

ASS. REC. BY:

REF: AGV 21013337/Kvf3

DDR4

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Lian HkInsured: SLJ 9488Y

Policy No. _____

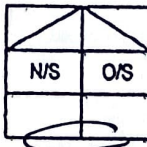
Claims No. C10013109/KY

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: 4-5 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: SLV 8704Yr Regn: 12, 17Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or A1Make: Toy CHR c.c. 1797Colour M. Brown A/C: Insured / Std / NI / NASp. Reading 349007 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 84X10 2082372Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rlm / STD A/Rlm orTyre Size: F: Nexen 215/60R17R: Yoko

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 4 mmR/Bal. 9 mmL/Bal. 4 mmL/Bal. 9 mmD.O.A. 26/12/21D.O.I. 13/1/2022

Survey held at _____

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

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

Date / Time

Action / Instruction

24/1/22 Kenneth informed LS \$3750 (Red 3403.70, 47%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 25/1/22-typist

Days Of Repair: 4Resurvey No. of Trip: 2

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Fees _____

Others _____

TOTAL

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech Invs (\$ _____)

☐

: Weekend (\$ _____)

Report Format: TP

Lump Sum I.B.I. (\$ 3750)

Resurvey No. of Trip:

Lian Her Motors

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

Fax : 64816131

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

Not Notified
11 Rep &
Recovery After Pain
4-5 days

Vehicle No : SLV 870 Y
Make : Toyota C-HR
Year : 2017

Qty	Description	Unit Price	Amount
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Estimate Cost Of Repair

1 pc	Rear tail-gate assy		<i>By</i> \$1,250.70 ✓
1 pc	Rear tail-gate glass moulding		<i>m</i> \$87.10 ✓
1 pc	Rear tail-gate outer garnish		\$925.70 7
1 pc	Rear tail-gate outer garnish emblem - Hybrid		\$65.10 7
1 pc	Rear tail-gate outer garnish emblem - CH-R		\$55.70 7
1 pc	Rear bumper		<i>By</i> \$859.60 ✓
1 pc	Rear bumper reinforcement		\$483.20 7
2 pcs	Rear bumper reflector garnish	<i>MSD/HA</i> \$125.60	\$251.20 ✓
1 pc	Rear lower bumper		<i>CM</i> \$550.70 ✓
2 pcs	Rear bumper side retainer	<i>MSD/HA</i> \$75.10	\$150.20 ✓
1 pc	Rear lower bumper centre garnish		<i>By</i> \$65.70 X
1 pc	Rear end panel		\$725.70 7
1 pc	Rear end panel inner garnish		\$355.10 7
1 pc	Rear boot rubber		<i>By</i> \$205.90 X
			\$6,031.60
Less 25 %			\$1,507.90
			\$4,523.70

S Nett

1 pc	Rear tail-gate glass sealant		<i>By</i> \$40.00 ✓
15 pcs	Rear bumper clip	\$2.00	<i>m</i> \$30.00 ✓
1 pc	Rear reverse sensor		<i>By</i> \$200.00 ✓
			\$270.00

Labour Charges

Remove/renew the above parts including knocking, welding & cutting.

\$1,000.00 ?

To putty & spray paint on accident affected portion

\$1,000.00

\$6,793.70

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting balance c/f
- 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:

Good

SLV 870 Y

balance b/f \$6,793.70

Labour charges

Remove/refit rear tail-gate glass

\$120.00 ✓

Check and reconnect wiring

\$40.00 20/

To anit- rust proofing

\$100.00 7

Remove/refit rear tail-gate mechanism to new door.

\$100.00 60/

Total \$7,153.70

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 28/12/2021 11:59 (SGT)
Date of Accident 26/12/2021 14:58 (SGT)
Exact Location of Accident Near 281A Sengkang E Ave, Singapore 541281
Additional Location Information
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV870Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner H L Car Rental Pte Ltd
Company Reg No 2XXXXX543E
Email Address carrental.lh@gmail.com
Mobile Phone No (Phone) +65-97687073
Alternative Phone No (Office) +65-64817221

VEHICLE PARTICULARS

Manufacturer Toyota
Model C-hr
Variant Hybrid
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 hire
Transmission Auto
CC 1797

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number DMHCSNA00004252100
Cover Note Number -

DRIVER

Name of Driver Chew Ai Hoon
NRIC No SXXXX653G

SKETCH PLAN

IMPORTANT NOTICE

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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.
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.

H.L 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

