ASS. REC. BY:	ASSIGNMENT
	Veh No: YN 362k Yr Regn: 05 1 0
From: Date:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Estimated Cost:	Traffer or
OD LAP LWS ! TP RES ! OD RES ! EVA ! INV ! MY	Make: ISVIU WITR 85 c.c 28
To Inspect Vehicle No: at Workshop m/s Yec Noto	Colour Blue Red AC: Insured / Std / NI / N.
at Workshop m/s Yee /wto	Sp.Reading 40076) T/Radio: Insured / Std / NI / N
of	EngAla:
Insured:	CNO: JAANHR85E9710003
Policy No.	Gen. Cond: (200d) Fair / Poor / Burnt
Cialms No.	Steering: Inorder / Japanned / Leaked / Burnt or
Sum Insured: Excess:	Brake: Inorder / Jammed / Leaked J Burnt or
(Client's Record)	Mode Afti SIRIM I STD A/RIM OF
Make of Veh:	Tyre Stze: F: 195 195 115 Xf
	185 RIS X8
(Policy Condition)	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Remark: The veh had commenced its repair at the time of inspection.	TOYO/YOKO or
and the CH	Front Rear
Bal, or Market Value: Consistent?: Yes or No	R/Bail. 9 mm R/Bail. 6 6 mm
IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No	L/Bal. 5 mm L/Bal. 66 mm
	D.O.A. 7/12/20 D.O.I. 10/12/20
el Ranairs.	
2 Vol. Voc. of No.	Survey held at
Lum Sum: 20 % 3 Val.: Yes or No	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS (4/17.4 Vehicle: IN/	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS O4/17 4 Vehicle: IN / Person Contacted:	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
20 % 3 Val.: Yes or No 20 % 3 Val.: Yes or No 20 / REP. / 24 HRS 04/124 Vehicle: IN /	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS O4/17 4 Vehicle: IN / Person Contacted:	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS O4/17 4 Vehicle: IN / Person Contacted:	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS O4/17 4 Vehicle: IN / Person Contacted:	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS O4/12 4 Vehicle: IN / Person Contacted:	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS O4/12 4 Vehicle: IN / Person Contacted:	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS O4/17 4 Vehicle: IN / Person Contacted:	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS O4/74 Person Contacted: Date / Time Action / Instruction	Des. of Damages: Frt Rear O/S N/S U/C Rooftop or OUT The U/C Chassis frame Body Structure affected due to collision.
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Oute: 04/17 9 Vehicle: IN / Date / Time Action / Instruction Oute/Time, File Pass to? : Prefi. Report	Des. of Damages: Frt Rear O/S N/S U/C Rooftop or N/S
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS O4/74 Person Contacted: Date / Time Action / Instruction Action / Instruction Ita/Time, File Pass to? : Prefit. Report : Final Report	Des. of Damages: Frt Rear O/S N/S U/C Rooftop or N/S GU/C The U/C Chassis frame Body Structure affected due to collision. Days Of Repair: Resurvey No. of Trip: Survey Fee:
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Oute: 04/7 Vehicle: IN / Person Contacted: Date / Time Action / Instruction Action / Instruction Inter/Time, File Pass to? : Prefil. Report Inter/Time, File Return to?	Des. of Damages: Frt Rear O/S N/S U/C Rooftop or
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS O4/74 Vehicle: IN / Person Contacted: Date / Time Action / Instruction	Des. of Damages: Frt Rear O/S N/S U/C Rooftop or
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Oate: Person Contacted: Date / Time Action / Instruction ata/Time, File Pass to? : Prefil. Report cita/Time, File Return to?	Des. of Damages: Frt Rear O/S N/S U/C Rooftop or



