

Taufik

CS/ASW 21007660/TitC-

ASSIGNMENT

Veh No: SM X6603K. Yr Regn: 202/1 Jan.

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

Truck / Trailer or

Make: Toyota Voxy Hybrid C.C. 1777

Colour Black A/C: Insured / Std / NI / NA

Sp. Reading 38/59 T/Radio: Insured / Std / NI / NA

Eng/No: 120104577

C/No: _____

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or _____

N/S	O/S

Tyre Size: F: 175/65/14

R: 7 7

BS / DIUN / FYNova / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO/YOKO or

Front Rear

R/Bal.	6	mm	R/Bal.	6	mm
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L/Bal.	(	mm	L/Bal.	(	mm
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D.O.A. _____ D.O.I. 2/7/21

Survey held at Phu Hong

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

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

9164K

Consistent? ; Yes or No

Consistent? : Yes or No

days Res.: Yes or No

%	3 Val.: Yes or No
100	100
90	90
80	80
70	70
60	60
50	50
40	40
30	30
20	20
10	10
0	0

- WP -

Vehicle: IN / OUT

[illegible]

☐: Prel. Report

☐ : Final Report

Report Format : _____
Lump Sum / L&L (%) _____)

Resurvey No. of Trip: _____

Transportation:

$$S + RS \rightarrow S$$

) Photos

) Others

TOTAL

Add Fee: ☐ : Site Insp (\$)

 : Interview (\$

Tech. Invs (\$)

Walden (S)

OOHRA Y RENTAL PTE. LTD.

8 Kaki Bukit Avenue 4, Premier@Kaki Bukit #06-31 Singapore 415875

Tel: (65) 6661 9687 Fax: (65) 6241 6697

Estimate Repair List

HHTPClaims21-47

14 July 2021

AXA INSURANCE PTE LTD
8 SHENTON WAY #24-01
AXA TOWER
SINGAPORE 068811

Attn: Motor Claims Department

ACCIDENT INVOLVING SMX 6603 R & SHC 948 E ON 10/07/2021 ALONG TOH GUAN ROAD (SERVICE ROAD) AT ABOUT 2245 HOURS

Insured : HUA HONG PTE LTD
Vehicle Registration No : SMX 6603 R
Vehicle Make : TOYOTA
Vehicle Model : VOXY HYBRID 1.8X CVT
Vehicle Chassis No : ZWR800452750
Policy No : 5109921641-02-000358
Date of Accident : 10/07/2021

Type of Claim: Third Party

S/N	Quantity	Description	Unit Price S\$	Amount S\$
				\$ 3,122.75 <i>de</i>
1	1	Rear Bumper		
2	2	Rear Bumper Side Retainer (LH/RH)	\$ 362.10	\$ 724.20 <i>PH</i>
3	10	Rear Bumper Clips	\$ 5.00	\$ 50.00 <i>Zone</i>
4	1	Rear Bumper Reflector (RH)		\$ 129.30 <i>x</i>
5	1	Rear Tailgate		\$ 4,221.40 <i>bt</i>
6	1	Rear Tailgate Lock		\$ 1,606.83 <i>?</i>
7	1	Rear Tailgate Weather Strip		\$ 1,253.31 <i>?</i>
8	1	Rear Tailgate Emblem		\$ 214.50 <i>ner</i>
9	1	Rear Windscreen Moulding		\$ 118.80 <i>ner</i>
10	1	Rear End Panel		\$ 2,295.00 <i>Ry</i>
11	1	Rear End Panel Top Garnish		\$ 542.10 <i>x</i>
				\$ 14,278.19
			Less 20%	\$ (2,855.64)
				\$ 11,422.55
12	1	Sealant	NETT	\$ 45.00 <i>ner</i>
21	1	Rear Reverse Sensor	NETT	\$ 200.00 <i>ner</i>
		To cut & weld rear end panel. Change rear bumper rear tailgate. Knocking all area affected by accident		\$ 800.00 <i>500</i>
		To perform wire checking		\$ 50.00 <i>30</i>
		To transfer rear tailgate mechanism to new tailgate		\$ 80.00 <i>60</i>
		To dismantle & transfer rear tailgate mechanism & fittings to new tailgate		\$ 80.00 <i>x</i>
		To dismantle & refit rear windscreen		\$ 120.00 <i>✓</i>
				\$ 12,797.55

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(SERVICE ROAD) AT ABOUT 2245 HOURS

Estimate Repair List for vehicle SMX 6603 R - Toyota Voxy

Balance B/F \$ 12,797.55

To spray rear end panel, rear bumper, rear tailgate and all affected area

\$ 800.00 450

\$ 13,597.55

7% GST

\$ 951.83

Total

\$ 14,549.38


Authorised by Claims Dept

Taufik 97495743

WP 21/7/6 @ 1pm

Plp Resurvey before paint

4 days

~~taufik@lkkauto.com~~

taufik@lkkauto.com

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	12/07/2021 16:34 (SGT)
Date of Accident	10/07/2021 22:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TOH GUAN RD (SERVICE RD)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX6603R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HUA HONG PTE LTD
Company Reg No	2XXXXXX309M
Email Address	CLAIMS@HUAHONG.COM.SG
Mobile Phone No	(Phone) +65-66619688
Alternative Phone No	(Office) +65-66619688

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Voxy
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	1797

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5109921641-02-000358
Cover Note Number	-

DRIVER

Name of Driver	LIM JENG CHYAN
NRIC No	SXXXX230G

Date Of Birth	14/11/1980
Occupation	Outdoor
Date Of Driving Pass	29/09/2000
Driving experience	20 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94579077
Alt. Phone Number	-
Email Address	CLAIMS@HUAHONG.COM.SG
Address	BLK 210 CHOA CHU KANG CENTRAL #11-160
Address complement	-
Postcode	680210
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	Hit and run / Vandalism / Damaged whilst parked
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 vehicle 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

REFER TO ATTACHED REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC948E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-

Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
-
-
-
-
-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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6. 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 insurers who have insured vehicle(s) involved in this accident (all insurers 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**

- (i) all insurers 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
- (ii) 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.



Policyholder's Signature / Date & Time

Sketch Plan

Li 103 Shrs
12/07/21

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



Witnessed by Reporting Centre Personnel

SHC 948E
smx 6603R

Rubbish chure

Describe Circumstances of the Accident

My car was parked stationary in front of rubbish chute area of B11c273
 Toh Guan Rd when citycab taxi bang into the rear of my vehicle.

Insurance Co. NTUC
 Vehicle No. 6MX6603R Date of Accident 10/7/21
☐ Reporting Only
☐ No Damage Claim
☒ I am Policy Holder

Workshop: other W/S

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

li 103 Shrs
 12/07/21

Driver's Signature / If driver is not the policyholder / Date & Time



Witnessed by Reporting Centre Personnel