

ASS. REC. BY:

REF:

EQ1

CC3/EQ121007130/Kqf3

Kenneth

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. DM21HO00927/MT

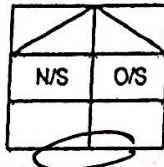
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: Smk 896 U Yr Regn: 10.15Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or 21Make: Handa Vezel c.c. 1496Colour M.P. White A/C: Insured / Std / NI / NASp. Reading 229202 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: RU1 1103164Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rlm / STD / Rlm orTyre Size: F: 215/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or \_\_\_\_\_

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 2 mm R/Bal. 2 mmL/Bal. 2 mm L/Bal. 2 mmD.O.A. 25/6/21 D.O.I. 28/6/2021

Survey held at \_\_\_\_\_

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

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

Date / Time Action / Instruction

30/06/21 @ 10.16am Email GIA report, estimate &amp; revised to EQ1.

Kenneth confirmed LS \$4100 (Red \$3333.20, 45%)

Date/Time, File Pass to?

☐ : Prell. Report

1) 12/07 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_) S - RS \$ \_\_\_\_\_☐ : Interview (\$ \_\_\_\_\_) Pairs☐ : Tech Invs (\$ \_\_\_\_\_) Others☐ : Weekend (\$ \_\_\_\_\_)

TOTAL

Report Format: TP

Lump Sum LB1 (\$ 4100)

# 威利摩多 WEI LEE MOTOR WORKS

BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32,  
SINGAPORE 575644.  
TEL: 456 9830 • FAX: 455 3986  
Business Regn No : 269436/00J

28, Jun 2021

EQ Insurance Company Ltd  
5 Maxwell Road #17-00 Tower Block MNO Complex  
S069110

Attn: Motor claim dept-3<sup>rd</sup> party claim  
Claiming against your insured vehicle no:GBD8501Z  
Accident involving vehicle no: SMK896U/GBD8501Z  
DOA: 25/06/2021 AT CTE (city) before Braddell Lane 2

Dear sir,

Re: Estimate cost of repair for vehicle no: SMK896U

To supply:

| Description                           | Qty | Amount   |
|---------------------------------------|-----|----------|
| Tailgate                              | 1   | 1,472.00 |
| Rear door board                       | 1   | 136.00   |
| Tailgate absorber @ 129.80            | 2   | 259.60   |
| Tailgate lock                         | 1   | 174.90   |
| Tailgate reflector @296.40            | 2   | 592.80   |
| End panel                             | 1   | 474.10   |
| End panel top garnish                 | 1   | 84.90    |
| Rear bumper                           | 1   | 508.80   |
| Rear bumper side @118.50              | 2   | 237.00   |
| End panel top garnish aluminium cover | 1   | 75.00    |
| Taillamp @462.60                      | 2   | 925.20   |
| Boot weather strip                    | 1   | 165.30   |
| Tailgate auto lock motor              | 1   |          |
| Tailgate bezel emblem                 | 1   | 52.50    |
| EH logo                               | 1   | 45.10    |

| Description              | Qty | Amount   |
|--------------------------|-----|----------|
| Tailgate                 | 1   | 1,472.00 |
| Rear door board          | 1   | 136.00   |
| Tailgate absorber        | 2   | 259.60   |
| Tailgate lock            | 1   | 174.90   |
| Tailgate reflector       | 2   | 592.80   |
| End panel                | 1   | 474.10   |
| End panel top garnish    | 1   | 84.90    |
| Rear bumper              | 1   | 508.80   |
| Rear bumper side         | 2   | 237.00   |
| End panel top garnish    | 1   | 75.00    |
| Taillamp                 | 2   | 925.20   |
| Boot weather strip       | 1   | 165.30   |
| Tailgate auto lock motor | 1   |          |
| Tailgate bezel emblem    | 1   | 52.50    |
| EH logo                  | 1   | 45.10    |

**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: [Signature]

Date:

Vehicle no: SMK896U

Reverse sensor stop

To remove/transfer rear windscreen glass to New door

To remove damaged parts and attachments

Repair/reshape all dented areas

Repair/straighten rear chassis

Replace/align all parts into position

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1,442.00

116.00

285.00

174.80

592.80

474.10

84.90

508.80

237.00

75.00

925.20

1220.00

160.00

52.50

45.10

Amount

1,495.00

1,900.00

259.50

134.90

592.80

474.10

84.90

508.80

237.00

75.00

925.20

1220.00

160.00

52.50

45.10

Amount

1,495.00

1,900.00

259.50

134.90

592.80

474.10

84.90

508.80

237.00

75.00

925.20

1220.00

160.00

52.50

45.10

Amount

1,495.00

1,900.00

259.50

134.90

592.80

474.10

84.90

508.80

# 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 25/06/2021 15:53 (SGT)  
Date of Accident 25/06/2021 10:00 (SGT)  
Exact Location of Accident Singapore  
Additional Location Information CTE(CITY) BEFORE BRADDELL LANE 2  
Country/State of Loss Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK896U

### INSURED/POLICYHOLDER

Is company? Yes  
Name Of Registered Owner KH LEASING PTE. LTD.  
Company Reg No 201611813C  
Email Address KAHUPLEASING@GMAIL.COM  
Mobile Phone No (Phone) +65-85182081  
Alternative Phone No +65-85182081

### VEHICLE PARTICULARS

Manufacturer Honda  
Model Vezel  
Variant -  
Exact purpose for which vehicle was being used at time of accident Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party  
Vehicle Category Private hire  
Transmission Auto  
CC 1500

### INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd  
Type of Coverage ThirdParty  
Fleet Policy No  
Policy Number 5108804196-01  
Cover Note Number -

### DRIVER

Name of Driver TIONG CHING KEONG  
NRIC No S0163993E

Accident report SN07216P000G

(2000) 1000

**THE**

THE UNIVERSITY OF CHICAGO PRESS

Accounting Center, University of Illinois at Chicago  
Chicago, IL 60607-7143  
U.S.A.

Accident photos available for attachment?  
Were any video captured by Car Camera?  
Were any audio recorded?

Yes  
No  
No

Good Police Centre  
150000  
20  
9 8000000 1000 700 1000 1000

### DETAILS OF OTHER VEHICLE PROPERTY 1

Registration Number  
Manufacturer  
Model  
Variant  
Colour  
Category  
Type of Driver  
Port No/FIN  
Contract Number  
Access  
Access complement  
Access code  
Insurance Company Name  
Type of Damage  
Details of property damaged in accident  
Of Passenger (Including Driver)

GBD8501Z  
-  
-  
-  
-  
Commercial vehicle  
SOHAG  
G6502863N  
(Phone) +65-98323599  
-  
-  
-  
-  
-  
-  
-  
3

### INJURED PERSONS DETAILS

Injured Person  
Name of injured person  
Address  
Address Complement  
Post Code  
Approximate Age Years Old  
Injuries Sustained  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?

TIONG CHING KEONG  
-  
-  
-  
-  
-  
SMK896U  
Yes  
No

KEONG