ASS. REC. BY: Kenneth

REF: CTZ/2100944 81K qc

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Serve You

of _____

Insured: _____

Policy No. _____

Claims No. SNM21D205056/C02

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

100m

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 01 days Res.: Yes or No

Lum Sum: 1-B-1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBG 5177E Yr Regn: 08/17

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

Truck / Trailer or _____

Make: Toy Dyna (m) c.c 2982

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

Sp.Reading 62223 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFAT35Y00K 208869

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: Kenda 195/75R15

R: Dun 155R12x8 (m)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	8 mm	R/Bal.	33 mm
L/Bal.	8 mm	L/Bal.	33 mm
D.O.A.	30/8/21	D.O.I.	1/10/2021

Survey held at ✓

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

Rear LH side mirror

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

Date / Time	Action / Instruction
	04/10/21@2.21pm revised to Billy Tan by email.
	Kenneth confirmed final fig $695.25 (Red $539.75, 44%).
	(No Lump Sum)

Date/Time, File Pass to? 11/9/10 Typist

Date/Time, File Return to?

2)

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 1

Resurvey No. of Trip: 1

Survey Fee:

Transportation: $ - RS. SI

Add Fee: ☐ : Site Insp ($) Expenses

☐ : Interview ($) Others

☐ Tech Invs ($)

☐ Weekend ($)

TOTAL

Report Format : MER-TP

~~Lump Sum~~ / I.B.I: ($ 695.25)

SERVE YOU MOTOR PTE LTD

BLOCK 5033 ANG MO KIO INDUSTRIAL PARK 2
#01-265, SINGAPORE 569536
TEL. NO: 64810555 / FAX NO. 64831654
E-MAIL: elainesyms@gmail.com

INS: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
OWNER: A & S TRANSIT PTE LTD
Registration no. : GBG 5177 E / TOYOTA DYNA 150 5MT
Accident Date: 30/8/2021

Date : 7-Sep-21 Quotation No. : 3085177

S/N	Qty	Item	
		LIST ITEMS	
1	1	LH side Mirror	CM 780.00 ✓
2	1	round mirror	M/M 220.00 ✓
3	1	Bracket LH	D/T 380.00 ✓
			1,380.00
		Less: 25%	-345.00
			1,035.00
		LABOUR & MISC CHARGES	
1		To dismantle / renew / refit / straighten / orientate / align / replacement / repair the accident damaged portion / replacement part.	150.00 6 o/l
2		To check wiring	N/A 50.00 X
		TOTAL	200.00
		Total Parts and Labour Cost of Repair	**$1,235.00**

Not Withstand
Resurvey After Paint
1 day

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:

Your NCD will be affected due to late reporting

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	07/09/2021 11:04 (SGT)
Date of Accident	30/08/2021 23:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 668 CHANDER ROAD, OPEN SPACE CARPARK (TPBKE1)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5177E

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	A&S TRANSIT PTE. LTD
Company Reg No	201216917G
Email Address	ZEPHANG@ANSTRANSPORTATION.COM
Mobile Phone No	(Phone) +65-63831111
Alternative Phone No	+65-63831111

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	DYNA 150
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	Manual
CC	1780

INSURANCE COMPANY

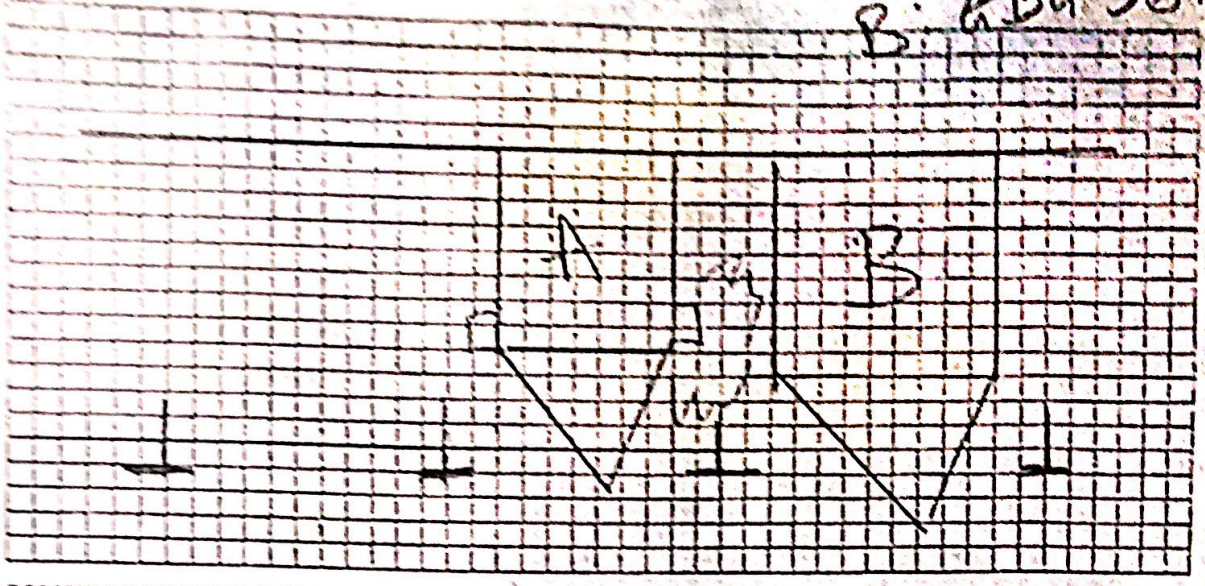
Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5112502150-01
Cover Note Number	-

DRIVER

Name of Driver	BHULLAR SUKHDEEP SINGH
Passport No/FIN	G7718700L

A: GBG 5177E
B: GBG 5672S

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to my police report A/20210907/2015.

DECLARATION

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

Policyholder's Signature	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature
Date & Time: 07/09/2021 1130HRS	Date & Time: 07/09/2021 1130HRS	Name: VINCENT SOH NRIC/FIN No.: S9911338