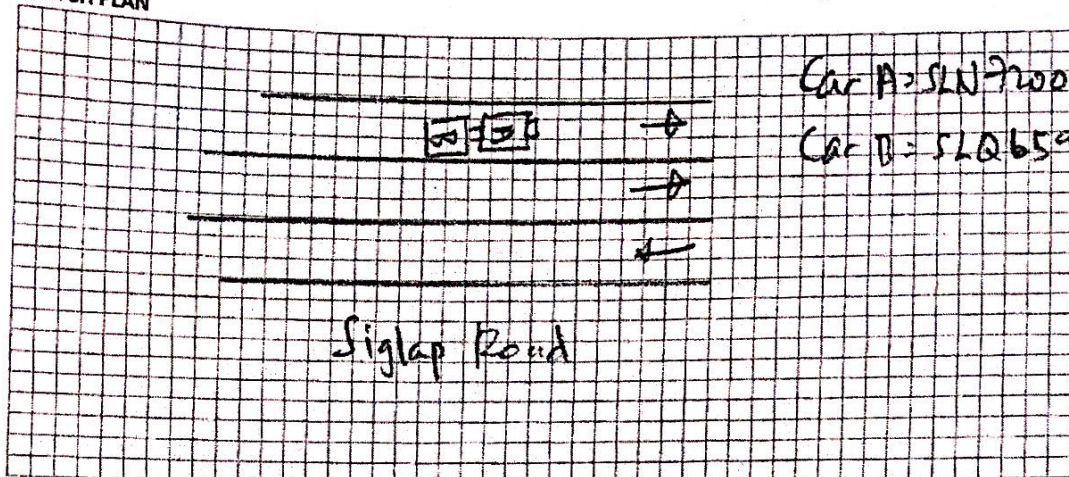
Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NIL
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ6594G
Vehicle Make/Model/Colour	
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)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Siglap Road, I stopped my vehicle due to congestion in front. Suddenly Car B (SLQ6594G) 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:

GIARMC SketchPlanForm_V3

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

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