

ASS. REG. BY:

REF:

CS/TP21007526/Kqc

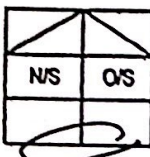
Kennaeth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s 1411 Yau
 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.



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKR 39472 Yr Regn: 02, 15
 Type: MCar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toy Hammer cc 1988
 Colour: M. Black A/C: Insured / Std / NI / NA
 Sp. Reading: 232077 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: ESU 60 . 0028325
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Mod: NI / S/Rlm / STD / A/Rlm or _____
 Tyre Size: F: _____ R: 235/60R18
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Continental
 Front R/Bal. 7 mm Rear R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 29/6/21 D.O.I. 5/7/2021
 Survey held at _____
 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>11/5/21</u>	<u>84250/ (Red \$6658.12, 65%)</u>

Date/Time, File Pass to?

☐ : Prell. Report

11/5/07 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL

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

Report Format: TP

Lump Sum / T.D.T. (\$) 4250

輝陽汽車有限公司 HUI YANG MOTOR PTE. LTD.

Contact Add : SIN MING AUTOCARE Blk 176 Sin Ming Drive #04-02 Singapore 575721
Tel: 64515752 (2 Lines) . Fax: 64514658
GST Reg No. 201629438M

29/06/2021

Owner: TAY-JIXIANG

ESTIMATE TO REPAIR TOYOTA HARRIER 2.0 - SKR3947Z

1pc	rear tailgate	1712.05	Ry	\$ 1,812.40	✓
1pc	rear tailgate logo		nn	\$ 72.55	X
1pc	rear tailgate logo base		ln	\$ 281.80	X
1pc	rear tailgate outer garnish		ln	\$ 372.40	X
1pc	rear tailgate inner lock		nd	\$ 374.45	✓
1pc	rear tailgate inner rubber		nd 1801	\$ 381.90	5081n
1pc	rear tailgate inner garnish		ln	\$ 561.80	X
1pc	rear tailgate glass moulding		nn	\$ 191.50	✓
1pc	rear tailgate inner auto switch		ln	\$ 258.28	X
2pcs	rear taillamp lower bracket @\$181.85		ln	\$ 363.70	X
1pc	rear bumper	1395.30	Ry	\$ 1,718.40	✓
1pc	rear bumper reinforcement		nir	\$ 561.60	X
1pc	rear bumper sponge		cm	\$ 182.10	✓
2pcs	rear bumper side retainer @\$132.25		ln	\$ 264.50	X
1pc	rear bumper diffuser	486.	nd 1801	\$ 691.50	✓
2pcs	rear bumper parking sensor @\$281.50		ln	\$ 563.00	X
2pcs	rear bumper parking sensor cover @\$121.50		ln	\$ 243.00	X
15pcs	rear bumper clip @\$5.00		nn	\$ 75.00	✓
1pc	rear end panel		ln	\$ 974.25	1801n
1pc	rear end panel inner garnish	374.60	nd 1801	\$ 481.50	✓
1pc	rear float panel sponge		ln	\$ 385.20	X

less 25%

remove & refit rear windscreen glass

sealant

tuffkote

wiring

spray painting

labour charges

Total

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:

\$ 10,810.83

\$ 2,702.71

\$ 8,108.12

\$ 120.00 ✓

nec \$ 80.00 401n

\$ 100.00 301

\$ 100.00 201

\$ 1,200.00 6601

\$ 1,200.00 501

\$ 10,908.12



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 30/06/2021 10:11 (SGT)
Date of Accident 29/06/2021 15:15 (SGT)
Exact Location of Accident TPE, Singapore
Additional Location Information TPE AFT PUNGGOL WAY EXIT 10
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKR3947Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TAY-JIXIANG
Company Reg No 5XXXX229D
Email Address vincentay66@outlook.sg
Mobile Phone No (Phone) +65-91165595
Alternative Phone No +65-91165595

VEHICLE PARTICULARS

Manufacturer Toyota
Model Harrier
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 Private hire
Transmission Auto
CC 1986

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5110138027-01
Cover Note Number -

DRIVER

Name of Driver TAY CHIN KEONG
NRIC No SXXXX729B

Date Of Birth 10/05/1964
 Occupation Outdoor
 Date Of Driving Pass 19/02/1982
 Driving experience 39 YEARS AND 4 MONTHS
 Gender Male
 Mobile Number (Phone) +65-91165595
 Alt. Phone Number -
 Email Address vincentay66@outlook.sg
 Address 9F YUAN CHING RD #03-66
 Address complement -
 Postcode 618648
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured OWN COMPANY
 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 Collision - Head to Rear
 Weather Conditions Raining
 Road Surface Wet

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 vehicle or property damaged? Yes
 Number of Passengers (Including Driver) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name GRAB PASSENGER
 Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Ang Mo Kio Division Headquarters
 Police Station Phone No (Phone) +65-18002180000
 Alt. Police Station Phone No (Fax) +65-64814246
 Police Station Address 51 Ang Mo Kio Avenue 9 Singapore 569784
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

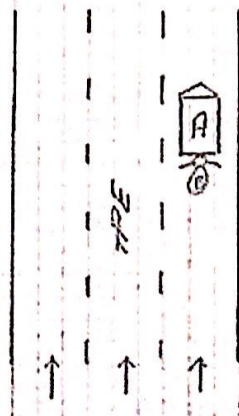
Vehicle Registration Number FBP8278E
 Vehicle Manufacturer -

SKETCH PLAN

Along TPE after Ponggol Way exit 10

Vehicle A - SKR39472

Vehicle B - FBP8278E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attached Police Report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

TAY-JIXIANG
UEN NO: 63743270

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: