

ASS. REC. BY:

REF:

FP / 210096101kgf3
State

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

SGK: 6006122/EG

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

6

days

Res.:

Yes or No

Lum Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

27/09/21 Submit Preli. report.

Date/Time, File Pass to?



Preli. Report

1) 27/09 Typist



Final Report

Date/Time, File Return to?

2)

Report Format:

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

Days Of Repair:

6

Resurvey No. of Trlp:

1

Survey Fee:

Transportation:

S - RS. \$

Fuel

Others

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech Invs (\$



Weekend (\$

Veh No:

GBC 5866X

Yr Regn:

03, 13

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

Truck / Trailer or

Make:

MS Van

c.c

2953

Colour

White

A/C:

Insured / Std / NI / NA

Sp. Reading

139002

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JNMG 422520796895

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: N/A / S/Rlm / STD A/Rlm or

Tyre Size:

F:

195R15X8

R:

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

TOYO / YOKO or

Front

R/Bal.

8

mm

Rear

R/Bal.

4

mm

L/Bal.

8

mm

L/Bal.

4

mm

D.O.A.

3/9/21

D.O.I.

14/9/2021

Survey held at

Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Roof top or

The van recovered from flood.

The UIC / Chassis frame / Body Structure affected due to collision.

金興(興)汽車私人有限公司160 Sin Ming Drive, #02-18/19/20/21,
Sin Ming AutoCity, Singapore 575722

Tel: 6452 7018 Fax: 6458 3895

Email: service@kkinhin.com.sg

TP INSURER:

NIL

Tokio Marine Insurance Singapore Ltd (HQ)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	03/09/2021
Vehicle Reg. No.:	GBC5866X	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	NISSAN URVAN, 3.0 SMT (A)	Vehicle Reg. Date:	21/03/2013
Vehicle Colour:	WHITE	Gen Condition:	EXCELLENT
Engine No:	ZD30298104K	Chassis No:	JN1MG4E25Z0796895
Odometer:	0 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	14		
Remarks:	CLAIM PUBLIC LIABILITY TOKIO MARINE.		
Present Location:	K KIM HIN AUTO PTE LTD (HQ)		

*Not Authored
L1Pg 8***COST OF CLAIMS**

	Amount
Parts	5,014.50
Miscellaneous Items	11.00
Labour	2,900.00
Paintwork Labour	0.00
Other	0.00
Gross Total (\$)	7,925.50
+ GST 7.00% (\$)	554.79
Nett Amount (\$)	8,480.29

This claim is handled by: SANDRA KHONG YEE TENG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

DETAILS

Merimen e-Claims

Source: (Last Synchronised: 09 Sep 2021)

Model: N/A NISSAN URVAN 3.0 SMT (A) (Model not available in database)

Year: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for GBC5866X)

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*AIR CON CONDENSER FAN MOTOR			*200.00 F ?
2	1		*AIR FILTER	0.00	0.00	*40.00 F ✓
3	1		*ENGINE OIL FILTER	0.00	0.00	*20.00 F ✓
4	2		*FRONT WHEEL BEARING (LH & RH)	0.00	0.00	*130.00 F ?
5	1		*FRONT BRAKE PAD	0.00	0.00	*115.00 F ?
6	1		*REAR BRAKE SHOE	0.00	0.00	*115.00 F ?
7	2		*REAR BRAKE PUMP (LH & RH)	0.00	0.00	*130.00 F ?
8	2		*REAR WHEEL BEARING (LH & RH)	0.00	0.00	*130.00 F ?
9	2		*REAR WHEEL BEARING OIL SEAL - INNER	0.00	0.00	*50.00 F ?
10	2		*REAR WHEEL BEARING OIL SEAL - OUTER	0.00	0.00	*50.00 F ?
11	1		*CLUTCH DISC	0.00	0.00	*175.00 F ?
12	1		*CLUTCH COVER	0.00	0.00	*290.00 F ?
13	1		*CLUTCH BEARING	0.00	0.00	*65.00 F ?
14	1		*ABS PUMP	0.00	0.00	*1,800.00 F ?
15	1		*ENGINE OIL (9 LIT)	0.00	0.00	*162.00 FS 501m
16	1		*GEAR OIL (5 LIT)	0.00	0.00	*60.00 FS 501m
17	1		*AXLE OIL (3 LIT)	0.00	0.00	*36.00 FS 501m
18	1		*BRAKE OIL	0.00	0.00	*60.00 FS 501m
19	1		*FRONT NUMBER PLATE	0.00	0.00	*40.00 FS X
20	2		*FRONT DOOR COMPANY REGISTRATION STICKER	0.00	0.00	*50.00 FS X
21	1		*REAR FLOOR PANEL TOP WOODEN BASE	0.00	0.00	*800.00 FS ✓
Sub Total (\$)						4,518.00
+ Margin on L,N Items 15.00% (\$)						496.50
Total Parts (\$)						5,014.50

