ASS. REC. BY: Kenneth | REF: AGW/2100308 3/kt

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Convince

of 04-04

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: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 06 days Res.: Yes or No

Lum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: GBK 4411P Yr Regn: 07, 20

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

Make: Ft Toyota (M) Hiace c.c 2982

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

Sp.Reading 13473 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFHT02P 900250509

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 195 R15X8

R: _____

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	5 mm
D.O.A.	5/3/21	D.O.I.	9/3/2021

Survey held at _____

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S - RS. _____ SI

Fuel: _____

Others: _____

TOTAL: _____

Report Format :

Lump Sum / I.B.I: (S _____)

CONVINCE

ESTIMATE

GST Regn No. : 200516575H
Co .Regn No. : 200516575H
Estimate No : E2103001
Date : 08/03/2021
Accident Date : 05/03/2021
Claim No : TP Claim
Policy No .: 5118361868
Chassis No .: JTFHT02P900250509
Year : 2020

M/S: **AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED**
190 Clemenceau Avenue
#03-01
Singapore Shopping Centre
Singapore 239924

Not Workshop
Reserve B4 paint
6 days

Tel: 6221 2111 **Fax:** 6725 0853

Attn : **Motor Claim Department**

Make & Model : Toyota Hiace

Vehicle No.: GBK4411P

S/No	Description	Qty	Unit Price	Amount
	List Item :			
1	Rear Bumper	1	$ 693.00	$ 693.00
2	Rear Bumper Side Retainer LH	1	$ 54.30	$ 54.30
3	Rear Bumper End Panel	1	$ 358.20	$ 358.20
4	Tail Gate Assy	1	$ 1,896.20	$ 1,896.20
5	Tail Gate Stopper RH	1	$ 42.70	$ 42.70
6	Tail Lamp RH	1	$ 211.86	$ 211.86
7	Tail Lamp Lower Cover RH	1	$ 125.57	$ 125.57
8	Tail Lamp Lower Cover Bracket RH	1	$ 83.45	$ 83.45
9	Rear Fender RH	1	$ 1,583.30	$ 1,583.30
10	Rear Fender Air Vent RH	1	$ 58.12	$ 58.12
11	Emblem	1	$ 63.00	$ 63.00
				$ 5,169.70
	- List Item Discount 25%			$ 1,292.43
				$ **3,877.28**
	Special Nett Item :			
1	Sticker "70km/h"	1	$ 15.00	$ 15.00
2	Sticker "Toyota Hiace"	1	$ 52.35	$ 52.35
3	Rear Bumper Clip	10	$ 3.50	$ 35.00
4	Reverse Sensor	1	$ 250.00	$ 250.00
5	Rear Windscreen Glass Sealant	1	$ 50.00	$ 50.00
6	Company Logo "KSL ENGINEERING PTE LTD"	1	$ 250.00	$ 250.00
				$ **652.35**

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:

CONVINCE AUTO PTE LTD
176 Sin Ming Drive #04-04 Sin Ming Autocare Singapore 575721
Tel: +65 6556 1131 Fax: +65 6553 1131 Email: convinceapl@convinceauto.com.sg

CONVINCE

ESTIMATE

M/S: AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED
190 Clemenceau Avenue
#03-01
Singapore Shopping Centre
Singapore 239924

Tel: 6221 2111 Fax: 6725 0853

Attn : Motor Claim Department

GST Regn No. : 200516575H
Co .Regn No. : 200516575H
Estimate No : E2103001
Date : 08/03/2021
Accident Date : 05/03/2021
Claim No : TP Claim
Policy No .: 5118361868
Chassis No .: JTFHT02P900250509
Year : 2020

Make & Model : Toyota Hiace

Vehicle No.: GBK4411P

S/No	Description	Qty	Unit Price	Amount
	Labour :			
1	To Repair Panel Beating, Welding & Straighten Damaged parts And Replace Above Parts On Damaged Area.	1	$ 1,200.00	$ 1,200.00
2	To Spray Painting Affected Area.	1	$ 1,500.00	$ 1,500.00
3	To Remove & Refix Reverse Sensor	1	$ 150.00	$ 150.00
4	To Apply Anti-Rust	1	$ 150.00	$ 150.00
5	To Check Wiring Function	1	$ 50.00	$ 50.00
6	To Apply Joint Sealant	1	$ 100.00	$ 100.00
7	To Remove & Refix Rear Windscreen Glass	1	$ 200.00	$ 200.00
8	To Check & Test Water Seapage	1	$ 80.00	$ 80.00
	Labour Item :			$ 3,430.00
			TOTAL :	$ 7,959.63
			GST 7% :	$ 557.17
			Total Amount :	$ 8,516.80

