

ASS. REQ. BY:

REF:

C721

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OO/TP/WS/TP RES/OO RES/EVA/INV/MV

To inspect Vehicle No:

at Workshop no'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.

Est. or Market Value:

IDAC Accident Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

03

days

Res.: Yes or No

Lum Sum:

20

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

GK 8888L

Yr Regn:

01, 13

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

Truck / Trailer or

(A) Pick Up

Make:

Ssang Yong A200S 1998

Colour:

M. Brown

AG: Insured / Std / NI / NA

Sp. Reading

123817

TRadio: Insured / Std / NI / NA

Eng/No:

ChNo:

KPADA1ETS CP739745

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

205 R16 X8

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

TOYO / YOKO or

Kapsen

Front

R/Sal.

9

mm

Rear

R/Sal.

9

mm

L/Sal.

9

mm

L/Sal.

9

mm

D.O.A.

28/5/21

D.O.I.

31/6/2021

Survey held at

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

O/S Rear

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

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format:

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



# CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE #01-60/62, SIN MING ROAD, SINGAPORE 575643  
TEL: 6453 1235, 6452 0850 FAX: 6453 7944  
24hrs Towing Services Tel 9823 9898  
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

CHINA TAIPING INSURANCE (S) PTE LTD

NO. 3  
ANSON RD  
SPRINGLEAF TOWER  
SINGAPORE 079909

Contact :-

Fax No. : 62247175

*Not Notified*  
*1/1 Sep 21*  
*Money After Pain*  
*3 days*

Estimate : QUOT202105-000881(00)

Date : 28/05/2021

Vehicle No. : GK8888L

Make/Model : SSANGYONG ACTYON SPORTS  
D/CAB 2.0 6AT 2WD 4DR D/AB

Mileage (km) : 0

Chassis No. : KPADA1ETSCP139745

Accident Date : 28/05/2021 00:00:00

Claim No. : GBH5440P

Reference : JO202105-1112

Policy No. : 5108068823-02

S/No	Particular	Quantity	Unit Price	Amount S\$
<b>LIST ITEMS :</b>				
1	Tailgate logo	1.0	68.00	na 68.00 X
2	Tailgate emblem - ssangyong	1.0	128.00	na 128.00 X
3	Tailgate emblem - sports	1.0	65.00	na 65.00 X
4	Tailgate emblem - Actyon	1.0	65.00	na 65.00 X
5	RH taillamp	1.0	585.00	na 585.00 ✓
6	Rear bumper	1.0	1,080.00	na 1,080.00 ✓
7	Rear Bumper clips	12.0	4.00	na 48.00 ✓
8	Rear bumper retainer RH	1.0	55.00	na 55.00 X
9	Rear bumper reflector RH	1.0	88.50	na 88.50 X
List Total :				2,182.50
10% Discount S\$				218.25
				1,964.25
<b>NET ITEMS :</b>				
1	Reverse sensor	1.0	250.00	na 250.00 X
				250.00
				0.00
				250.00
<b>LABOUR :</b>				
	- To check and wiring	1.0	45.00	200 45.00
	-To knock jackout damaged parts, panel beating,welding, align, refix and to renew accident parts	1.0	450.00	2500 450.00
	- Spray painting on affected & replace parts	1.0	650.00	4000 650.00
				1,145.00

**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: Page 1 of 1

Date:

Total S\$: 3,359.25  
GST 7% S\$: 235.15  
Amount Due S\$: 3,594.40

for CITY AUTO PTE LTD



# 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 judgement 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	28/05/2021 15:12 (SGT)
Date of Accident	28/05/2021 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 4 DEFU LANE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GK8888L
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIN HONG POH METAL TRADING
Company Reg No	5XXX408E
Email Address	ongkongjiak@gmail.com
Mobile Phone No	(Phone) +65-96212810
Alternative Phone No	+65-96212810

### VEHICLE PARTICULARS

Manufacturer	Ssangyong
Model	Actyon
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	Auto
CC	1998

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5108068823-02
Cover Note Number	-

### DRIVER

Name of Driver	TAN BOON HUI
NRIC No	SXXXX349B



## IMPORTANT NOTICE

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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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.

**CITY AUTO PTE LTD**

Blk 8, Sg Ming Road  
#01-58/60/62 Sg Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)



*Tan Boon Hei*

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

Witnessed by Reporting Centre  
Personnel

Sketch Plan

