

ASS. REC. BY:

REF: MSG / 200142621 Kqd3

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. 29141713

Claims No. 631809

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

09

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

09/02/21 @ 4.45pm revised to Keny Ong via Merimen.

Kenneth confirmed LS \$2050 (Red \$5663.38, 73%)

Date/Time, File Pass to?

11/11/05 Typist

Date/Time, File Return to?

☐

: Prell. Report

☐

: Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

Report Format: MER-TP

Lump Sum / T.B.T. (\$ 2050

T & B MOTOR REPAIRS SERVICES PTE LTD

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160 SIN MING DRIVE #08-03 SIN MING AUTOCITY SINGAPORE 575722

Tel No. : 6458 0296 / 6454 8007 Fax No. : 6554 2640

E-Mail : tbmotor@hotmail.sg

Buss. Reg. No. : 199001597D

WITHOUT PREJUDICE

SIONG HONG SEAFOOD ENTERPRISE PTE LTD
15 WOODLANDS LOOP #03-54 /56
738322

Estimate : ES003413

Date : 05/12/2020

Vehicle Num. : GBD2375K

Make/Model : TOYOTA DYNA

Chassis/Eng# :

Accident Date : 04/12/2020

Claim No. :

Reference :

Policy No. : 5118517360

Attention : Motor Claim Department

NOT Authorized
L1 Imp @
Resurvey After Paint

4 days

S/N	Quantity	Particular	Unit Price	Amount S\$
-----	----------	------------	------------	------------

- | | | | | |
|-----|---------|--|--|--|
| 1. | 1 | LIST ITEMS : | | |
| 2. | 1 | FRONT DOOR | | |
| 3. | 1 | FRONT DOOR INNER LOCK RH | | |
| 4. | 1 | FRONT DOOR GLASS OUTER MOULDING RH | | |
| 5. | 1 | FRONT DOOR GLASS REGULATOR GEAR RH | | |
| 6. | 1 | FRONT DOOR GLASS REGULATOR GEAR MOTOR RH | | |
| 7. | 1 | FRONT DOOR WEATHERSTRIP RH | | |
| 8. | 1 | FRONT DOOR TOP HINGE RH | | |
| 9. | 1 | FRONT DOOR LOWER HINGE RH | | |
| 10. | 1 | FRONT BUMPER | | |
| 11. | 1 (R/H) | FRONT HEAD LAMP R/H | | |
| 12. | 1 | LOWER STEP BOARD GARNISH | | |
| 13. | 1 | FRONT WHEEL BEARING RH | | |
| 14. | 1 | FRONT DOOR GLASS INNER CHANNEL R/H | | |
| | | FRONT DOOR FRONT INNER RUBBER R/H | | |

List Total S\$:

25.00% Discount S\$:

LABOUR :

1. REMOVE & REFIX FRONT DOOR GLASS
2. SPRAY ANTI-RUST COATING
3. CHECK & REPAIR WIRING
4. SPRAY PAINT ON AFFECTED PORTIONS
5. LABOUR TO DO PANEL BEATING, WELDING AND REPAIR THE DAMAGED PORTIONS
6. REMOVE & REPLACE FRONT WHEEL BEARING
7. COMPUTER WHEEL ALIGNMENT

R	2,202.20	✓
R	423.50	X
SA	254.10	X
SA	381.15	X
SA	783.48	X
dis l act	317.25	50% a
R	211.75	X
R	211.75	X
R	677.60	X
SA	1,058.75	X
dis l act	508.20	✓
SA	296.45	X
SA	330.33	X
SA	68.00	X
	7,724.51	
	1,931.13	
	5,793.38	

	180.00	60%
	80.00	30%
	80.00	20%
	550.00	40%
	700.00	30%
SA	180.00	X
SA	120.00	X

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:

CONTINUE / ...