CONVINCE AUTO PTE LTD

SS2121360001 / STA Inspection Pte Ltd[575627]
ENTRY DATE & TIME: 06/03/2021 11:48 (SGT)
SUBMITTED BY: Mohamad Farez Bin Jalil
VERSION: 1 (06/03/2021 11:48 (SGT))

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 witholding 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	06/03/2021 11:48 (SGT)
Date of Accident	05/03/2021 14:00 (SGT)
Exact Location of Accident	Lor Ah Soo, Singapore
Additional Location Information	JUNCTION OF SLIP ROAD LORONG AH SOO TOWARDS HOUGANG AVENUE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK4411P

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	K S L ENGINEERING PTE LTD
Company Reg No	1XXXXX637K
Email Address	mary@atstraffic.com.sg
Mobile Phone No	(Phone) +65-68995833
Alternative Phone No	(Office) +65-68995833

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	5118361868
Cover Note Number	-

DRIVER

Name of Driver	SHAJIB MD RIAZ MURSHED
Passport No/FIN	GXXXX800U
Date Of Birth	23/04/1987

Occupation	Outdoor
Date Of Driving Pass	09/06/2014
Driving experience	6 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81824034
Alt. Phone Number	-
Email Address	mary@atstraffic.com.sg
Address	30 MARSILING LANE
Address complement	-
Postcode	739149
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 - 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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ANAMOL
Gender	Male

PASSENGER 2

Name	RAHMAN MAKSUDUN
Gender	Male

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

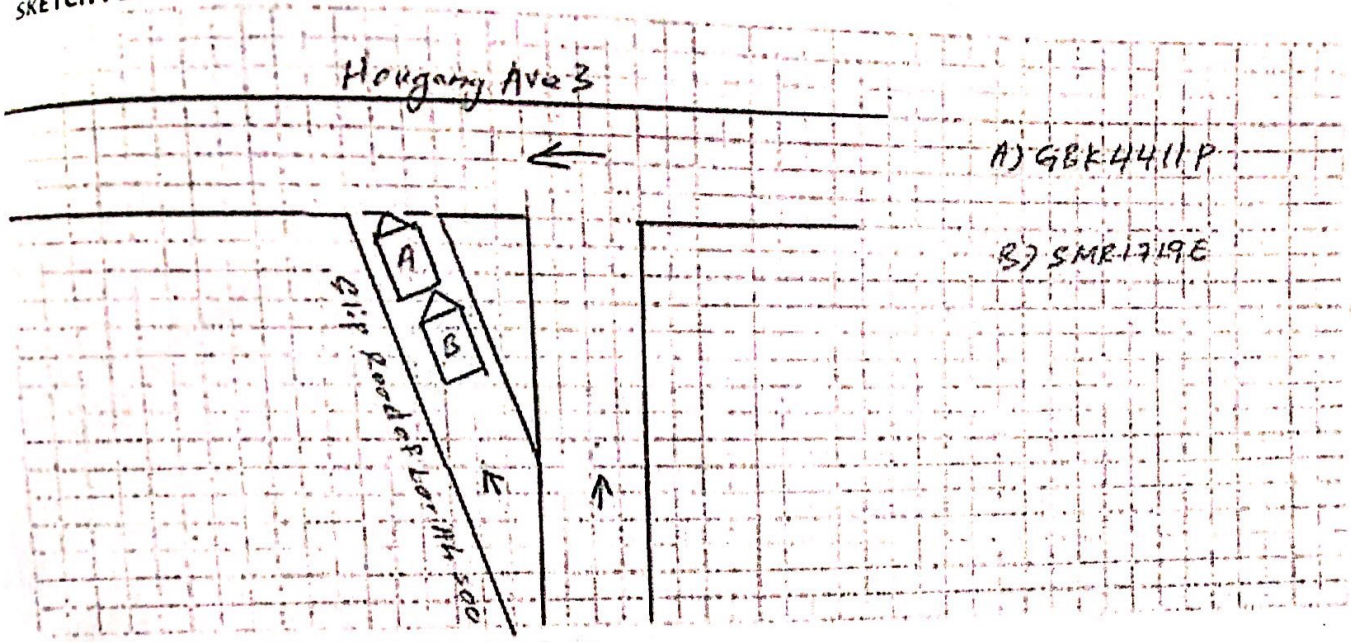
ATTACHMENT(S)

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	SMR1719E
Vehicle Manufacturer	Subaru
Vehicle Model	Xv

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/02/2021 about 14:00. I was driving at my vehicle A (GBK4411P) from Lor A4 300 towards Hougang Ave 3. At the junction of the slip road. I stop my vehicle for checking oncoming traffic. A few second later, I felt an impact from behind. I got down from my vehicle and checking. realised that the vehicle B (SMR1719E) hit onto rear of my vehicle. We exchange particulars for insurance purpose.

DECLARATION

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

KSL Engineering Pte Ltd

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.: