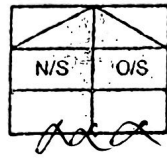


ASS. REC. BY: Steve REF: CS/MSG 210049S9/ELF3

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: SLL 9063D
Policy No. 30001722266
Claims No. 256144
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: _____ days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: G06 96784 Yr Regn: 14/12/17
Type: Motor Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Toyota Hycle c.c. 2982
Colour: White A/C: Insured / Std / NI / N
Sp. Reading: 127222 T/Radio: Insured / Std / NI / N
Eng/No: _____
C/No: R04 2010236655
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Mod: NII / S/Rim / STD / A/Rim or
Tyre Size: F: 106 195 R15C
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or GT radial
Front Rear
R/Bal. 4 mm R/Bal. 4 mm
L/Bal. 4 mm L/Bal. 4 mm
D.O.A. 17/4/21 D.O.I. 21/4/21
Survey held at Think One
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	<u>MV- 62K</u>
<u>6/7/21</u>	<u>Steve call workshop, vehicle has not send in for repair</u>
<u>7/7/21</u>	<u>Submit preli report-revised fig \$3715.25, check items \$348</u>
<u>28/10/21</u>	<u>Steve confirmed LS \$2250 (Red 3679.50, 62%)</u>

Date/Time, File Pass to? ☒ : Preli. Report
☐ : Final Report
Date/Time, File Return to? 7/7/21-Typist

Days Of Repair: 3
Resurvey No. of Trip: _____

Rep. Form: Merimen
Lump Sum / L.E.B. : _____

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

Survey Fee:	
Transportation:	
S + RS, SI	
Photos	
Others	
TOTAL	

Think One Autocare Pte Ltd
No.60 Jalan Lam Huat #02-32 Carros Centre
Singapore 737869 9793 8472 mch1

Steve (LKK) 8322 8813
Steve Chen @ LKK Auto.com
21/4/21, 1-0pm
3 dys, L/S

GBG9678A TOYOTA HIACE

No	Qty	PARTICULAR	DATE	20.04.2021
1	1	TAIL GATE		AMOUNT S\$
2	1	TAIL GATE AUTO LOCK SENSOR X nn		2,062.00
3	1	TAIL GATE (LOGO) EMBLEM		855.00
4	1	REAR BUMPER		165.00
5	1	REAR BUMPER FOOT STEP		1,260.00
6	2	REAR BUMPER SIDE RETAINER		221.00
			121.50	243.00
			\$	4,806.00
		LESS 25%	\$	1,201.50
			\$	3,604.50

No	Qty	PARTICULAR	SPECAIL NETT	AMOUNT S\$
1	1	70 KM/H STICKER	— MC	25.00
2	1	REVERSE SENSOR	— OR	200.00
				\$ 225.00

LABOUR & MISCELLANEOUS:

1	To remove damaged body parts with all necessary components/attach-ments apply hot-works where necessary repair,reshape body dented panels in accordance with factory specifications replace new parts refit and align into position refit all necessary components/attachments	499	800.00
2	To spray paint replaced/repared body parts inclusive of preparatory works and painting materials	250	800.00
3	To transfer tail gate components with all necessary attachments	50	150.00
4	To remove,refix rear windscreen glass and water test	120	150.00
5	To install reverse sensor and test funtion	30	100.00
6	Apply anti rust solution on affected areas	30	100.00
		\$	2,100.00

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	20/04/2021 14:43 (SGT)
Date of Accident	17/04/2021 11:45 (SGT)
Exact Location of Accident	1 Woodlands Street 13, Singapore 738597
Additional Location Information	blk 185 multi carpark
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG9678A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	THINK ONE LEASING PTE LTD
Company Reg No	2XXXXX609M
Email Address	RAJ@TOL.COM.SG
Mobile Phone No	(Phone) +65-96788288
Alternative Phone No	(Office) +65-65553300

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	2500

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	20-ML000183-R00
Cover Note Number	-

DRIVER

Name of Driver	THAM LEE MENG
NRIC No	SXXXX024C



Date Of Birth	29/05/1985
Occupation	Outdoor
Date Of Driving Pass	15/02/2005
Driving experience	16 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90701736
Alt. Phone Number	-
Email Address	RAJ@TOL.COM.SG
Address	BLK 517 WOODLANDS DRIVE 14
Address complement	#02-255
Postcode	730518
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	Collided into Parked Vehicle
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

ON 17.04.2021 AT ABOUT 11:45HRS MY VEHICLE BEARING NUMBER GBG9678A WAS PARKED AT THIRD FLOOR PARKING LOT OF MULTI CARPARK WLW185 3AFLOOR WHILE VEHICLE NUMBER SLL9063D DRIVE DOWN FROM UPPER FLOOR COLLIDED ON MY REAR PORTION CAUSE DAMAGED.

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 II

Vehicle Registration Number	SLL9063D
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	WONG PENG YIN
NRIC No	SXXXX494B