

ASS. REC. BY:

REF:

SMO/ 21001422/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 _____ Yee Auto

of _____

Insured: _____

Policy No. _____

Claims No. CMTD2100254/THE

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: \$6K(est)

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 07 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 03/22 Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBT 687S Yr Regn: 03, 01

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

Truck / Trailer or _____ (m)

Make: 704 Liteage c.c. 2184

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 552377 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: CR42 0018059

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: _____

R: 165R13XH

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

TOYO / XOKO or

Front Rear

R/Bal. 2 mm R/Bal. 3 mm

L/Bal. 2 mm L/Bal. 3 mm

D.O.A. 22/1/21 D.O.I. 1/2/2021

Survey held at _____

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

N/S body

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

Date / Time Action / Instruction

1/ LTA Re 85678.00

02/02/21 @ 3.52pm revised to Thelma Choo by email.

10/09/21 Submit Uneconomical Total Loss Report.

Date/Time, File Pass to?

10/09 Typist

Date/Time, File Return to?

2)

: Prell. Report

: Final Report

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee: _____

: Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Report Format: TP-TL/U

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



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: yeeautopte ltd@gmail.com
Registration No.: 201719251W GST No: 201719251W

M/S: Somp Insurance Singapore Pte Ltd
50 Raffles Place
#03-03 Singapore Land Tower
Singapore 048623

Estimate No: ES2100012
Date: 01 Feb 2021
Policy No:
Veh Reg No: GBJ687S
Make/Model: TOYOTA LITEACE 5 DR
Chassis No: CR420018059
Engine No: 3C3903589
Reg. Date: 21/03/2001

ATTN: Motor Claim Department
Your Ref No: -
Claim Type: Third Party
Accident Date: 22/01/2021
TP Veh Reg No: SLV8941Z

Not Authorised

11 Sep @

Money After Pain

7 days

Estimate Repair Cost to Vehicle No :GBJ687S

Description	U/Price	Quantity	List Price S\$	Amount S\$
Spare Parts				
1 FRONT BUMPER	572.80	1 PC	572.80	X
2 FRONT BUMPER CLIPS	50.00	1 SET	50.00	X
3 FRONT BUMPER FOG LAMP COVER - LH	95.10	1 PC	95.10	X
4 FRONT BUMPER FOG LAMP GARNISH - LH	85.00	1 PC	85.00	X
5 FRONT BUMPER SIDE RETAINER - LH	137.20	1 PC	137.20	X
6 FRONT CORNER FENDER - LH	223.90	1 PC	223.90	X
7 FRONT DOOR - LH	1,268.50	1 PC	1,268.50	✓
8 FRONT DOOR HINGE BOTTOM - LH	82.50	1 PC	82.50	X
9 FRONT DOOR LOCK - LH	320.00	1 PC	320.00	X
10 FRONT DOOR REGULATOR - LH	280.00	1 PC	280.00	?
11 FRONT DOOR STICKER - LH	25.00	1 PC	25.00	✓
12 FRONT GRILLE	335.10	1 PC	335.10	X
13 FRONT GRILLE CLIPS	30.00	1 SET	30.00	X
14 FRONT HEADLAMP - LH	858.40	1 PC	858.40	X
15 FRONT SIDE LAMP - LH	195.20	1 PC	195.20	X
16 FRONT STEP GARNISH - LH	185.00	1 PC	185.00	X
17 FRONT STEP INNER PANEL - LH	265.00	1 PC	265.00	✓
18 FRONT STEP PANEL TOP GARNISH	165.10	1 PC	165.10	X
19 REAR SLIDING DOOR - LH	1,480.00	1 PC	1,480.00	✓
20 REAR SLIDING DOOR HINGE - LH (TOP)	186.40	1 PC	186.40	?
21 REAR SLIDING DOOR HINGE CENTRE	220.85	1 PC	220.85	?
22 REAR SLIDING DOOR LOCKER PANEL STEP COVER - LH	225.50	1 PC	225.50	X
23 REAR SLIDING DOOR LOWER HINGE - LH	230.90	1 PC	230.90	?
24 REAR SLIDING DOOR OUTER HANDLE - LH	126.40	1 PC	126.40	X
25 REAR SLIDING DOOR TRIM BOARD	380.55	1 PC	380.55	X
26 REAR SLIDING DOOR INNER LOCK - LH	380.45	1 PC	380.45	X
27 REAR SLIDING DOOR HOLDER - LH	85.15	1 PC	85.15	X
28 REAR SLIDING DOOR LOWER LOCK - LH	280.15	1 PC	280.15	?
29 REAR SLIDING DOOR CENTRE LOCK BRACKET - LH	230.15	1 PC	230.15	?
			9,000.30	9,000.30
Labour				
30 TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY.	1,200.00	1 JOB	1,200.00	800
31 TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION.	1,200.00	1 JOB	1,200.00	800
32 TO APPLY RUST- PROOFING ON REPAIRED, REPLACED PANEL.	150.00	1 JOB	150.00	90



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: yeeautopte ltd@gmail.com
Registration No.: 201719251W GST No: 201719251W