Report was unsubmitted during this print-out.
Generated using Merimen e-Claims IEAS

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:

Estimates on Miscellaneous Items

by Particulars

Amount

Miscellaneous Items

1 OD/TP Case (Insurer)

11.00

Sub Total (\$)

11.00

Estimates on Labour

No Particulars

Lab.Type

Amount

Labour Items

1 TO REMOVE AND WASH CARPET

New

450.00

2 TO REMOVE, ALIGN, REFIX AND TO RENEW AFFECTED PARTS.

New

1501 600.00

3 TO PUTTY AND RESPRAY ON AFFECTED PORTIONS.

New

200 1,200.00

4 LABOUR TO REMOVE AND REFIX GEAR BOX FOR RENEW CLUTCH DISC.

New

250.00

5 TO TOW ACCIDENT VEHICLE TO WORKSHOP BY KING DOLLY AND WINCH OUT.

New

(Bill) 400.00

Gross Labour Cost (\$)

2,900.00

Report was unsubmitted during this print-out.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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 06/09/2021 18:04 (SGT)
Date of Accident 03/09/2021 17:50 (SGT)
Exact Location of Accident 101 Beach Rd, Singapore 189703
Additional Location Information Basement carpark
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC5866X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Heap Seng Group Pte Ltd
Company Reg No 2XXXXX604G
Email Address tzuhalim@heapseng.com
Mobile Phone No (Phone) +65-63381343
Alternative Phone No (Office) +65-63381343

VEHICLE PARTICULARS

Manufacturer Nissan
Model Urvan
Variant -
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 2953

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00018982107
Cover Note Number -

DRIVER

Name of Driver Pounraj Muthu
Passport No/FIN GXXXX204W

SKETCH PLAN

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 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.
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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.



[Signature]

Policyholder's Signature / Date & Time

[Signature] 6/9

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

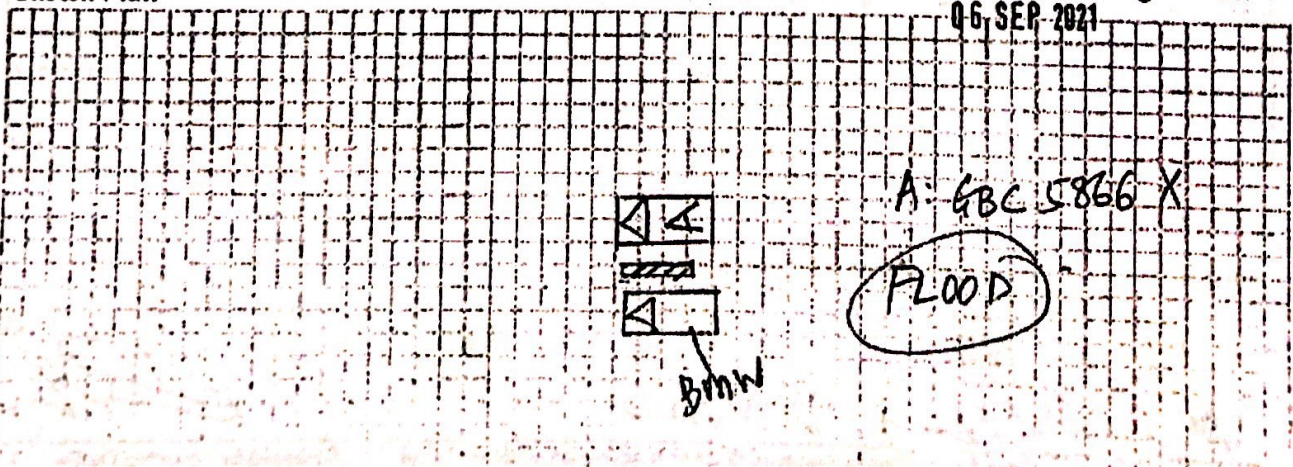
[Signature]

Witnessed by Reporting Centre Personnel

Angie Soh

Sketch Plan

06 SEP 2021



1002 9117