

CSI/CTH/2100 98071Kqf3

Kenrick

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

CO/TP/WS/UP/RS/OD/RS/EA/AY/UY

To Inspect Vehicle No: GBH 5137R

at Workshop no: K Kim Han

of _____

Insurat: SMW 6928J

Policy No: DMPCSNW00025792100

Claims No: SNM21D202169/C02

Sum Insurat: _____ Excess: _____

(Client's Record)

Make of Veh: 1.30pm

(Policy Condition)

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

NS	OS

Est. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

GA / FR Seen: _____ Consistent?: Yes or No

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

Lum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: GBH 5137R Yr Regn: 06, 18

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

Truck / Trailer or _____

Make: Toy / Hiace c.c. 2882

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

Sp. Reading: 01541 T/Radio: Insured / Std / NI / NA

Exp No: _____

GN: JTI-14702F 20024 3336

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: M / SRM / STD A/RM or

Tyre Size: F: 195R15X8

R: _____

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Sal: 4 mm R/Sal: 3 mm

L/Sal: 4 mm L/Sal: 3 mm

D.O.A: 26/3/21 D.O.I: 20/4/2021

Survey held at _____

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

015 Rec

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

Date / Time	Action / Instruction
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21/4/2021 @ 12.57pm Revised to Pauline Tham via Merimen.

14/07/21 @ 12.30pm Sandra informed they are pending for liability issue & the vehicle not yet repaired.

14/07/21 Submit Preli. report. - The vehicle has not send in for repair.

Date/Time, File Pass to? : Prel. Report

14/07 Typist : Final Report

Date/Time, File Return to? _____

2) _____

Report Format: MER-TP

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

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee:

Transportation: _____

S - RS: \$ _____

Fuel: _____

Others: _____

TOTAL

SG601st

金興(龔)汽車私人有限公司

160 Sin Ming Drive, #02-20,
Sin Ming AutoCity, Singapore 575722
Tel: 6452 7018 Fax: 6458 3895
Email: service@kkimhin.com.sg

No. : 31740

Vehicle Insured : SMW 6928 J
Accident Date : 26-Mar-2021

Not Authorised

Date : 01-Apr-2021

Our Ref : 021107 (CHINA) / SANDRA

3days

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HEXCEL GLOBAL PTE LTD
Singapore

ESTIMATED COST OF REPAIR FOR TOYOTA HIACE VAN(MT)(2982cc)(2018) GBH5137R

1 pc rear bumper		R 454.30	?
1 pc RH rear bumper side retainer		R 33.40	X
10 pcs rear bumper clips	@ S\$ 5.50	55.00	?
		<u>542.70</u>	
	Less 25% :	-135.68	
			407.02

To remove, cut out damaged parts,
panel beating, welding, align,
refix and to renew affected parts.

2501
300.00

To putty and respray on affected
portions.

4801
700.00

Total : S\$ 1,407.02

Singapore Dollars ONE THOUSAND FOUR HUNDRED SEVEN
AND CENTS TWO Only

Note: Amount quoted above is subject to prevailing GST at time of tax invoice.

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 30/03/2021 20:30 (SGT)
Date of Accident 26/03/2021 11:30 (SGT)
Exact Location of Accident Paya Lebar Rd, Singapore
Additional Location Information PAYA LEBAR ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH5137R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HEXCEL GLOBAL PTE LTD
Company Reg No 2XXXXX522G
Email Address ADMIN@HEXCELSOLUTIONS.COM
Mobile Phone No (Phone) +65-65626211
Alternative Phone No (Office) +65-65626211

VEHICLE PARTICULARS

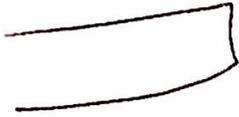
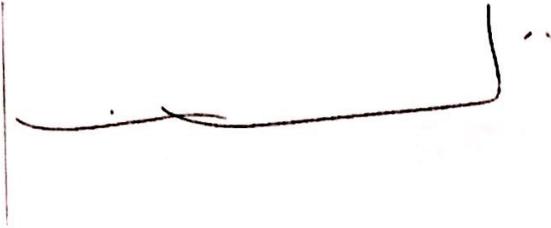
Manufacturer Toyota
Model Hiace
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

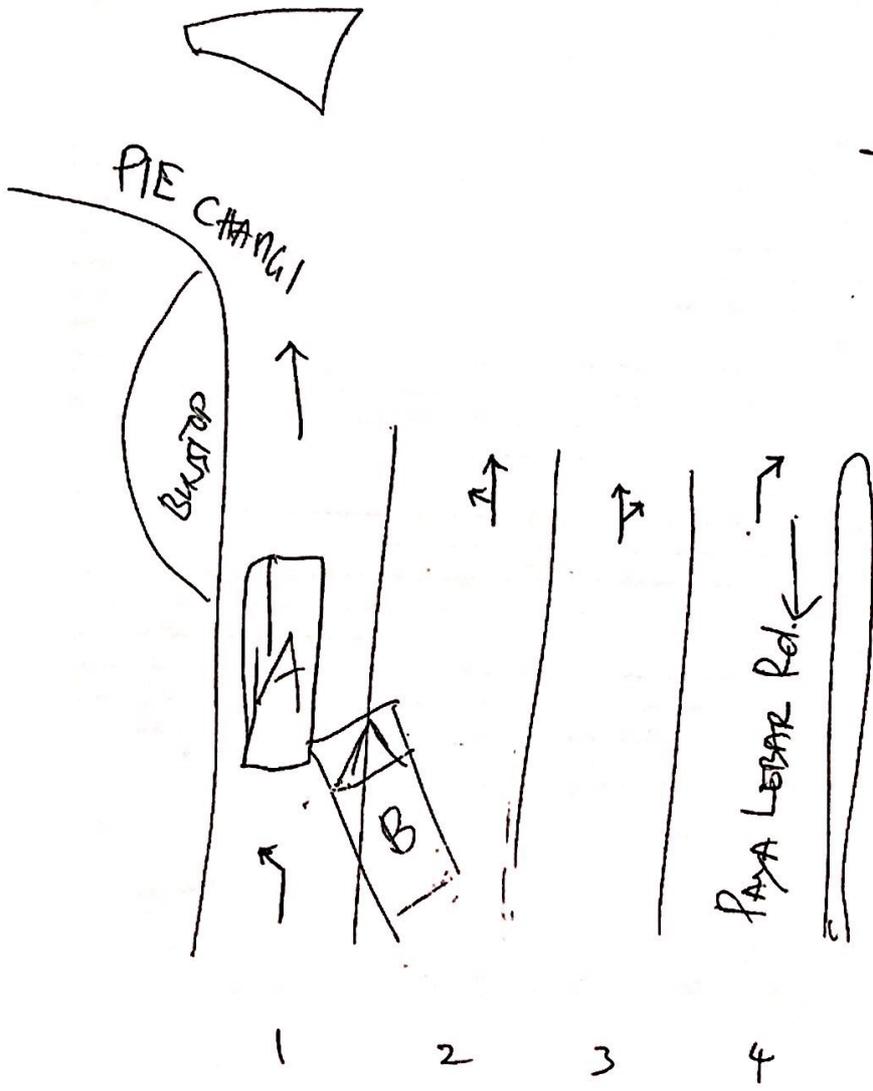
Name of Insurance Company United Overseas Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DHOM110174082000
Cover Note Number -

DRIVER

Name of Driver ARNOLD MARALANG QUITO
Passport No/FIN GXXXX595U



A: GBH 5137 R
B: SMW 6928 J



PIE TUAS
→

[Signature]
Arifolli m.o