REF: C771/

Kenneth

ASSIGNMENT

From: Date:

Estimated Cost:

OD / [✓ TP] / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s Gvan Motor

of

Insured:

Policy No.

Claims No.

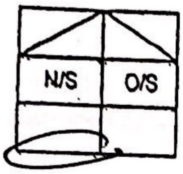
Sum Insured: Excess:

(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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS

Date: 06'23 Person Contacted: Vehicle: IN / OUT

Veh No: GBB 4651J Yr Regn: 06, 08

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

Make: Toy Hiace c.c 2982

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

Sp.Reading 240083 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFHT02P800023196

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: 195R15x8

R:

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

Front			Rear		
R/Bal.	9	mm	R/Bal.	9	mm
L/Bal.	9	mm	L/Bal.	9	mm

D.O.A. 1/4/21 D.O.I. 6/4/2021

Survey held at

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

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

Date / Time	Action / Instruction
1	

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. S)

Photos

Others

TOTAL

Report Format :

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

Scanned with CamScanner

源摩哆廠
GUAN MOTOR WORKS
Business Regn. No: 08102600E
176 Sin Ming Drive #02-03 Sin Ming Autocare Singapore 575721 Tel: 6453 6111 Fax: 6453 8292 H/P: 9742 6003

Not Authorise
L/Sup &
Recovery After Paint
6days

REPAIR ESTIMATE FOR GBB465H

No.	Qty	List Items				
1	1	Rear bumper	$	Rg	517.20	✓
2	2	Rear bumper side clips	$	Mich	60.00	✓
3	4	Rear bumper inner bracket	$		154.00	?
4	1	Rear bumper inner reinforcement	$		382.00	?
5	1 set	Rear bumper clips	$	Nr	40.00	✓
6	1	LH taillamp	$	CM	577.20	✓
7	1	LH taillamp lower garnish	$		94.80	?
8	1	Rear tailgate	$	Rg	2,162.72	✓
9	1	Rear tailgate centre "TOYOTA" logo	$	Nr	66.20	✓
10	1	Rear tailgate LH "TOYOTA" emblem	$	Nr	24.00	✓
11	1	Rear tailgate LH "HIACE" emblem	$	Nr	39.00	✓
12	1	Rear tailgate top lock	$	K	289.70	X
13	1	Rear tailgate central lock	$	K	260.10	X
14	1	Rear tailgate lower lock catch	$	K	85.00	X
15	1	Rear tailgate weatherstrip	$	Mix/Nr	391.20	50Sn
16	1	Rear tailgate inner trim board	$	Sn	186.70	X
17	1 set	Rear tailgate inner board clips	$	Nn	50.00	X
18	1	Rear end panel inner	$		1,104.70	?
19	1	Rear end panel outer	$	Rg	580.10	✓
20	1	Rear floor panel top beam	$	Bn	270.70	✓
21	1	Rear lower spare tyre carrier	$	K	247.80	X
			$		7,583.12	
		Less 25%	$		1,895.78	
		Total :	$		5,687.34	

		Special Nett Items				
22	1 set	Reverse sensors	$	Shon	250.00	200Sn
23	1 set	Rear windscreen sealant	$	Nr	80.00	40Sn
24	1 set	Rear end panel sealant	$	Nr	80.00	30Sn
25	1	Rear tailgate LH "70km/h" sticker	$	Nr	15.00	✓
		Total :	$		425.00	

	Labour			
1	Labour Charges for remove/refit, cutting/welding and replacement of damages.	$	1,000.00	700d
2	To putty and spray Spray Paintings charges.	$	1,000.00	700d
3	To remove, refit rear windscreen glass.	$	140.00	120d
4	To check wirings and lightings.	$	60.00	20d
5	To remove, refit reverses sensors.	$	80.00	50d
6	To remove, refit rear tailgate fittings.	$	80.00	60d
7	To remove, refit rear upholstery and attachments.	$	120.00	60d
8	To supply and apply anti rust treatment	$	90.00	60d
	Total :	$	2,570.00	

Total Parts and Labour : $ 8,682.34

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 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	05/04/2021 11:39 (SGT)
Date of Accident	01/04/2021 17:40 (SGT)
Exact Location of Accident	427 Bukit Panjang Ring Rd, Singapore 670427
Additional Location Information	ALONG BUKIT PANJANG RING ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB465H ✓

