

ASS. REC. BY:

REF:

CT2/22001569/kv

1314-32-

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.

Claims No.

Sum Insured:

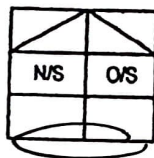
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04 days

Res.: Yes or No

Lum Sum:

1-B.1%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

PC 8289B

Yr Regn:

06, 19

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

Truck / Trailer or

Make:

Toy / Hiace

c.c

2882

Colour

M. Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

64699

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTFS+22P100039550

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

3

mm

R/Bal.

9

mm

L/Bal.

3

mm

L/Bal.

9

mm

D.O.A.

14/2/22

D.O.I.

18/2/2022

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

1 / Tailgate jammed

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Fees

Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech Invs (\$)

☐

: Weekend (\$)



COMMERCE ENGINEERING

205 Braddell Road S(579701)

ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : TPVehicle No. : PC8289BMake & Model : TOYOTA HIACE

Year of Manufacture : _____

Chassis No. : JTFGT22P100039550

Engine No. : _____

Policy No. : _____

Time of Accident : 1750Ins Company : NTUC VS CHINA TAIPING

Excess : _____

Date of Accident : 2/14/2022

Suggested Days of Repair : _____

In-house Vehicle Assessor**Repair Estimates**

Case Owner : _____

Signature : _____

Contact No
Frt Counter OperationBrenda Tel: 63837730 email: brendang@sparkcarcare.com
Rohani Tel: 63837890 email: rohanim@sparkcarcare.com**Back-end Operation**Ngo Toh Wee Tel: 63837656 email: ngotw@sparkcarcare.com
Patrick Tel: 63837466 email: patricktia@sparkcarcare.comParts (a) Cost / List Price Items \$ 4,372.60Plus/Less 25% \$ 1,093.15Total of Cost / List \$ 3,279.45(b) Nett Price Items \$ -

Less _____

Total of Nett Item _____

(c) Special Nett Items \$ 665.00Total Parts Cost (Appendix A) \$ 3,944.45Labour (Appendix B) \$ 2,080.00Total Repair Cost \$ 6,024.45

The above total will be subjected to 7% G.S.T.

Not Authorised
Returning By repair
4 days

Name of Surveyor : KennethCompany : CLCSurvey conducted on : 18/2/22 at _____**Remarks By Surveyor**(a) The repair of this vehicle is authorized / is not authorized until further notice.

(b) Recommended Days of Repair : _____ day(s)

(c) Resurvey : Required / Not Required

(d) Excess : \$ _____

(e) Signature of surveyor : R Date: 18/2/22

Spark Car Care

ComfortDelGro Engineering Pte Ltd
205 Braddell Road S (579701)
Tel: 63837168 / 63837466 Fax:62815767

Spare Parts

Vehicle No : PC8289B Case Owner : 0

Make & Model : TOYOTA HIACE Year Manufacture : 0

Chassis No : JTFGT22P100039550 Engine No : 0

Sales Order : _____ Supplier : _____

Order By : _____ Type of Claim : TP

S/No	Part Description	QTY	Cost Price	List Price	Nett Price	S/N	Disposition By Surveyor
1	TAILGATE	1	<i>Bu</i>	\$ 2,375.30			✓
2	TAILGATE GLASS MOULING	1		NA			
3	TAILGATE LOCK	1		\$ 279.50			7
4	TAILGATE WEATER STRIP	1		\$ 474.90			7
5	TAILGATE STICKER 'TOYOTA'	1	<i>Na</i>	\$ 72.10			✓
6	TAILGATE STICKER 'HIACE'	1		W05			
7	STICKER 60KM/H	1			<i>Na</i>	\$ 15.00	✓
8	STICKER 'WWW.MINGCHUANSG.COM'	1			<i>Na</i>	\$ 250.00	15012
9	STICKER REFLECTOR	1				\$ 50.00	
10	SEALANT	1			<i>Na</i>	\$ 40.00	✓
11	INNER SEAL	1			<i>Na</i>	\$ 30.00	✓
12	TAILLAMP LH	1	<i>Sm</i>	\$ 367.60			X
13	TAILLAMP RH	1	<i>Sm</i>	\$ 367.60			X
14	REAR BUMPER	0	<i>Bu</i>	\$ 435.60			✓
15	REAR BUMPER SENSOR	0			<i>Na</i>	\$ 280.00	✓
16	0	0					
17	0	0					
18	0	0					
19	0	0					
20	0	0					
21	0	0					
22	0	0					
23	0	0					
24	0	0					
25	0	0					
26	0	0					
27	0	0					
28	0	0					
29		0					
30		0					

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:

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

ComfortDelGro Engineering Pte Ltd

Tel: 63837168 / 63837466 Fax: 62815767

Vehicle No. : **PC8289B**

PC8289B

Case Owner : 0

Make & Model : **TOYOTA HIACE**

TOYOTA HIACE

Year of Manufacture : 0

[illegible]

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.

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	15/02/2022 15:33 (SGT)
Date of Accident	14/02/2022 17:50 (SGT)
Exact Location of Accident	6 Clementi Rd, Singapore 129741
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8289B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MING CHUAN TRANSPORTATION PTE. LTD.
Company Reg No	202122415G
Email Address	INFO@MINGCHUANSG.COM
Mobile Phone No	(Phone) +65-98779797
Alternative Phone No	(Home) +65-98779797

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5124904548
Cover Note Number	-

DRIVER

Name of Driver	LEE KIM AUN
NRIC No	S0146935E

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 making 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

MC MING CHUAN
TRANSPORTATION PTE LTD
UEN: 202122415G

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



Sketch Plan

Chuan Ave 6.

Chuan Ave 6

Bus stop
17379

A: PC8289A

B: GBL2171P