YEE AUTO PTE LTD

160 Sin Ming Drive #02-17/#07-12 Sin Ming AutoCity Singapore 575722 Tel: 6457 5768 Fax: 6252 8459 Mobile: 9687 4031

Email: yeeautopteltd@gmail.com

Registration No.: 201719251W GST No: 201719251W

M/S: China Taiping Insurance (Singapore) Pte Ltd

3 Anson Road

Singapore 079909

#16-00 Springleaf Tower Not Nothersal

LIPM & Veh Reg No Make/Model Pherory Afh Parm Chassis No: ATTN: Motor Claim Department

07/12/2020

Third Party

GBJ4660S TP Veh Reg No:

Your Ref No:

Claim Type:

Accident Date:

Estimate No:

Date:

Policy No:

Veh Reg No: Make/Model:

Engine No: Reg. Date:

ES2000110

08 Dec 2020

YN362K

ISUZU NHR85AUE4A

JAANHR85E97100032

4JJ1774186 11/05/2009

Estimate Repair Cost to Vehicle No: YN362K

	Estimate Repair Cost to	venicie No:	11\302K		
	Description	U/Price	Quantity	List Price <u>S\$</u>	Amount SS
	Net Price		P	20-	~ Polin
1	FRONT TYRE 195R 15C - LH	400.00	1 PC	400.00	
2	FRONT WHEEL RIM - LH	780.25	1 PC	PM 780.25	
3	REAR TYRE COVER - LH (TOP)	680.15	1 PC	CM 680.15	
4	REAR TYRE COVER BRACKET - FRONT	285.00	1 PC	285.00	
5	REAR TYRE COVER BRACKET - REAR	285.00	1 PC	n 285.00	۸
				2,430.40	2,430.40
	Spare Parts			Ry 1450.85	
6	FRONT BUMPER	1,450.85	1 PC	1,150.05	
7	HEAD LAMP - LH	725.10	1 PC	CM 725.10	2
8	FRONT SHOCK ABSORBER - LH	435.80	1 PC	435.80	7
9	FRONT LOWER ARM - LH	550.40	1 PC	550.40	
10	FRONT UPPER ARM - LH	550.40	1 PC	550.40	7
11	FRONT KNUCKLE ARM - LH	508.90	1 PC	A 508.90	
12	FRONT KNUCKLE ARM BEARING - LH	262.60	1 PC	M 262.60	
13	FRONT RACK END - LH	398.50	1 PC	398.50	1
14	STEERING RACK	2,420.50	1 PC	2,420.50	7
15	FRONT WINDSCREEN WEATHERSTRIP	390.18	1 PC	390.18	×
16	FRONT CORNER PANEL - LH	350.76	1 PC	N 350.76	
17	DASHBOARD	1.265.00	1 PC	1,265.00	X
18	FRONT SIGNAL LAMP - LH	296.78	1 PC	296.78	٨
19	FRONT FLOORBOARD PANEL - LH	925.00	1 PC	925.00	X
20	FRONT DOOR - LH	1,782.00	1 PC	1.782.00	
21	FRONT DOOR HINGES - LH TOP	350.00	1 PC	1 350.00	
22	FRONT DOOR HINGES - LH BOTTOM	350.00	1 PC	n 350.00	X
23	FRONT DOOR WEATHERSTRIP - LH	188.00	1 PC		50km
24	FRONT DOOR CHECKER - LH	180.00	1 PC	180.00	X
25	FRONT DOOR CHANNEL - LH	140.00	1 PC	140.00	X
26	FRONT DOOR GLASS MOULDING - LH	225.00	1 PC	£ 225.00	*
27	FRONT DOOR REGULATOR GEAR - LH	267.20	1 PC	267.20	1
28	FRONT DOOR REGULATOR GEAR MOTOR - LH	403.00	1 PC	403.00	1
29	FRONT DOOR INNER TRIMBOARD - LH	689.60	1 PC	007.00	7
30	FRONT DOOR ARCH GARNISH - LH	394.40	1 PC B	394.40	
31	FRONT DOOR PILLAR - LH	688.10	1 PC	R 688.10	Y
32	FRONT DOOR WING MIRROR - LH	260.80	1 PC	260.80	•
33	FRONT STEP PANEL - LH	380.15	1 PC	2 380.15	10.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
34	FRONT STEP GARNISH - LH	298.50	1 PC	em 298.50	
	FRONT WHEEL ARCH PANEL - LH	321.50	I PC	B 321.50L	
-0-0				-	