T & B MOTOR REPAIRS SERVICES PTE LTD

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160 SIN MING DRIVE #08-03 SIN MING AUTOCITY SINGAPORE 575722

Tel No. : 6458 0296 / 6454 8007 Fax No. : 6554 2640

E-Mail : tbmotor@hotmail.sg

Buss. Reg. No. : 199001597D

WITHOUT PREJUDICE

SIONG HONG SEAFOOD ENTERPRISE PTE LTD

15 WOODLANDS LOOP #03-54 /56
738322

Attention : Motor Claim Department

Estimate : ES003413

Date : 05/12/2020

Vehicle Num. : GBD2375K

Make/Model : TOYOTA DYNA

Chassis/Eng# :

Accident Date : 04/12/2020

Claim No. :

Reference :

Policy No. : 5118517360

S/N	Quantity	Particular	Unit Price	Amount S\$
		8. SUPPLY AND APPLY THE REG ADDRESS STICKER		30.00
		Labour Total S\$:		1,920.00


2 cl.

SingDollars : Seven Thousand Seven Hundred Thirteen & Cents Thirty-Eight Only

E. & O.E.

Total S\$: 7,713.38

=====


for T & B MOTOR REPAIRS SERVICES PTE LTD

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 Submission	05/12/2020 10:22 (SGT)
Date of Accident	04/12/2020 10:30 (SGT)
Exact Location of Accident	Temasek Blvd, Singapore
Additional Location Information	ROUNDAABOUT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD2375K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIONG HONG SEAFOOD ENTERPRISE PTE. LTD.
Company Reg No	2XXXXX170D
Email Address	SIONGHONGPTLTD@HOTMAIL.COM
Mobile Phone No	(Phone) +65-67531788
Alternative Phone No	(Office) +65-67531788

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118517360
Cover Note Number	-

DRIVER

Name of Driver	ZHANG JIANHONG
Passport No/FIN	GXXXXX214P
Date Of Birth	26/02/1974
Occupation	Outdoor

Date Of Driving Pass	15/08/2009
Driving experience	11 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84295052
Alt. Phone Number	-
Email Address	SIONGHONGPT@HOTMAIL.COM
Address	15 WOODLANDS LOOP #03-54
Address complement	-
Postcode	738322
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
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	Collision - Roundabout
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No

Number of vehicles involved in the accident 2

Was anybody injured in the Accident? No

Was any injured conveyed to hospital by ambulance? -

Was any other material or property damaged? Yes

Number of Passengers (Including Driver) 1

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

DETAILS OF POLICE ACTION

Was the accident reported to the police? No

Was notice of intended Prosecution given? No

If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED, REMARKS, TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND ATTACHED 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	SLG5391J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Date Of Driving Pass	15/08/2009
Driving experience	11 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84295052
Alt. Phone Number	-
Email Address	SIONGHONGPTELTD@HOTMAIL.COM
Address	15 WOODLANDS LOOP #03-54
Address complement	-
Postcode	738322
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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REFER TO ATTACHED; REMARKS:TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND ATTACHED STATEMENT

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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG5391J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

SKETCH PLAN

TIME: 10:30AM

DATE: 4/12/20

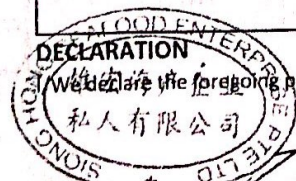
A: GBD 2375K

B: SLG 5391J

ROUNDAABOUT OF TEMASEK BOULEVARD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 4/12/20 AT ABOUT 10:30AM I WAS DRIVING
 GBD 2375K AT THE ROUNDAABOUT OF TEMASEK
 BOULEVARD A VEHICLE SLG 5391J SUDDENLY
 DID NOT FOLLOW THE ROUNDAABOUT AND TURN
 LEFT IN FRONT OF MY VEHICLE AND HIT ONTO
 MY VEHICLE FRONT RIGHT DOOR AND TYRE.
 I TOOK PHOTO OF ACCIDENT SCENE.



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.: