

ASS. REC. BY:

REF:

LPC/

Kenneth

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: _____

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 05 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

09/15

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBA 5469U Yr Regn: 10, 05

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

Truck / Trailer or _____

Make: Toy Hrac c.c. 2982Colour: Prin A/C: Insured / Std / NI / NASp. Reading: 431768 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFHS02P800.020821Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: M / S/Rlm / STD A/Rlm orTyre Size: F: 195R15X8

R: _____

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

TOYO / YOKO or Arivo

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 5/5/21 D.O.I. 14/5/2021

Survey held at _____

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

O/S body

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation

S - RS. \$

Photos

Others

TOTAL

Report Format :

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

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



YEE AUTO PTE LTD

160 Sin Ming Drive #02-17/#07-12 Sin Ming AutoCity Singapore 575722
 Tel: 6457 5768 Fax: 6252 8459 Mobile: 9687 4031
 Email: yeeautopteltd@gmail.com
 Registration No.: 201719251W GST No: 201719251W

M/S: LONPAC INSURANCE BHD
 300, BEACH ROAD
 #17-04/07, THE CONCOURSE
 SINGAPORE 199555

ATTN: Motor Claim Department
 Your Ref No: -
 Claim Type: Third Party
 Accident Date: 05/05/2021
 TP Veh Reg No: GBC5253P

Estimate No: ES2100048
 Date: 14 May 2021
 Policy No:
 Veh Reg No: GBA5469U
 Make/Model: TOYOTA HIACE AUTO
 Chassis No: JTFHS02P800020821
 Engine No: 2KD1302609
 Reg. Date: 31/10/2005

Estimate Repair Cost to Vehicle No :GBA5469U

Description	U/Price	Quantity	List Price	Amount
			SS	SS
Net Price				
1 BODY STICKER - RH	400.00	1 PC	400.00	180.00
2 WHEEL RIM HUP CAP - RH	180.00	1 PC	180.00	180.00
			580.00	580.00
Spare Parts				
3 REAR BODY PANEL - RH	2,585.50	1 PC	2,585.50	2,585.50
4 REAR BUMPER SIDE RETAINER - LH	64.50	1 PC	64.50	64.50
5 REAR BUMPER SIDE RETAINER - RH	64.50	1 PC	64.50	64.50
			2,714.50	2,714.50
Labour				
6 TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY.	1,600.00	1 JOB	1,600.00	1,600.00
7 TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION.	1,600.00	1 JOB	1,600.00	1,600.00
8 TO APPLY RUST- PROOFING ON REPAIRED, REPLACED PANEL.	120.00	1 JOB	120.00	120.00
9 TO REMOVE/REFIT PASSENGER SEAT TO FACILITATE REPAIRS.	200.00	1 JOB	200.00	200.00
10 TO CHECK WIRING FUNCTIONS.	50.00	1 JOB	50.00	50.00
11 WHEEL ALIGNMENT	120.00	1 T	120.00	120.00
			3,690.00	3,690.00
			Total	SS 6,984.50

Add GST @ 7% 488.92

Total Amount Payable SS 7,473.42

TOTAL: SINGAPORE DOLLARS SEVEN THOUSAND FOUR HUNDRED SEVENTY THREE AND CENTS FORTY TWO ONLY

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:

For Yee Auto Pte Ltd



AUTHORISED SIGNATURE

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	06/05/2021 12:02 (SGT)
Date of Accident	05/05/2021 14:00 (SGT)
Exact Location of Accident	Fajar Rd, Singapore
Additional Location Information	Fajar Road near Fajar LRT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA5469U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Flex Logistics Pte Ltd
Company Reg No	2XXXXX477R
Email Address	flexlogistics.ops@yahoo.com
Mobile Phone No	(Phone) +65-97643800
Alternative Phone No	(Home) +65-97643800

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	Auto
CC	2494

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00103792000
Cover Note Number	-

DRIVER

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. The 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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

FLEX LOGISTICS PTE. LTD.
UEN: 202009477K

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

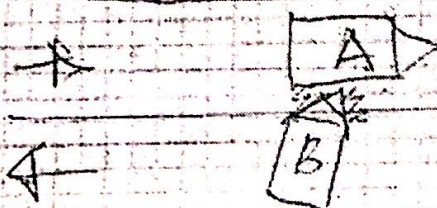
Witnessed by Reporting Centre Personnel

Sketch Plan

(A) GBA5469U

(B) GBL5253P

Fajar LRT



Fajar Rd



Blk 420
BIDF Fajar