M/S : Somp Insurance Singapore Pte Ltd
50 Raffles Place
#03-03 Singapore Land Tower
Singapore 048623

ATTN: Motor Claim Department

Your Ref No: -

Claim Type: Third Party

Accident Date: 22/01/2021

TP Veh Reg No: SLV8941Z

Estimate No: ES2100012

Date: 01 Feb 2021

Policy No:

Veh Reg No: GBJ687S

Make/Model: TOYOTA LITEACE 5 DR

Chassis No: CR420018059

Engine No: 3C3903589

Reg. Date: 21/03/2001

Estimate Repair Cost to Vehicle No :GBJ687S

Description	U/Price	Quantity	List Price	Amount
			<u>S\$</u>	<u>S\$</u>
33 LABOUR TO REMOVE AND REPLACE FRONT DOOR COMPONENTS.	200.00	1 JOB	200.00	1200
34 TO CHECK WIRING FUNCTIONS.	100.00	1 JOB	100.00	200
			2,850.00	2,850.00
Total				S\$ 11,850.30
Add GST @ 7%				829.52
Total Amount Payable				S\$ 12,679.82

TOTAL: SINGAPORE DOLLAR TWELVE THOUSAND SIX HUNDRED SEVENTY NINE AND CENTS EIGHTY TWO ONLY

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:

For Yee Auto Pte Ltd



AUTHORISED SIGNATURE

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	22/01/2021 16:43 (SGT)
Date of Accident	22/01/2021 09:44 (SGT)
Exact Location of Accident	Thomson Rd, Singapore
Additional Location Information	THOMSON ROAD TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ687S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMPASS TRADING
Company Reg No	5XXXX993B
Email Address	HEYGSINGAPORE@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-90406866
Alternative Phone No	(Office) +65-90406866

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Liteace
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	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5106787316-01
Cover Note Number	-

DRIVER

Name of Driver	HO AH KWANG
NRIC No	SXXXX108H
Date Of Birth	12/05/1963
Occupation	Outdoor

Date Of Driving Pass	18/01/1986
Driving experience	35 YEARS
Gender	Male
Mobile Number	(Phone) +65-90406866
Alt. Phone Number	-
Email Address	HEYGSINGAPORE@YAHOO.COM.SG
Address	BLK 289B #09-323 COMPASSVALE CRESCENT
Address complement	COMPASSVALE CAPE
Postcode	542289
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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 - Major/Minor Rd
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

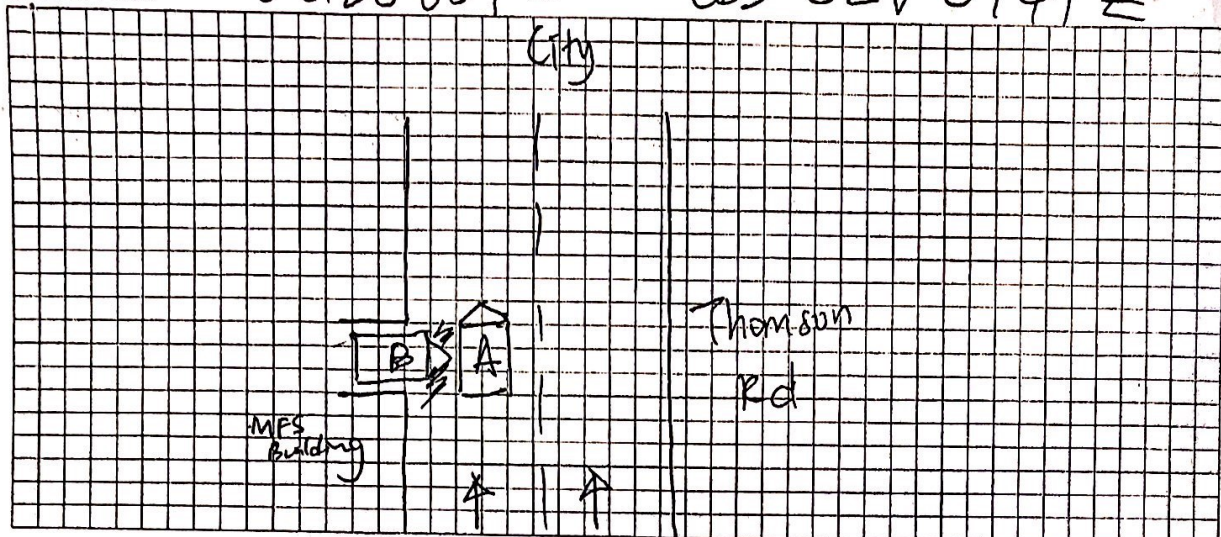
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV8941Z
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

(A) GBJ 687 S

(B) SLV 8941 Z

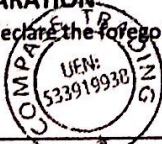


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/1/2021 at 9:45 am. I was driving my vehicle (A) GBJ 687 S along Thomson Rd towards City. As I was driving and go straight. Suddenly, the vehicle (B) SLV 8941 Z from left side small road dash out and hit onto my vehicle left portion. Then we and the driver move our vehicle to the front to exchange particular.

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.: