ASS. REC. BY: Kenneth

REF: FP / 21009610/kg f3 Sate

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s 1C 1C HIN

of _____

Insured: _____ 6046

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 Rport: _____ 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

Veh No: GBC 5866X Yr Regn: 03, 13

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: NISSAN Urvan c.c 2953

Colour White A/C: Insured / Std / Nil / NA

Sp.Reading 139002 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: JN1MG4E25Z0796895

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 195R15X8

R: _____

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

Front		Rear	
R/Bal.	8 mm	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 : Frt / Rear / O/S / N/S / U/C / Rooftop or The van accoverd from flood.

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

Date / Time	Action / Instruction
27/09/21	Submit Preli. report.
05/04/22	finalised with Meng Huat final fig $7730, 6 days. (Red $195.50, 2%) (No Lump Sum)

Date/Time, File Pass to? 1) 05/04 Typist

Date/Time, File Return to? 2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: 1

Survey Fee: _____

Transportation: _____ S - RS. _____ SI

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Parking _____

Others _____

TOTAL _____

Report Format :

Lump Sum / I.B.I: ($ _____)

K. Kim Hin AUTO PTE LTD
CO. REG. NO: 199402370D
GST NO: M2-0123250-3

金興(冀)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@kkimhin.com.sg

TP INSURER: **Tokio Marine Insurance Singapore Ltd (HQ)**
NIL

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY		
Policy No:		Ref. No:	
Vehicle Reg. No.:	**GBC5866X**	Date of Loss:	03/09/2021
Party At Fault:	UNKNOWN	Driveable?	NO
Make/Model:	NISSAN URVAN, 3.0 5MT (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		

Not Authorised
C/Lap @

Remarks: CLAIM PUBLIC LIABILITY TOKIO MARINE.

Present Location: K KIM HIN AUTO PTE LTD (HQ)

COST OF CLAIMS

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

This claim is handled by: SANDRA KHONG YEE TENG

Generated using ***Merimen e-Claims Internet Estimation & Adjusting System***

DETAILS

ence

ource:		(Last Synchronised: 09 Sep 2021)
:	N/A	NISSAN URVAN 3.0 5MT (A) (Model not available in database)
our:	Repairer's	(Price-denominated Standard List)
int 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

Contaminated 'C'

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*AIR CON CONDENSER FAN MOTOR	0.00	0.00	*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	0.00	*162.00 FS
16	1		*GEAR OIL (5 LIT)	0	0.00	*60.00 FS
17	1		*AXLE OIL (3 LIT)	0	0.00	*36.00 FS
18	1		*BRAKE OIL	0	0.00	*60.00 FS
19	1		*FRONT NUMBER PLATE	0	0.00	*40.00 FS
20	2		*FRONT DOOR COMPANY REGISTRATION STICKER	0	0.00	*50.00 FS
21	1		*REAR FLOOR PANEL TOP WOODEN BASE	0	0.00	*800.00 FS

F=Franchise part. S=SpcNett.

Sub Total (S$)	**4,518.00**
+ Margin on L,N Items 15.00% (S$)	496.50
Total Parts (S$)	**5,014.50**

Report was unsubmitted during this print-out.
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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:

...ates on Miscellaneous Items

...y Particulars	Amount
...cellaneous Items	
1 OD/TP Case (Insurer)	11.00
Sub Total (S$)	**11.00**

Estimates on Labour

No	Particulars	Lab.Type		Amount
				300/
Labour Items				
1	TO REMOVE AND WASH CARPET	New		450.00
2	TO REMOVE, ALIGN, REFIX AND TO RENEW AFFECTED PARTS.	New	150/	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 (S$)			**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 witholding 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	tzuhualim@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 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. The 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.
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.

KEAP SENG GROUP PTE LTD SINGAPORE

Low Mah

Policyholder's Signature / Date & Time

P. Mutha. 6/9

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Angie Soh
06 SEP 2021