

Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s: Lian He
 of _____
 Insured: _____
 Policy No. DMB1SNW00005762000
 Claims No. SNM21D200639C02
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

 N/S O/S	

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

Bal. or Market Value: _____ Consistent? : Yes or No
 IDAC Accident Rport: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 02 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLR 238ZT Yr Regn: 08, 17
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____

Make: Toy CHR c.c. 1797
 Colour: M. P. White A/C: Insured / Std / NI / NA
 Sp. Reading: 291202 T/Radio: Insured / Std / NI / NA

Eng No: _____
 C/No: ZYX10 20108PP
 Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or
 Brakes: In order / Jammed / Leaked / Burnt or

Mod: NI / S/Rim / STD / R/m or
 Tyre Size: F: 215/60R17
 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / XOKO or _____

Front		Rear
R/Bal. <u>7</u> mm		R/Bal. <u>7</u> mm
L/Bal. <u>7</u> mm		L/Bal. <u>7</u> mm
D.O.A. <u>18/1/21</u>		D.O.I. <u>2/2/2021</u>

Survey held at _____
 Des. of Damages: FR? Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
09/02/21 @ 2.31pm	revised to Adeline Chng by email
	Kenneth confirmed LS \$2350, 2 days. (Red \$1569.62, 40%)

Date/Time, File Pass to? : Prell. Report
 : Final Report
 1) 10/02 Typist

Days Of Repair: 2
 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 / L.B. (\$ 2350)

Lian Her Motors

Blk 5038 #01-405 Ang Mo Kio Industrial Park 2 Singapore 569541
H/p 91082728

Fax : 64816131

China Taiping Insurance (Singapore) Pte Ltd
3 Anson Road #15-00
Springleaf Tower
Singapore 079909

Vehicle No : SLR 2387 J
Make : Toyota C-HR
Year : 2017

Not Authorized
U/Sup &
Resurvey After Paint
2 days

Qty	Description	Unit Price	Amount
<u>Estimate Cost Of Repair</u>			
1 pc	Front n/s headlamp assy		<i>CU</i> \$1,804.30 ✓
1 pc	Front bumper		\$985.70 ?
1 pc	Front bumper lower grille		<i>Inc</i> \$115.10 X
1 pc	Front bumper lower bumper		<i>Cur</i> \$499.30 ✓
1 pc	Front no plate holder		<i>Inc</i> \$75.10 X
			\$3,479.50
		Less 25 %	\$869.88
			\$2,609.62
<u>S Nett</u>			
1 pc	Front no plate		<i>Ord</i> \$40.00 ✓
20 pcs	Clip	\$2.00	\$40.00 ?
			\$80.00
<u>Labour Charges</u>			
	Remove/renew the above parts including knocking, welding etc.		\$600.00 <i>300</i>
	To putty & spray paint on accident affected portion.		\$600.00 <i>200</i>
	Check and reconnect wiring.		\$30.00 <i>20</i>
	Total		<u>\$3,919.62</u>

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:

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 18/01/2021 11:24 (SGT)
Date of Accident 18/01/2021 09:00 (SGT)
Exact Location of Accident Near 1 Burgundy Dr, Singapore 658804
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR2387J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner H L Car Rental Pte Ltd
Company Reg No 2XXXXX543E
Email Address carrental.lh@gmail.com
Mobile Phone No (Phone) +65-97687073
Alternative Phone No (Office) +65-64817221

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number DMHCSNA00002722000
Cover Note Number -

DRIVER

Name of Driver Lee Jin Hock
NRIC No SXXXX132B
Date Of Birth 22/10/1972
Occupation Outdoor

Date Of Driving Pass 02/06/1998
 Driving experience 22 YEARS AND 7 MONTHS
 Gender Male
 Mobile Number (Phone) +65-98510080
 Alt. Phone Number -
 Email Address alex.leejh8888@gmail.com
 Address 14 St. George Road #03-54
 Address complement -
 Postcode 320014
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Paid Driver
 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) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name UNKNOWN
 Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Traffic Police
 Police Station Phone No (Phone) +65-65470000
 Alt. Police Station Phone No (Fax) +65-65474900
 Police Station Address 10 Ubi Avenue 3 Singapore 408865
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

Please refer to police report.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number CB9839S
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -

