

ASS. REC. BY:

REF:

CS/SMO20014726/Tuvd3.

## 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.

N/S	O/S

Bal. or Market Value: 978K.00

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: Darren

Vehicle: IN / OUT

Veh No:

6BK 2981Z

Yr Regn:

2020, April

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

Truck / Trailer or

Make:

Toyota Hiace

C.C

2982

Colour

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

24764

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JT FHT 02 P4.00250286

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/15

R:

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

TOYO / YOKO or

Front

R/Bal.

6

mm

Rear

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

21/1/21/150

Survey held at

Teamwork Garage

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

Rear N/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Report Format:

Lump Sum / L.B.L. ( )

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

SOMPO

Vehicle number	GBK2981Z
Make / Model	TOYOTA HIACE
Chassis number	JTFHT02P400250286
Accident date	24/12/20
Reference	2012-46

Qty	Particulars	Unit Price - SGD \$
<u>PARTS REPLACEMENT - LIST ITEMS</u>		
1	REAR BUMPER	500.70 de ✓
2	REAR BUMPER SIDE RETAINER	RH X 120.80 LH-?
1	REAR BUMPER STEP PANEL	340.03 x
1	TAILGATE	1950.30 Rp
1	TAILGATE LOGO	71.80 de ✓
1	TAILGATE OUTER GARNISH	145.40 x
1	TAILGATE INNER LOCK	200.30 x
1	TAILGATE WEATHERSTRIP	250.20 x
1	TAILGATE INNER TRIM	361.20 x
2	TAILLAMP	RH X 679.20 LH- ✓
2	TAILLAMP LOWER GANISH	RH X 180.80 LH de ✓
2	TAILLAMP PANEL	318.40 x
1	END PANEL OUTER	480.60 x R
1	END PANEL INNER	619.30 x
1	END PANEL TOP PLATE	180.30 x
1	REAR WINDSCREEN	1250.60 x
1	REAR FLOOR BOARD	620.40 x
		8270.33
	Less 25%	2067.58
		6202.75
<u>PARTS REPLACEMENT - SPECIAL NETT ITEMS</u>		
1 SET	WINDSCREEN SEALANT	100.00 x
1 PC	WINDSCREEN SOLAR FILM	300.00 x
1 SET	REAR BUMPER CLIP	80.00 30w ✓
1 SET	TAILGATE TRIM CLIP	80.00 x
1 SET	70 KM/H DECAL STICKER	30.00 de ✓
1 SET	REVERSE SENSOR	400.00 200?
1	STICKER ART WORK	500.00 150-
	Subtotal	1490.00
	Balance C/F	1692.75

LKR  
 21/1/21 @ 1510  
 4/5 Remaining after repair  
 2 days

LKK Auto Consultants 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:

<u>LABOUR AND MISCELLANEOUS CHARGES</u>		
1	CHECK WIRING AND LIGHTNING SYSTEM	100.00 30
2	REMOVE AND REFIT EXHAUST PIPE	200.00 X
3	REMOVE AND REFIT WINDSCREEN GLASS	200.00 X
4	REMOVE AND REFIT TAILGATE ATTACHEMENT	100.00 X
5	PANEL BEATING ON AFFECTED AREAS	1400.00 300
6	SPRAY PAINTING ON AFFECTED AREAS	1400.00 300
7	REMOVE AND REPASTE STICKER ON AFFECTED AREAS	200.00 100
8	APPLY ANTI RUST ON AFFECTED AREAS	150.00 X
Subtotal		3750.00
Grand total		11442.75

## 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	26/12/2020 17:00 (SGT)
Date of Accident	24/12/2020 14:30 (SGT)
Exact Location of Accident	302 Ubi Ave 1, Singapore 400302
Additional Location Information	CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK2981Z
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HARESH ENTERPRISES (S) PTE LTD
Company Reg No	2XXXXX619M
Email Address	NGSAYPOH4986@OUTLOOK.COM
Mobile Phone No	(Phone) +65-62876454
Alternative Phone No	(Office) +65-62876454

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	5116844140
Cover Note Number	-

#### DRIVER

Name of Driver	NG SAY POH (HUANG SHIBAO)
NRIC No	SXXXX986C
Date Of Birth	08/12/1973
Occupation	Outdoor



Date Of Driving Pass	22/05/2017
Driving experience	3 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82802828
Alt. Phone Number	-
Email Address	NGSAYPOH4986@OUTLOOK.COM
Address	BLK 314 AMK AVE 3 #03-2370
Address complement	-
Postcode	560314
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	Hit and run / Vandalism / Damaged whilst parked
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 STATEMENT.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX6113Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LAI KENG LEONG PATRICK
NRIC No	SXXXX671I
Contact Number	(Phone) +65-98220504
Address	-
Address complement	-
Postcode	-

Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# SKETCH PLAN

## IMPORTANT NOTICE

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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. The 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.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand, acknowledge, agree and consent that :  
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :  
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;  
(ii) investigating the accident and/or my claims;  
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;  
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or  
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
(collectively the "Purposes")  
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and  
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



*[Signature]*

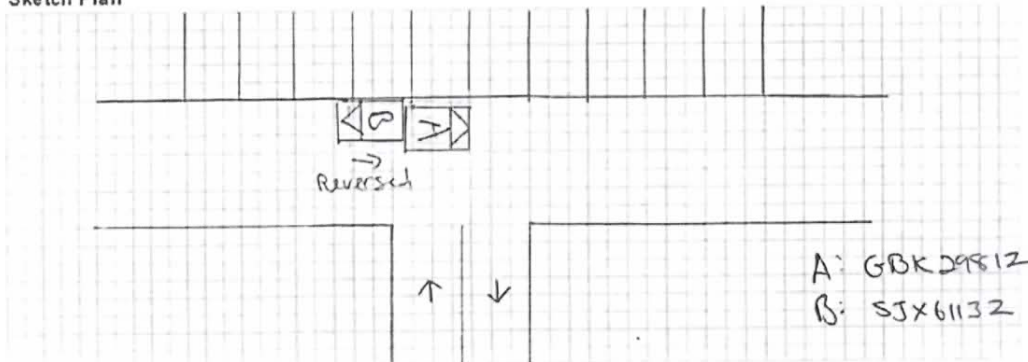
*[Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



**Describe Circumstances of the Accident**

My vehicle was completely stationary at the carpark of Bllk 302 Ubi Ave 1. While my vehicle was stationary waiting for parking lot, vehicle is without checking his rear mirror, decided to reversed and collided onto my vehicle.

**Declaration**

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



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*

Witnessed by Reporting Centre Personnel