

ASS. REC. BY:

REF: AG2/ 210019251K9

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. _____

Claims No. _____

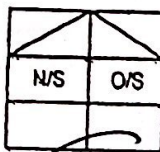
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

3pm

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or NoLum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLT 1828E Yr Regn: 10, 17Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy CHR C.C. 1797Colour: M-Blue A.C.: Insured / Std / NI / NASp. Reading: 233660 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: EXY10 2055892Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD A/Rlm orTyre Size: F: 215/60R17

R: _____

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

TOYO / YOKO or

Sunwide

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 5/2/21D.O.I. 9/2/2021

Survey held at

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

) S - RS. \$

) Fines

) Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$) _____

Date: 05.02.2021
Vehicle No: SLT1826E
Model: TOYOTA CHR HYBRID 1.8S
Chassis: ZYX102055892-2017
Reg.Year: 2017

Third Party Insurer: AGI
Third Party Veh No: SKG7611Z
Date of Accident: 05.02.2021

Not Authorized
Resurvey B4 point
3dgs

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER	1	<i>Bu</i>	\$878.60
2	REAR BUMPER SIDE BRACKET RH	1		\$118.40
3	REAR BUMPER TOWING COVER	1		<i>pu</i> \$36.70
4	REAR BUMPER GARNISH COVER RH	1		\$89.30
5	REAR BUMPER REINFORCEMENT	1		\$322.00
6	REAR BUMPER LOWER LIP COVER	1		<i>pu</i> \$366.70
7	REAR END PANEL UPPER COVERING	1		\$250.00
8	REAR END PANEL	1		REPAIR
9	REAR TAILGATE	1		REPAIR
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> 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 				
SUB TOTAL				\$2,061.70
LESS 25%				-\$515.43
PARTS TOTAL				\$1,546.28

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER CLIPS	1		<i>pu</i> \$50.00
2	REAR BUMPER REVERSE SENSOR	1		\$300.00
3	REAR END PANEL UPPER COVERING CLIPS	1		<i>nn</i> \$30.00
S/N TOTAL				\$380.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST REAR ACCIDENT AREAS & ETC. \$700.00 *300*

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR BUMPER, REAR END PANEL, REAR TAILGATE & ETC. \$700.00 *220*

LABOUR CHARGES TO REMOVE & REPLACE REAR BUMPER REVERSE SENSOR & ETC \$100.00 *50*

TO CHECK WIRING & ELECTRICAL SYSTEM & ETC. \$80.00 *15*

LABOUR TOTAL \$1,580.00

TingAn

TOTAL \$3,506.28

Head office

8 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind Park 2A #01-05 Singapore 568047
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011



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 05/02/2021 11:47 (SGT)
Date of Accident 05/02/2021 08:45 (SGT)
Exact Location of Accident Boon Lay Way, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT1826E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CRAFT LEASING PTE LTD
Company Reg No 2XXXXX381N
Email Address admin@craftleasing.com
Mobile Phone No (Phone) +65-93833162
Alternative Phone No (Office) +65-64844115

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 hire

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5109925523-01
Cover Note Number -

DRIVER

Name of Driver ANDREW YANG ZONGMIN
NRIC No SXXXX032Z
Date Of Birth 13/11/1984
Occupation Outdoor

Date Of Driving Pass 09/12/2005
 Driving experience 15 YEARS AND 2 MONTHS
 Gender Male
 Mobile Number (Phone) +65-96992680
 Alt. Phone Number +65-89089198
 Email Address slayergods@gmail.com
 Address BLK 183A RIVERVALE CRESCENT #07-263
 Address complement
 Postcode 541183
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Hirer
 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 - Head to Rear
 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

PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED.

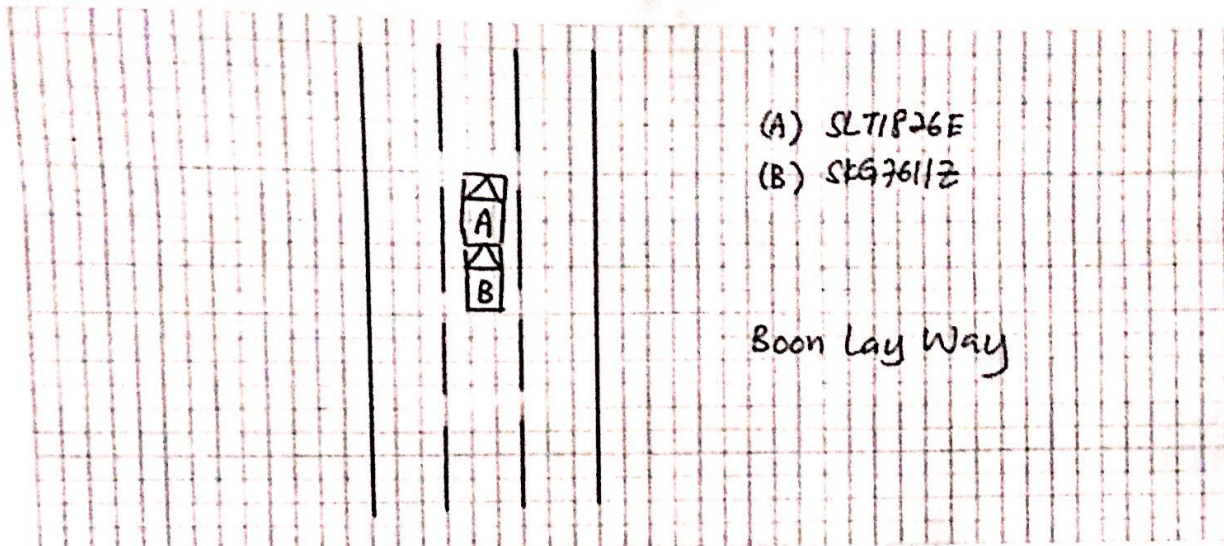
ATTACHMENT(S)

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 SKG7611Z
 Vehicle Manufacturer Honda
 Vehicle Model
 Vehicle Variant
 Vehicle Colour
 Vehicle Category Private car
 Name of Driver MUHAMMAD ALI KHURRAM
 NRIC No SXXXX279D
 Contact Number (Phone) +65-88063500
 Address
 Address complement
 Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5/2/2021 at about 8:45am, I was travelling at along Boon Lay Way. The vehicle in front of me slow down and stop then I followed suit. Suddenly, I felt an impact from behind. I alighted and realised vehicle (B) SKG7611Z hit onto my vehicle (A) SLT1826E rear portion.

After accident, we exchange particular.

DECLARATION

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

Policyholder's Signature
Date & Time: 5/2/21

GUARANT SketchPlanForm_V3

Driver's Signature
(If driver is not the policyholder)
Date & Time: 5/2/21

Reporting Centre Personnel's Signature
Name: Joelle Tan
NRIC/FIN No.: AMK AUTOPoint PTE LTD
05.02.2021