M/S:

TP Veh Reg No:

YEE AUTO PTE LTD

160 Sin Ming Drive #02-17/#07-12 Sin Ming AutoCity Singapore 575722 Tel: 6457 5768 Fax: 6252 8459 Mobile: 9687 4031 Email: yeeautopteltd@gmail.com

Registration No : 201719251W GST No: 201719251W

China Taiping Insurance (Singapore) Pte Ltd 3 Anson Road

GBJ4660S

ES2000110 Estimate No: #16-00 Springleaf Tower 08 Dec 2020 Date:

Singapore 079909 Policy No:

Veh Reg No: YN362K

ATTN: Motor Claim Department ISUZU NHR85AUE4A Make/Model:

Your Ref No: JAANHR85E97100032 Chassis No: Claim Type: 4JJ1774186 Third Party Engine No:

Accident Date: 07/12/2020 11/05/2009 Reg. Date:

Estimate Repair Cost to Vehicle No: YN362K

	Description	U/Price	Quantity	List Price	Amount
				<u>ss</u>	<u>SS</u>
36	FRONT WHEEL ARCH GARNISH - LJ	210.00	1 PC	210.00	
37	STEERING COLUMN SHAFT	855.00	1 PC	Ph 855.00 X	Control of the Contro
38	FRONT DOOR LOCK - LH	420.15	1 PC	1 420.15 X	
39	FRONT DOOR OUTER HANDLE - LH	220.85	1 PC	220.85 X	
40	FRONT DOOR KEY LOCK - LH	145.05	1 PC	145.05 X	
41	FRONT DOOR STICKER - LII	850.00	1 PC (Bill) 850.00 7	4
42	FRONT DOOR OUTER MOULDING - LH	185.05	I PC	185.05 X	
43	FRONT DOOR SUN VISOR - LH	85.15	1 PC	Mr. 85.15 3	osn-
				20,420.27	20,420.27
	Labour				
5375	Minds and an experience of the destruction of the contract of			6)
44	TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY.	2,600.00	I JOB	2,600.00	001
45	TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION.	1,750.00	1 JOB	1,750.00	od
46	TO APPLY RUST- PROOFING ON REPAIRED, REPLACED PANEL.	180.00	1 JOB	180.00	d
47	TO REMOVE/REFIT REAR WINDSCREEN TO FACILITATE REPAIRS.	200.00	I JOB	ne 200.00 X	
48	TO REMOVE/REFIR DASHBOARD TO FACILITIES REPAIRS.	400.00	I JOB	~~ 400.00 X	
49	TO REMOVE/REFIT CUSHION SEAT, FLOOR CARPET TO FACILITIES REPAIRS.	260.00	1 JOB	260.00	1
50	TO REMOVE/TRANSFER LH FRONT DOOR MECHANISMS.	150.00	1 JOB	150.00	1
51	TO REMOVE/REPLACE FRONT LH UNDERCARRIAGE LABOUR.	450.00	I PC	450.00 7	
52	TO CHECK WIRING FUNCTIONS.	120.00	1 JOB	120.00 2	01
			was procured to the same and		6,110.00
					.,

LKK Auto Consultants hence notify the Repairer of the following:

To resurvey before/after spray painting

To display damaged part(s) during resurvey

Total Amount Payable S\$ 30,987.92 Parts prices are subject to confirmation.

