ASS. REC. BY: Kenneth | REF: CTI / 22003858/Kty

CS/CTI22003858/Kty3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s IC/C HIN

of 1091H

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 Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 4-5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: GBA 7782B Yr Regn: 12/07

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

Make: Toy / Hiace (Van) c.c 2982

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

Sp.Reading 376306 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFHT02P300007438

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 195R 15x8

R: _____

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	6 mm
L/Bal.	9 mm	L/Bal.	6 mm
D.O.A.	9/2/22	D.O.I.	26/4/2022

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
	LUMP SUM $3600, 5DAYS
	RED:2142.22;37%

Date/Time, File Pass to? _____

☐ : Prell. Report

☐ : Final Report

Date/Time, File Return to? _____

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Fuel: _____

Others: _____

TOTAL: _____

Report Format : _____

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

LKK

金興(龔)汽車私人有限公司
K. KIM HIN AUTO PTE LTD
160 Sin Ming Drive #02-18/19/20
Sin Ming AutoCity
Singapore 575722
Tel: 6452 7018 (5 Lines) Fax: 6458 3895

Vehicle Insured : SJP 3179 X
Accident Date : 09-Feb-2022

Our Ref : 021788 (CHINA) / QUEK

No. : 32329
Date : 26-Apr-2022
PAGE : 1

CDS CAR RENTAL PTE LTD
160 SIN MING DRIVE
#02-19 SIN MING AUTOCITY
Singapore 575722

Not Workshop
Lights &
Reversing Alert Pairing
4-5 days

ESTIMATED COST OF REPAIR FOR TOYOTA HIACE MANUAL 2982cc (2007) GBA7782B

1 pc	rear bumper		415.00
2 pcs	rear bumper side retainer (LH/RH)	@ S$ 30.00	60.00
4 pcs	rear bumper lower bracket	@ S$ 30.00	120.00
10 pcs	rear bumper clips	@ S$ 5.00	50.00
2 pcs	taillamp assy (LH/RH)	@ S$300.80	601.60
2 pcs	taillamp lower garnish (LH/RH)	@ S$100.00	200.00
2 pcs	taillamp lower garnish retainer (LH/RH)	@ S$ 30.00	60.00
1 pc	tailgate		2,150.00
1 pc	tailgate weatherstrip		395.00
1 pc	tailgate lock		265.00
1 pc	tailgate lock cover		75.00
1 pc	tailgate logo		48.00
1 pc	rear end panel - outer		331.70
1 pc	rear end panel top moulding		165.00
			4,936.30
		Less 25% :	-1,234.08
			3,702.22

1 pc	reverse sensor assy		220.00 sn
1 pc	tailgate '5pax' sticker		15.00 sn
1 pc	tailgate '70km/h' sticker		15.00 sn
1 pc	tailgate glass sealant		40.00 sn
1 pc	tailgate glass damping seal		20.00 sn

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:

Con't Page 2 ...

金興(冀)汽車私人有限公司
K. KIM HIN AUTO PTE LTD
160 Sin Ming Drive #02-18/19/20
Sin Ming AutoCity
Singapore 575722
Tel: 6452 7018 (5 Lines) Fax: 6458 3895

Vehicle Insured : SJP 3179 X
Our Ref : 021788

No. : 32329

To remove, cut out damaged parts, panel beating, welding, align, refix and to renew affected parts.	800.00	460
To remove and renew rear windscreen glass and conduct water leak test.	120.00	—
To transfer tailgate's fittings	80.00	60
To putty and respray on affected portions.	680.00	450
To focus taillamps. To check rear wiring and lighting operation.	50.00	20
Total :	S$ 5,742.22	

Singapore Dollars Five Thousand Seven Hundred and Forty Two and Cents Twenty Two Only

Note: Amount quoted above is subject to prevailing GST at time of tax invoice.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please submit correctly the details of the accident to speed up the claims process.
2. This report 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 report 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	09/02/2022 20:28 (SGT)
Date of Accident	09/02/2022 15:44 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA7782B

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CDS CAR RENTAL PTE LTD
Company Reg No	2XXXXX109H
Email Address	SERVICE@KKIMHIN.COM.SG
Mobile Phone No	(Phone) +65-64527127
Alternative Phone No	(Office) +65-64527127

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	0

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	LEE TUNG SHIEN
NRIC No	SXXXX166G

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.

CDS CAR RENTAL PTE LTD

9/2

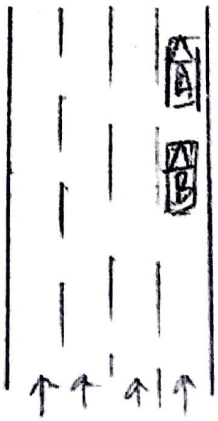
KIM HIN AUTO PTE LTD TEL: 6452 7018

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: GBA 7782 B
B: SJP 3179 X