

REF: TU / 20012642/KV

Kenneth

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

[illegible]

Scanned with CamScanner

# CHOON HOCK MOTOR TRADING CO

Not Authorised

1/1 Day &  
Resurvey After Paint

4-5 days

17 November 2020

## ESTIMATE BILL TO REPAIR GX 1928 H TOYOTA LITEACE 5 DR VAN

	Pr	\$ 1,240.50	✓
1 pce tailgate	Sm	\$ 144.90	X
1 pce tailgate inner trimboard	Tm	\$ 288.50	✓
1 pce tailgate inner lock assy.		\$ 160.50	?
1 pce tailgate inner lock actuator assy.		\$ 88.10	?
1 pce tailgate inner lock catch	Sm	\$ 632.00	X
2 pcs tailgate dampers	mc	\$ 51.90	✓
1 pce tailgate emblem sticker	mc	\$ 36.20	✓
1 pce tailgate "LITEACE" sticker		\$ 513.80	?
1 pce rear panel	Ref/Gr	\$ 442.50	✓
1 pce rear bumper fascia	NIS CRT	\$ 114.20	✓
2 pcs rear bumper reflectors	mc	\$ 48.80	X
2 pcs rear bumper side retainers		\$ 3,761.90	
		\$ 940.50	
	less 25%	\$ 2,821.40	

### S/NETT

1 set tailgate inner trim board clips	mc	\$ 45.00	✓
1 pce tailgate "70km/h" sticker	mc	\$ 20.00	125m
1 set reverse sensors	scr	\$ 300.00	200sm
Transfer tailgate glass assy. and refit		\$ 120.00	✓
Remove tailgate fittings to new tailgate assy.		\$ 120.00	60L
Wirings		\$ 80.00	20L
Renew reverse sensors, transfer to new bumper assy.		\$ 180.00	50L
Remove spare wheel and rack assy. refit	mc	\$ 100.00	X
Remove rear windscreen	Ref/Gr	\$ 200.00	X
Panel beating		\$ 1,000.00	?
Painting		\$ 1,000.00	450L
Rustproof		\$ 200.00	?
Total amount :		\$ 6,186.40	

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:

Mailing address: 28 Surrey Road #18-03 Singapore 307762 Reg No: 30568200L

Tel: (65) 64530778 Email: choonhockmotor@gmail.com



## 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 as aforesaid.

### ACCIDENT STATEMENT

Date Of Report 16/11/2020 10:54  
 Date Of Accident 13/11/2020 16:45  
 Exact Location Of Accident PIE TOWARDS TUAS  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number GX1928H  
**Insured/Policyholder**  
 Name Of Registered Owner TAN KIANG LIP  
 NRIC No SXXXX668I  
 Email Address NOEMAIL  
 Mobile Phone No (LOCAL) +65-91181754  
 Alternative Phone No OFFICE-91181754

### Vehicle Particulars

Manufacturer TOYOTA  
 Model LITEACE  
 Exact Purpose for which vehicle was being used at time of accident PRIVATE USE  
 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 NTUC INCOME INSURANCE CO-OPERATIVE LTD  
 Type Of Coverage THIRD PARTY FIRE AND/OR THEFT  
 Fleet Policy NO  
 Policy Number 5010172563-14  
 Cover Note Number

### Driver

Name of Driver YEO POH GEK  
 NRIC No SXXXX112J  
 Date Of Birth 07/01/1965  
 Occupation INDOOR  
 Date Of Driving Pass 08/10/2004  
 Driving Experience 16 YEARS AND 1 MONTH  
 Gender FEMALE  
 Mobile Number (LOCAL) +65-91181754  
 Fax Number  
 Contact Number  
 Email Address NOEMAIL

Address BLK 685A #06-155 JURONG WEST STREET 64  
SINGAPORE  
Postcode 641685  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured SPOUSE  
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? 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) 1

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name BUKIT MERAH WEST NPC  
Police Station Address ROAD: 500 BUKIT MERAH VIEW #01-01, POSTCODE: 159682, 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 AND POLICE REPORT; REMARKS: TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND POLICE REPORT

#### 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

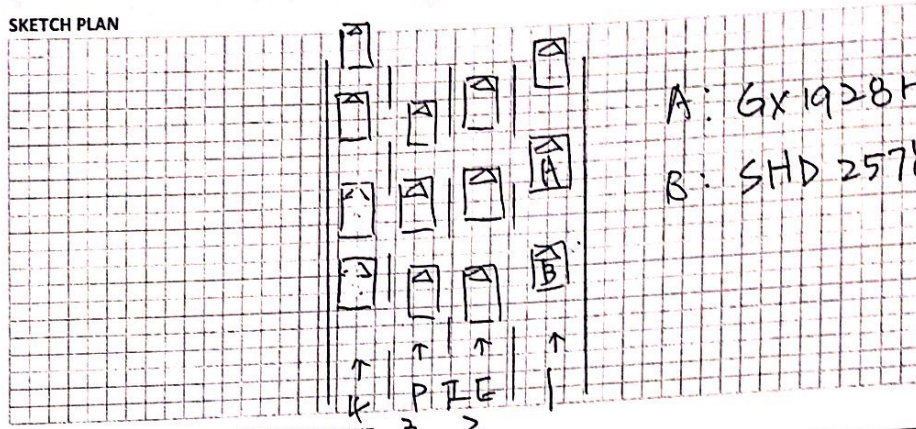
Vehicle Registration Number SHD2578X  
Vehicle Make/Model/Colour  
Details Of Properties REFER TO POLICE REPORT AND ATTACHED  
Vehicle Category TAXI  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode



Sketch Plan Pg. 1

TWAS

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

3 2

Refer to Police Report : T/2020 1114 12034

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:

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

Q14P.MK - Sketch Plan Form - 1/19