AR TEUR TY THOUSAND NINE HUNDRED EIGHTY SEVEN AND CENTS NINETY TWO

ONLY No illegal modification(s) is allowed

TOTAL: SINGAPORE DOL

Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer Signature:

Date:

For Yee Auto Pte Ltd

AUTHORISED SIGNATURE

Total

Add GST @ 7%

S\$ 28,960.67

2,027,25

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 witholding 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 Submission **Date of Accident Exact Location of Accident** Additional Location Information Country/State of Loss

08/12/2020 20:03 (SGT) 07/12/2020 12:30 (SGT) 5038 Ang Mo Kio Ind Park 2, Singapore 569541

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

YN362K

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

RANGOON RECOVERY SERVICES

5XXXX647L

CHRISTINEHAN8316@GMAIL.COM

(Phone) +65-96600716

+65-96600716

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Isuzu

Nhr85aue4a

No - Claiming third party Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number Cover Note Number ThirdPartyFireTheft

2020-V0114479-VCV

Great Eastern

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

Accident report SK0J20C80001

TAN SAU HWA SXXXX027Z 06/06/1963 Indoor

Page 1 of 15

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number **Email Address** Address Address complement Postcode

Is the driver the policyholder? If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

PASSENGER 1

Name Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Vehicle Registration Number Vehicle Manufacturer Vehicle Model

Vehicle Variant

DETAILS OF OTHER VEHICLE PROPERTY 1

GBJ4660S

Yes

No

No

Accident report SK0J20C80001

Page 2 of 15

(Phone) +65-91160716 CHRISTINEHAN8316@GMAIL.COM BLK 128 ANG MO KIO AVENUE 3 #11-1847

560128 No **Employee** No

20/10/1987

Male

33 YEARS AND 2 MONTHS

Collision - Cross Junction Clear

No 2

Dry

Yes No Yes

2

No

WONG LOKE LENG

Male

Bishan Neighbourhood Police Centre (Phone) +65-18005529999 (Fax) +65-65561905

20 Bishan Street 23 Singapore 579757

No

SKETCH PLAN (A) YN 362 K (B) GBJ 46605 K030 S031 Hodicticial S032 S033
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
Refer to Police Report.
TO THE PARTY OF TH
Follier Report No T/20201208/2020 TO CHAIM Report at yee Auto. Ple ensil report to them.
Policyholder's Signature Date & Time: Company Chop (if applicable) DECLARATION Policyholder's Signature (if driver is not the policyholder) Date & Time: NRIC/FIN No.:



Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999



Report No. T/20201208/2020

CONTINUATION OF REPORT

Name	WONG LOKE LENG		ID No		S0171481C
Related Vehicle	YN362K (Lorry)		Conta	ct No.	98316734
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	07/12/2020	Date Disch	narge	07/12	2/2020
	ted Medical Leave 01	Degree of			t
Driver	· .				The state of the s
Name	TAN SAU HWA		ID No	•	S1616027Z
Related Vehicle	YN362K (Lorry)		Contact No.		91160716
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class Driving Licent Expiry	g ce &	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
	07/12/2020	Date Disch			2/2020
Date Treatment		Degree of	gree of Injury Slight		
	ted Medical Leave 03	A WASHING		3	The state of the state of the state of
Driver	YAP SHUE TIM		ID No		S1474063E
Related Vehicle	NIL		Contact No.		0
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Data Tasaimani	NIL	Date Disch	narge	NIL	
Date Treatment	led Medical Leave NIL	Degree of		NIL	

I work for a towing service and had towed one car to the workshop at Ang Mo Kio Industrial Park 2 with the car owner as my passenger who sat at the front passenger seat of my lorry.

I was driving my lorry straight when suddenly a van came from my left and hit the left side of my lorry. I wish to state that it was my right of way and the van did not stop to check me oncoming.

The collision resulted in damages to the entire left side of my lorry from front to rear and punctured the left front tyre

I later visited Mount Alvernia Hospital where I was given 3 day s of MC. The car owner who was my passenger also visited the same hospital and received 1 day of MC