

ASS. REC. BY:

REF:
CS/

CTZ/210/1145/Kuf3

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SLA 6681Y

at Workshop m/s

of

Insured:

SMV 5336D

Policy No.

DMPCSNA00206162101

Claims No.

SNM21D206182/C02

Sum Insured:

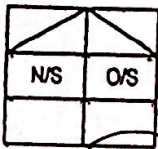
Excess:

(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:

02 days

Res.: Yes or No

Lum Sum:

1.31 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLA 6681Y

Yr Regn:

04, 16

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

Truck / Trailer or

Make:

Toy Estims

c.c

2362

Colour

m.p. white

AC:

Insured / Std / NI / NA

Sp. Reading

149046

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ACR50

0192899

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

235/50R18

R:

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

TOYO / YOKO or

Front

R/Bal.

2

mm

Rear

R/Bal.

2

mm

L/Bal.

2

mm

L/Bal.

2

mm

D.O.A.

27/10/21

D.O.I.

10/11/2021

Survey held at

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

Rear O/S

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

Date / Time

Action / Instruction

Confirmed P/P \$1153.92, 2 repair days.

(RED \$984.08; 46%)

Date/Time, File Pass to?

☐

: Prel. Report

1) 12/11 TYPIST

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation

\$ - RS. \$1

FIRE

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format:

TP

Lump Sum / I.B.I: (\$ 1153.92

Tropical Tech Automobile Services

Blk 5032 Ang Mo Kio Avenue 3 #01-303 Industrial Park 2 Singapore 569535

Tel : 6481 7773 / 6481 1403 Fax : 6484 4978

E-mail : kennyphua@tropical-success-autocare.com.sg

M/s : **China Taiping Insurance (Singapore) Pte. Ltd**
3, Anson Road, #16-00,
Springleaf Tower,
Singapore 079909

Estimate bill : TT 36 / 21 / TP / WT

Registration No : SLA6681Y

Attention : Motor Claims Third Party Department
Tel : 6222 2366
Fax : 6224 7175

Make / model : Toyota Estima

Mileage : Date : 30 / 10 / 2021

TRAFFIC ACCIDENT INVOLVING VEHICLE BEARING REGISTRATION NO : SMV5336D AND SLA6681Y ALONG CTE HEADING TOWARDS ANG MO KIO ON 27 OCTOBER 2021 AT ABOUT 1920HRS.

1pc	Rear bumper	\$	862.00	✓
1set	Rear bumper parktronic sensor kit	\$	280.00	X
1pc	Rear bumper towing cover (RH)	\$	69.00	X
1pc	Rear bumper reflector (RH)	\$	76.00	✓
1pc	Rear bumper side bracket (RH)	\$	97.00	✓
	Sub A total :	\$	1,384.00	
	Less 25% discount :	\$	346.00	
	A total :	\$	1,038.00	

Remove and transfer rear bumper necessary attachment spart part items.

Remove and refit rear bumper, rear bumper parktronic sensor kit, rear bumper towing cover (RH), rear bumper reflector (RH), rear bumper side bracket (RH).

Heat / weld / beating rear end panel, held weld / beating / pull / straighten / align rear chassis frame by Chassis Alignment jack.

Diagnostic and reset rear bumper parktronic sensor fault error by HHT.

Undercoating on rear damaged portion.

Putty / primer application, spray painting on rear bumper, rear bumper parktronic sensors, rear bumper towing cover (RH) (Pearl White).

Grand final amount :

\$ 2,138.00

Tropical Tech Automobile Services

(Authorised Signature)
William Tan



Not Notified
L1 & L2
Punchy After Pain
2 days

Page 1 of 1

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	28/10/2021 15:19 (SGT)
Date of Accident	27/10/2021 19:20 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS ANG MO KIO
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA6681Y
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH SIANG HEE
NRIC No	SXXXX081H
Email Address	luhong3458@gmail.com
Mobile Phone No	(Phone) +65-92376681
Alternative Phone No	(Home) +65-92376681

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
Variant	AERAS PREMIUM 2.4 A
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2362

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNA00086642105
Cover Note Number	-

DRIVER

Name of Driver	LU HONG
NRIC No	SXXXX150E

 Accident report SJ0B21AS0004

Date of Birth	28/05/1970
Occupation	Indoor
Date Of Driving Pass	06/08/2008
Driving experience	13 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93213458
Alt. Phone Number	-
Email Address	luhong3458@gmail.com
Address	BLK 836 HOUGANG CENTRAL #10-539
Address complement	-
Postcode	530836
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Passenger
Gender	Female

PASSENGER 2

Name	Passenger
Gender	Female

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

I was travelling along CTE towards Ang Mo Kio direction. Vehicles in front of me stopped so i proceed to slow down and suddenly i felt an impact from the rear of my vehicle. Then i realised that vehicle B has collided to the rear of my vehicle. No one was injured.

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	SMV5336D
-----------------------------	----------