

ASS. REC. BY:

REF: AIG / 210040661K

Kenneth

ASSIGNMENT

Front: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s MBM

of _____

Insured: _____

Policy No. _____

Claims No. _____

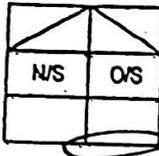
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: GBH 8999A Yr Regn: 09, 16

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

Truck / Trailer or

Make: Toyota Dyna cc 2802

Colour: Silver AC: Insured / Std / NI / NA

Sp. Reading: 133574 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFA 735400K 206412

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: M / S/Rim / STD A/Rim or

Tyre Size: F: 195R15XP

R: 155R12XP (0)

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

TOYO / YOKO or Double Star

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 55 mm

L/Bal. 8 mm L/Bal. 55 mm

D.O.A. 25/3/21 D.O.I. 5/4/2021

Survey held at _____

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

Rear O/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prel. Report

1) _____

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Transportation

S - RS, SI

Fuel

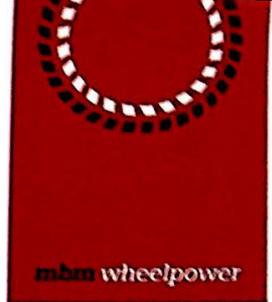
Others

TOTAL

Report Format :

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

MBM WHEELPOWER PTE. LTD.



YOUR REF.: SMY6880J
 OUR REF.: GBH8999A

*Not Authorized
 Assembly After Paint
 3 days*

TO:
 CC: MOTOR CLAIMS DEPARTMENT

DATE: 26 March 2021
 FROM: Alvin Koh
 FAX: 64525333
 CONTACT: 81387188
 MAKE & MODEL: TOYOTA DYNA 150 MANUAL
 CHASSIS NO.: JTFAT35Y00K206412
 ENGINE NO.: 1KD2610364
 YEAR MADE: 2016
 ACCIDENT DATE: 25 March 2021

FAX:

ESTIMATE FOR VEHICLE NO.: GBH8999A

NO.	DESCRIPTION	PART NO.	QTY.	LIST PRICE
1	SIDE BOARD RH		1	\$ 1,043.00 X
2	SIDE BOARD HINGE RH		5	\$ 500.00 X
3	SIDE BOARD LOCK RH		1	\$ 176.00 ✓
TOTAL:				\$ 1,719.00
LESS 25%:				\$ (429.75)
PARTS TOTAL:				\$ 1,289.25

SPECIAL NETT

POWER TAIL GATE	LR	Not	1	\$ 13000.00
POWER TAIL GATE CHAIN LOCKER LH			1	\$ 412.00 X
POWER TAIL GATE CHAIN LOCKER RH			1	\$ 412.00 X
TAIL LAMP HOLDER LH			1	\$ 564.00 ✓
TAIL LAMP HOLDER RH			1	\$ 564.00 ✓
TAIL LAMP LH			1	\$ 287.00 X
TAIL LAMP RH			1	\$ 287.00 X
HYDRAULIC OIL			1	\$ 153.00
STICKER - SIDE BOARD UNIQUE MOTORSPORTS PTE LTD LH			1	\$ 160.00 X
STICKER - SIDE BOARD UNIQUE MOTORSPORTS PTE LTD RH			1	\$ 160.00 ✓
STICKER - POWER TAILGATE UNIQUE MOTORSPORTS			1	\$ 130.00 X
STICKER - POWER TAILGATE 70KM/H			1	\$ 50.00
STICKER - POWER TAILGATE BREAKDOWN HOTLINE 87818995			1	\$ 50.00 X
SIDE RAILING LH			1	\$ 250.00 X
SIDE RAILING RH			1	\$ 250.00 X
CHECKER PLATE - SIDE BOARD RH			1	\$ 800.00 X

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: _____

LABOUR

TO REMOVE & REFIT POWER TAILGATE	300l	2,300.00
TO REMOVE & REFIT TAIL LAMP HOLDER	120l	250.00
TO REMOVE & REFIT POWER TAILGATE CHAIN LOCKER	nn	250.00 X
TO REMOVE & REFIT SIDE BOARD STICKER	30l	100.00
TO REMOVE & REFIT SIDE BOARD CHECKER PLATE TO FACILITATE REPLACEMENT	nn	150.00 X
TO REMOVE & REFIT POWER TAILGATE HOSES & REFILL HYDRAULIC OIL	nn	180.00 X
TO REMOVE & REFIT CENTER TAILGATE EXTENSION TO FACILITATE REPLACEMENT	nn	150.00 X
TO CHECK & RECONNECT ALL NECESSARY WIRING	15l	50.00
TO SPRAY PAINT ON THE AFFECTED AREAS	250l	1,000.00
TOTAL:		\$ 22,248.25
7% GST:		\$ 1,557.38
GRAND TOTAL:		\$ 23,805.63

MBM WHEELPOWER PTE. LTD.
 160 SIN MING DRIVE, #06-02
 SIN MING AUTOCITY
 T 6262 8888 F 6452 5333
 COMPANY REG. NO.: 200204110W



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 26/03/2021 13:43 (SGT)
Date of Accident 25/03/2021 20:18 (SGT)
Exact Location of Accident Commonwealth Ave W, Singapore
Additional Location Information TWDS CLEMENTI
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH8999A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner UNIQUE MOTORSPORTS PTE LTD
Company Reg No 2XXXXX910H
Email Address DAPHNE@UNIQUEMOTORSPORTS.COM.SG
Mobile Phone No (Phone) +65-65154978
Alternative Phone No (Office) +65-65154978

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00018302004
Cover Note Number -

DRIVER

Name of Driver CHONG CHEE HAO
Passport No/FIN GXXXX410M

Date Of Birth 17/02/1990
 Occupation Outdoor
 Date Of Driving Pass 31/10/2019
 Driving experience 1 YEAR AND 5 MONTHS
 Gender Male
 Mobile Number (Phone) +65-86848999
 Alt. Phone Number -
 Email Address DAPHNE@UNIQUEMOTORSPORTS.COM.SG
 Address 3 SANDILANDS RD #05-03
 Address complement -
 Postcode 546066
 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) 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 SKETCH PLAN

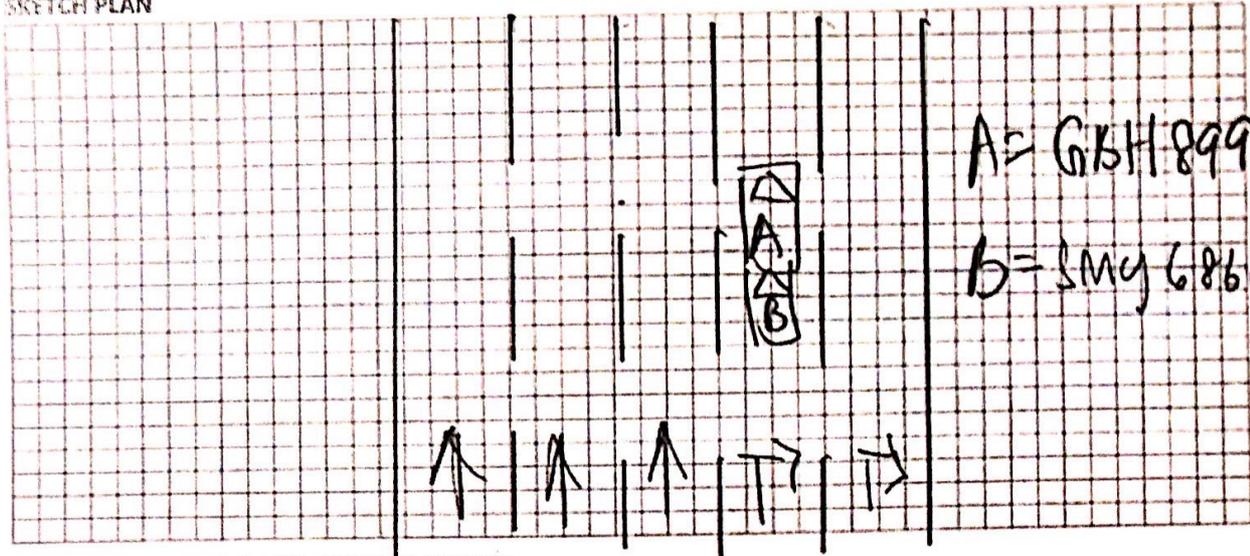
ATTACHMENT(S)

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 SMY6860J
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -
 Address -
 Address complement -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/3/2014 at 2018 hrs, I was at the junction of Commonwealth Ave west Inds Clementi, while waiting for the lights to turn green. Moments later I felt an impact from my rear and realized vehicle B had collided onto my vehicle.

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.: