

Kenneth

AIG/ 21012781/K.

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. _____

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 05 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLP 4048K Yr Regn: 06, 17

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

Truck / Trailer or (A) MPVMake: Toy Wish c.c. 1797Colour: M.P. White A/C: Insured / Std / NI / NASp. Reading: 355929 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: BGE 20 0034373Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NI / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Farroad

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 10/12/21D.O.I. 21/12/2021

Survey held at _____

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

o/s body

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

Date / Time Action / Instruction

Data/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Data/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)

Survey Fee: _____

Transportation: _____

☐ : Interview (\$ _____)

Fees: _____

☐ : Tech Invs (\$ _____)

Others: _____

☐ : Weekend (\$ _____)

TOTAL

Report Format :

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

Lian Her Motors

Blk 5038 #01-405 Ang Mo Kio Industrial Pk 2 Singapore 569541
Tel : 64817221

Fax : 64816131

L H Car Rental Pte Ltd
Blk 5038 #01-405
Ang Mo Kio Industrial Pk 2
Singapore 569541

Vehicle No : SLP 4048 K
Make : Toyota Wish
Year : 2017

Not Not Harish
1/1/17 @
Insurance After Repair
5 days

Qty	Description	Unit Price	Amount
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Estimate Cost Of Repair

1 pc	Front o/s fender	By \$455.10 ✓
1 pc	Front o/s fender innershield	Sm \$186.10 X
1 pc	Front o/s door assy	red/warp \$1,287.50 ✓
1 pc	Front o/s door weatherstrip	Sm \$255.10 X
1 pc	Front o/s door frame black sticker	nn \$85.20 ✓
1 pc	Rear o/s door assy	nn \$1,250.60 X
1 pc	Rear o/s door weatherstrip	Sm \$255.10 X
1 pc	Rear o/s door frame black sticker	nn \$85.20 ✓
1 pc	O/S rocker panel garnish	Sm \$550.70 X
1 pc	Front o/s shock absorber	Sm \$387.10 X
1 pc	Front o/s lower arm	Sm \$405.10 X
1 pc	Front o/s kunckle arm	\$425.20 ?
1 pc	Front o/s kunckle arm bearing	\$175.10 ?
1 pc	Front o/s hub	\$417.60 ?
		\$6,220.70
		Less 25 % \$1,555.18
		\$4,665.52

S Nett

1 pc	Front o/s tyre rim	nn \$450.00 28/1/17
20 pcs	Clip	\$2.00 nn \$40.00 X
		\$745.00

Labour Charges

Remove/renew the above parts. Knock out & straighten n/s door centre pillar etc	\$1,000.00 500/
To putty & spray paint on accident affected portion.	\$1,200.00 900/
Check/reconnect wiring.	\$55.00 20/
	\$7,665.52

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey balance c/f
- 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:

SLP 4048 K

balance b/f \$7,665.52

Labour Charges

To spray anti rust on accident affected portion.

\$180.00 602

Remove/refit front & rear o/s door glass, mechanism, inner lock, trim board to new door.

\$240.00 601

Remove/renew front o/s undercarriages.

\$350.00 7

Check and relign wheel alignment.

\$60.00 ✓

Total \$8,495.52

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 13/12/2021 11:20 (SGT)
Date of Accident 10/12/2021 19:30 (SGT)
Exact Location of Accident Near 1 Unity St, Singapore 237983
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLP4048K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner L H Car Rental Pte Ltd
Company Reg No 2XXXXX761N
Email Address carrental.lh@gmail.com
Mobile Phone No (Phone) +65-97687073
Alternative Phone No (Office) +65-64817221

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1764

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number DMHCSNA00004222101
Cover Note Number -

DRIVER

Name of Driver Wong Peng Xiang
NRIC No SXXXX444E

SKETCH PLAN

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorized 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.
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/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.

LH CAR RENTAL PTE LTD

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