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LONG PANG LEASING
Company Reg No	5XXXX773E
Email Address	longpang53@gmail.com
Mobile Phone No	(Phone) +65-940472789
Alternative Phone No	+65-94047289

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
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	D19MFL0001879-01
Cover Note Number	-

DRIVER

Name of Driver	SIM KENG BOON
NRIC No	SXXXX258I

Date Of Birth	02/02/1974
Occupation	Outdoor
Date Of Driving Pass	22/09/1995
Driving experience	25 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98383823
Alt. Phone Number	-
Email Address	francissim22@gmail.com
Address	BLK 622 622 SENJA ROAD
Address complement	#20-84
Postcode	670622
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 SKETCH PLAN

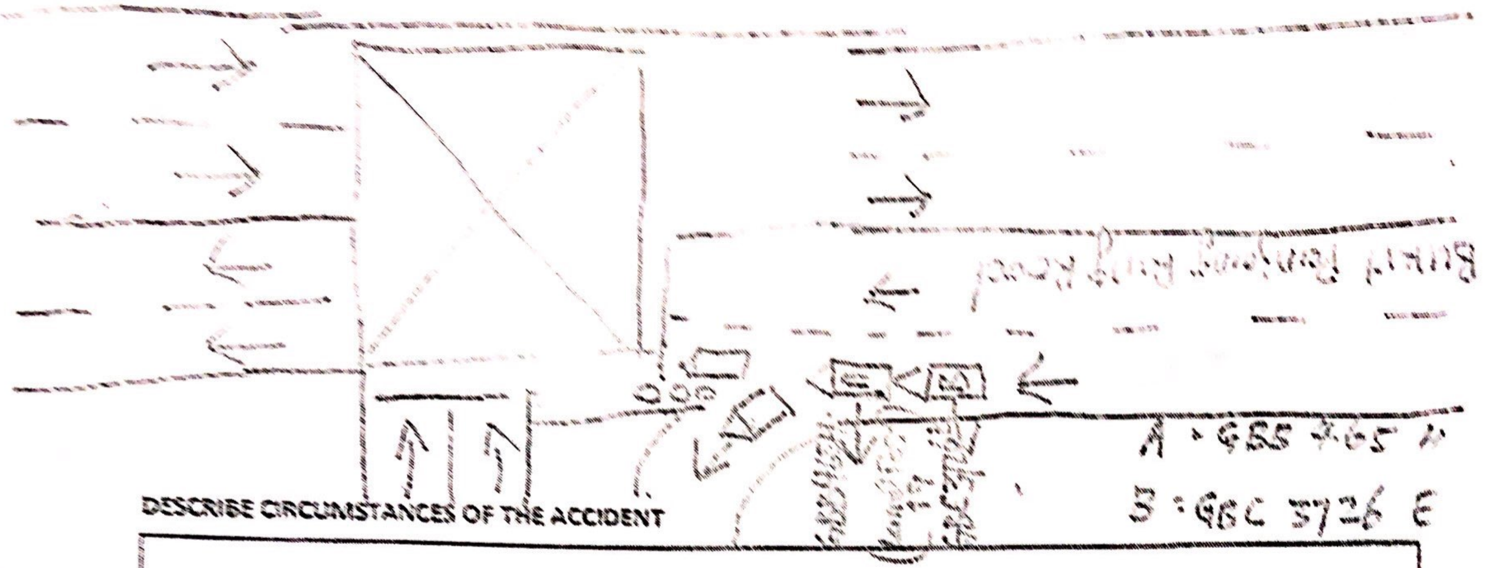
ATTACHMENT(S)

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	GBC3726E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LEMAN BIN GHANI
NRIC No	SXXXX002E
Contact Number	(Phone) +65-88661778
Address	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/04/21 17:40 I on the way to Segar Rd Pass by Bukit Panjang Ring Road, Traffic Light Just Change to Green light, Suddenly the GBC5726E (B) Hit the back of my van GBB465H (A)

DECLARATION

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

LONG PANG LEASING

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:
3/4/21/11.50AM

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: